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Report on synergies, complementarities and cooperation possibilities of NET-Age regions

WP3

LEAD APPLICANT:



Local mapping and cross border analysis of stakeholders, policies and services in the field of elderly home care

Responsible beneficiary: Institute of Public Health

PROJECT PARTNERS:



OBČINA KANAL OB SOČI



ASSOCIATE:



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1. Introduction to the NET-Age project

An aging of population brings with it many new challenges in providing support and protection for the elderly people, not only in the field of social protection, but also in other areas of life, particularly in the area of health care (which there is increasing of demand for the provision of care and preservation of mobility and health of elderly people) in the area of pension and disability insurance. Because of the complex changes in old age, the community there is growing need for the introduction of integrated social services, for better way to meet the needs of the elderly person.

The NET-Age project aims at strengthening the sustainable development capabilities of the Adriatic regions involved and the demographic process focusing on innovative social and health services to favor active ageing and independent living of elderly through the partnership of 14 participating organizations coordinated by Marche Region - Implementation of Social Planning Unit - Health and Social Department (Italy) and Sviluppo Marche SpA as Technical Secretariat (TS): the Association of volunteers Marche (Italy), City Split (Croatia), MI Association (Croatia), Regional Council of Lezha (Albania), Caritas Albania (Albania), Institute of Public Health (Montenegro), the Association for democratic Prosperity-Zid (Montenegro), the Provincial Office for social security (Serbia), Humanitarian Centre Novi Sad (Serbia), Kanal ob Soci (Slovenia), Slovenia Federation of Pensioners' Association - ZDUS (Slovenia) and Emilia Romagna Region (Italy). Associated project partner is the European Volunteer Centre, Brussels (CEV). In each of mentioned countries, project is implemented by two partners - one from public and one from civil society. The project is funded by IPA Adriatic cross-border cooperation and it will last until May 2015.

2. Introduction to the Report on synergies, complementarities and cooperation possibilities of Net-Age regions

The Report on synergies, complementarities and cooperation possibilities of Net-Age regions is only one part of the whole Project, specifically the final output of the WP3.

The WP3 objective is to analyze the state of art of the Net-Age regions to enhance the level of awareness and information on the services and policies target to elderly, the role of volunteering in each territory, to evaluate if exist a balance between quality of social-health services-users access-level of expenditures and to avoid in the long term duplication of efforts in the delivering of services, improve their quality and innovativeness, increase the accessibility, save money and strength human resources involved.

The Report on synergies, complementarities and cooperation possibilities of Net-Age regions brings together the 6 local SWOT analysis from Partner Regions:

- ITALY: MARCHE REGION & EMILIA ROMAGNA REGION
- CROATIA
- ALBANIA
- MONTENEGRO
- SERBIA
- SLOVENIA

This provides a basis for the systematic review which will help in the creation of the Joint Action Plan (WP4 and WP5) and of the WHITE PAPER (WP5) in order to define a platform able to influence the policy-makers.

3. Methodology

The SWOT (Strengths, Weaknesses, Opportunities and Threats) methodology was selected as providing an appropriate template through which to view all the data. A central tenet of the NETAge project is that Europe has an ageing society and that this will place a burden on the statutory care sector. This burden could be reduced by adopting social policies involving volunteering associations and NGOs and similar organizations from the 3rd sector in order to support the elderly to living independently for longer.

3.1 Mapping Criteria and Local/Regional Mapping

Initial development of the SWOT approach consists of the definition of the mapping criteria validated by the 1st Expert Group the day after the kick-off meeting (22nd March 2013) in order to overcome that datasets would vary from country to country depending upon availability of robust national data sources.

Through a common template, FBs from the same territory closely work together, as the first effort in the building of local collaboration and partnership among the public-volunteering actors, in order to carry out a local/regional mapping of:

- 1) all stakeholders involved in the field of elderly assistance at home, senior home care the main of which are: public actors, private, profit, no profit, informal carers etc.. In particular mapping of volunteering associations is recommended as fully consistent with Net-Age aim as well as stressing the percent of women involved in this sector.
- 2) policies and social-health services in the field of elderly assistance at home the main of which are:
 - a. - existing policies, plans and activities, their evolution and their performance
 - b. - social services delivered by public authorities, their quality and performance
 - c. - social services delivered by private actors, their quality and performance
 - d. - health services delivered by public/private actors
 - e. - existing public-private partnership.
- 3) End users and their needs.

Attempts were made to collect data relating to the following:

SCENARIO MAPPING CRITERIA

OBJECTIVE: the role of volunteering in the policies for elderly in order to support the maintenance of elderly at home

	TARGET GROUP	CATEGORY	MAPPING CRITERIA	OUTPUT
1.STAKEHOLDERS ANALYSIS (elderly assistance at home, senior home care) Definition of stakeholder: any groups who can be expected to be influenced by it, and can therefore be anticipated to have an interest or 'stake' in the outcome.	Group1: Institutions & organisations who are directly involved	PUBLIC	N. of national authorities N. of regional authorities N. of local authorities N. of other involved bodies N. of other involved bodies N. public service provideing insitutions (such as state elderly homes) N. universities, research centers	FILLING IN OF: sheet 1. stakeholders sheet 2.policies sheet 3.endusers
	Group1: Institutions & organisations who are directly involved	PRIVATE NO PROFIT(for ex. NGO, CSOs,.....)	N. of organizations Services provided (transport,.....) N. of employees N. of volunteers N.of women employees involved	
	Group1: Institutions & organisations who are directly involved	VOLUNTEERING ASSOCIATION (fill in only if not included in the previous	N. of organizations Services provided (transport,.....) N. of employees N. of volunteers	

		category)	N.of women employees involved
	Group1: Institutions & organisations who are directly involved	PRIVATE PROFIT	N. of NOT residential organizations (elderly home, hospices etc) Services provided (transport,.....) N. of employees N. of volunteers N.of women employees involved N. of residential organizations (elderly home, hospices etc) Services provided (transport,.....) N. of employees N. of volunteers N.of women employees involved
	Group1: Institutions & organisations who are directly involved	PRIVATE-PUBLIC PARTNERSHIP especially regarding VOLUNTEERING ASS.)	N. of partnerships Services provided (transport,.....) N. of employees N. of volunteers N.of women employees involved
2. SOCIAL POLICIES, SERVICIES & GOVERNANCE ANALYSIS	Group2: Policies, services and governance tools (projects, programmes,...) which are directly involved	PUBLIC (national level)	N. of plans targeted to volunteering N. of plans to integrate the socio-health-care assistance N. social plan N. social-volunteering plan Home care social welfare services: specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents) Integrated home care with health services:specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents) Other services (buonvicinato, telecare and telehealth assistance and support , Food distribution and / or laundry at home,...) :specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)

			<p>Financial support (Voucher, Carer's Allowance, other...) :specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Integrated access point for elderly: specify if present/YES or not/NO ; if present, specify if managed by VOLUNT. ASS/PRIVATE PROFIT/NO PROFIT and if are involved services needs assessment</p> <p>How services are organized on the territory</p> <p>Round Table on elderly: specify is specify if present/YES or not/NO; if present, specify which private bodies are involved</p> <p>Training or support for carers: specify is specify if present/YES or not/NO;</p> <p>Body/ies with legislative powers</p> <p>Body/ies with executive powers</p> <p>Analysis of the institutional structure, of the level of management and coordination</p> <p>N. projects financed by structural funds and budget</p> <p>N. projects financed by National Ministry and budget</p> <p>N. of EU projects financed and budget</p>	
	<p>Group2: Policies, services and governance tools (projects, programmes,...) which are directly involved</p>	<p>PUBLIC (regional level)</p>	<p>N. of plans targeted to volunteering</p> <p>N. of plans to integrate the socio-health-care assistance</p> <p>N. social plan</p> <p>N. social-volunteering plan</p> <p>Home care social welfare services: specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Integrated home care with health services:specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Other services (buonvicinato, telecare and telehealth assistance and support , Food distribution and / or laundry at home,...) :specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Financial support (Voucher, Carer's Allowance, other...) :specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p>	

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	<p>Group2: Policies, services and governance tools (projects, programmes,...) which are directly involved</p>	<p>PUBLIC (local/Municipality level)</p>	<p>N. of plans targeted to volunteering</p> <p>N. of plans to integrate the socio-health-care assistance</p> <p>N. social plan</p> <p>N. social-volunteering plan</p> <p>Home care social welfare services: specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Integrated home care with health services:specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Other services (buonvicinato, telecare and telehealth ssistance and support , Food distribution and / or laundry at home,...) :specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Financial support (Voucher, Carer's Allowance,other...) :specify if present/YES or not/NO ; if present, specify public budget involved (in absolute terms and in relation to the number of elderly residents)</p> <p>Integrated access point for elderly: specify if present/YES or not/NO ; if present, specify if managed by VOLUNT. ASS/PRIVATE PROFIT/NO PROFIT and if are involved services needs assessment</p>	

			<p>How services are organized on the territory</p> <p>Round Table on elderly: specify if present/YES or not/NO; if present, specify which private bodies are involved</p> <p>Training or support for carers: specify if present/YES or not/NO;</p> <p>Body/ies with legislative powers</p> <p>Body/ies with executive powers</p> <p>Analysis of the institutional structure, of the level of management and coordination</p> <p>N. projects financed by structural funds and budget</p> <p>N. projects financed by National Ministry and budget</p> <p>N. of EU projects financed and budget</p>
	Group2: Policies, services and governance tools (projects, programmes,...) which are directly involved	PRIVATE NO PROFIT (for ex. NGO, CSOs,.....)	<p>Corporate social responsibility: available dates (number, funding, forms, funding source of local and regional administration, participation of final beneficiaries, ...)</p> <p>N. projects financed by structural funds and budget</p> <p>N. projects financed by National Ministry and budget</p> <p>N. of EU projects financed and budget</p>
	Group2: Policies, services and governance tools (projects, programmes,...) which are directly involved	VOLUNTEERING ASSOCIATION (fill in only if not included in the previous category)	<p>Corporate social responsibility: available dates (number, funding, forms, funding source of local and regional administration, participation of final beneficiaries, ...)</p> <p>N. projects financed by structural funds and budget</p> <p>N. projects financed by National Ministry and budget</p> <p>N. of EU projects financed and budget</p>
	Group2: Policies, services and governance tools (projects, programmes,...) which are directly involved	PRIVATE-PROFIT	<p>Corporate social responsibility: available dates (number, funding, forms, funding source of local and regional administration, participation of final beneficiaries, ...)</p> <p>N. projects financed by structural funds and budget</p> <p>N. projects financed by National Ministry and budget</p> <p>N. of EU projects financed and budget</p>
3.END USERS ANALYSIS	Group3: End users	END USERS characteristics	<p>Index of aging</p> <p>N. of elderly live at home independently</p>

		<p>N. of elderly live at home alone</p> <p>% Older M/F unmarried (widowed, married/unmarried, separated, divorced), detailed for age, for example, 65-74, 75-84, 85 and over</p> <p>Elderly beneficiaries of carer's allowance (proxy for dependents)</p> <p>·% Dependent elderly non-institutionalized (ie living in the household)</p> <p>Households with at least one elderly</p> <p>Households with all elderly</p> <p>Households with only one older</p> <p>% of older people who have one or more friends you can rely on in case of need</p> <p>% of people with one or/and two older parents who lives with a carer</p> <p>Analysis of gender differences,</p> <p>Level of participation of older people to volunteering activities/associations</p> <p>Feedbacks from elerly - elderly needs (Yes/Not/ comments)</p>	
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3.2 Local/regional SWOT Analysis

In each Region, public and volunteering FBs realized a local/regional SWOT analysis in order to perform a detailed analysis of the state of play.

Local SWOT analysis represent the starting point for the launch of all next local activities of WP4 and WP5.

The 2nd Expert Group meeting is the occasion to present the 5 local SWOT and to share results with the other FB.

Each FB carries out the SWOT analysis related to its territory; public and volunteering FBs in the same region close collaborate to realize the mapping; they present the local map at the 2nd EG and send it to FB6

FB6 drafts the template for the mapping and SWOT and also develops the CB SWOT on the base of info gathered from the local swot analysis; Its presents the CB SWOT during the 2ndEG;

3.3 Cross Border - CB SWOT Analysis

FB6 develops the CB SWOT analysis on the base of information gathered by the 6 local SWOT.

The 2nd Steering Group/Expert Group meeting is the occasion to present the CB SWOT and open a discussion among partners' complementarities and differences, detecting some good practices of public-volunteer collaboration, highlight weakness and threats that will face through the launch of WP4 and WP5.

All FBs comment and discuss the CB SWOT using this tool to assess the regional state of art and to elaborate Report on synergies, complementarities and cooperation possibilities of Net-Age regions, to improve key actors coordination.

FB 6 as Responsible of WP3 develops the CB SWOT and present it during the 2nd EG; it coordinate the work of all FBs to draft the Report on synergies, complementarities and cooperation possibilities of Net-Age regions

Each FB collaborate to the joint draft of Report on synergies, complementarities and cooperation possibilities of Net-Age regions

4. Results of the CB SWOT data collection

4.1 Strenghts

After the SWOT analysis from all countries, as we can see from the tables that are shown in the Appendix, that the most countries believe **that the strengths are:**

solid, widespread, and integrated network of voluntary organisations across the region, participatory planning mechanism (e.g. Area plans for health and well-being, drafted jointly by the social, socio-health, and health departments), integrated approach (service providers are from different sectors-private, public and civil), appreciation for the social value of volunteerism and of an active, socially engaged citizenry, creation and development of associations of family members pooling together caregivers working with specific target groups (e.g. elderly people affected by dementia), long-standing support to home care services from the Ministry of Labour and social policy or health, pensioners are politicaly active and presented in the actual national government, some municipalities have several service providers, the service is increasingly expanding to rural areas, some municipalities have their own standards for home care services and have introduced financial participation of beneficiaries in the financing of services, here are accredited training programs for working with the elderly, home care for the elderly is one of the few services in which they volunteers were engaged, the service does not require major resources to be established, economic and social contribution of older people is realized in different ways, higher number of elderly persons are employed or self employed in the private agricultural sector, some of these are family businesses where family members are involved, good institutional social welfare system - homes for elderly, continuous subventions for elderly by local municipality: free city bus transport, additional money for pensioners with low pensions, public kitchen for the poor people (social census), dditional support in services and financial support coming from the state through local Centers for Social Welfare

4.2 Weaknesses

The weaknesses of the most countries are:

The structure of voluntary organisations, low level of volunteering, difficulties in attracting “young” volunteers (no smooth turnovers), reluctance from volunteers to engage in training and acquire new skills (“in order to work as a volunteer it is enough to show good will”), excessive reliance on own resources by voluntary organisations, thus failing to get included in the care planning process, fast staff turnover and limited retention rate among service workers, municipalities do not have sufficient resources to finance ongoing services: where home care services are established as project activities, their sustainability is questionable, there is insufficient inter-sector collaboration at the local level between the social welfare and health care systems., there is insufficient inter-sector collaboration at the local and the provincial level between the public, private, and civil sector, the quality of services provided at local level is not monitored - there are no mechanisms or skills to do that at the local level, uneven quality of home care services in different municipalities, service providers and their founders (NGOs, municipalities) cannot afford accredited training for their staff, most municipalities give priority to other issues when it comes to applying for EU funds and do not have enough funds for finance, the aging of the population constitutes a challenge for us because it affects the pension system, health services and economic productivity, lack of information system in data gathering and distribution for the elderly, lack of centralized data base with information about social services, old and infirm persons cannot use special subsidies and services and therefore they are at higher risk of poverty, losing of additional health care insurance because of social subsidies, lack of funding for out of institutional services Ministry of Health nor Ministry of Labour and Social Welfare do not place home care in the focus, nor recognize as a way to solve the problems. do not measure the quality of services in the local and national level.

4.3 Opportunities

The opportunities of the most countries are:

New tools to promote a comprehensive response to individual needs, not only for the elderly (e.g. co-housing, shopping circles, time banks, etc.), development of inter-generational partnerships and collaborations through schools and universities (e.g. Bread and Internet, Adult Education, etc.), Provincial Secretariat for Health, Social Policy, and Demography combines three key themes of importance to this project and the service, increasing awareness of the need of cooperation and joint work of all the factors of official and civil society and volunteering, local communities' awareness of the responsibility for the quality of life of all citizens, good institutional social welfare system, development of public/private partnership.

4.4 Threats

The threats of the most countries are:

Social and demographic changes: increased number of elderly people left alone, loosening up of family ties, sparse relationships, care responsibilities left to the families, new pension system extending the limits of the working life and thus reducing the time available at the end of an individual's professional life, fear stemming from the social and economic crisis, as well as from the perceived high levels of petty crime, persisting negative perceptions on ageing, tendency (of all actors) to consider the voluntary sector as a substitute service provider rather than an additional source of services to integrate with those offered by local administrations, lack of funds at the national level to ensure sustainability of home care for elderly, demographic degradation of specific areas, central and local governments' political will for the budgeting of at-home service for the elderly, problem of the elderly are not a priority in national policies and plans.

5. CONCLUSIONS AND RECOMMENDATIONS

Recommendation 1: The adoption of common strategies at each levels in the field of health and social care of the elderly

It is necessary to include different segments with mandatory involvement of voluntary organizations and NGOs.

Recommendation 2: Implement mechanisms to ensure that all stakeholders are involved

Involvement of the public, public-private, private and voluntary organizations.

Recommendation 3: Planned activities must be aligned with the needs of the elderly and adapted to existing capabilities of countries

Activities should be planned in line with the capabilities of each country, financial and administrative. The elderly people must participate in definition of their needs.

Recommendation 4: Improve cooperation between all actors involved in the care for the elderly

Cooperation between actors is carried out through the exchange of ideas and Good practice.

Recommendation 5: Improving inter-regional cooperation

In accordance with the existing opportunities of countries, good practice is important for volunteer activities related to the care of the elderly.

Recommendation 6: Strengthening the capacity of civil society organizations (NGOs, volunteer organizations)

Raising awareness of the population about the importance of volunteer work, propagation of information about volunteerism and volunteer training/education.

Recommendation 7: Common training programme for volunteers and professionals

6. Apendix

Table 1. STRENGTHS

	Emilia-Romagna Region	AP Vojvodina, Serbia	Regional Council of Lezha	Goriška-Slovenija	Caritas Albania	Croatia	Montenegro
Solid, widespread, and integrated network of voluntary organisations across the region	+			+			
Participatory planning mechanism (e.g. Area plans for health and well-being, drafted jointly by the social, socio-health, and health departments)	+				+		
Shared values across state institutions, organisations, and local communities:	+						
Integrated approach (service providers are from different sectors-private, public and civil)		+			+		+
Being part of an integrated system and community: effective networking							+
Appreciation for the social value of volunteerism and of an active, socially engaged citizenry			+			+	+
Clear and consistent legal framework for service standards (accreditation) and for regulating cooperation between voluntary organisations and service providers (conventions, agreements)	+						+
Comprehensive network of social and health services with embedded flexibility, to serve specific individual or family needs (day centres opening times, respite care, etc.)	+						

Creation and development of associations of family members pooling together caregivers working with specific target groups (e.g. elderly people affected by dementia)	+		+			+	
Funding through regional tax revenue (e.g. Regional Fund for Volunteerism: funds accrued through Bank Foundations and through the payment of a five thousandth of personal Income Tax Returns).	+						
Movement towards organizational and service management innovation, to improve the accreditation tax in order to shape operational processes and roles, which are currently fluid and not clearly defined	+						
Normative framework sanctioning the active participation of the voluntary sector, which should be recognized and appreciated by the service providers	+						
There is a long-standing support to home care services from the Ministry of Labour, Employment and Social Policy, which was developed and funded by the Social Innovation Fund			+				+
Pensioners are politically active and presented in the actual national government			+				+
Municipalities also favor this service: the elderly are recognized as a priority target group in all local strategic documents for the development of social care			+				

Some municipalities have several service providers		+		+			
The service is increasingly expanding to rural areas		+			+		
Providers have years of experience, more among the civil society sector than among the public sector		+					
Developed network of centers for social work as bodies that perform needs assessment and referral		+					
Novi Sad and some other municipalities in Vojvodina have their own standards for home care services	+	+					
In Vojvodina there is a Provincial Institute of Social Welfare, which provides professional support in the establishment and development of these services		+					
There are accredited training programs for working with the elderly	+	+					
Human resources - professional staff, trained gerontology nurses		+					
Some municipalities have introduced financial participation of beneficiaries in the financing of services		+		+			
Home care for the elderly is one of the few services in which they volunteers were engaged		+				+	+
The service does not require major resources to be established		+					+
There are few national CSOs dealing with elderly issues, which are visible and		+					

respected							
Economic and social contribution of older people is realized in different ways:			+				+
These also serve for the preparation of the future labor force.			+				
Higher-Number of elderly persons are employed or self employed in the private agricultural sector,			+				+
They compensate low income who have a pension.			+				
Some of these are family businesses where family members are involved			+		+		
The experience of the elderly is evaluated as specific advantage for the enterprise.			+				
Generational and intergenerational connectivity options				+			
Lifelong learning				+			
Neighbourhood assistance (buonvicinato)				+			
The implementation of deinstitutionalization process in Albania also includes senior citizens, to be assisted at home.					+		
Good institutional social welfare system - homes for elderly				+		+	+
Good healthcare system- provided even at suburban areas						+	
Wide range of healthcare services included in basic level of National Insurance Fund (close to 100% of population covered by this national healthcare insurance)						+	

Out of institutional services developing rapidly						+	
Local media showing interest for matters of social welfare, especially positive attitude towards non-institutional ways of elderly assistance						+	
Comprehensive coverage by Retirement Insurance						+	
IPA funds of the EU are being used						+	
continuous subventions for elderly by local municipality: free city bus transport, additional money for pensioners with low pensions (less than 2.000 kuna), public kitchen for the poor people (social census),				+		+	
Additional support in services and financial support coming from the state through local Centers for Social Welfare				+		+	
Private Sector rapid development (transport, social care, healthcare services-diagnostics and treatment)						+	
Corrective measures to minimize the corruption						+	

Table 2. WEAKNESSES

	Emilia-Romagna Region	AP Vojvodina, Serbia	Regional Council of Lezha	Goriška-Slovenija	Caritas Albania	Croatia	Montenegro
Fragmentation of the voluntary sector	+						
The economic and social crisis is affecting all the strengths	+						
Limited monitoring and evaluation activity	+						
Lack of platforms and tools to evaluate the needs of the population (focus on action rather than on reflection/listening)	+						
Utilitarian approach to volunteerism by a number of local administrations, who consider it a substitute for service provision	+						
Lack of flexibility in the institutional network	+						
Lack of connections and integration among voluntary organisations: personalistic approach which fosters selfishness and competition for the spot-light	+						
Competition among organisations (for instance, to receive the five thousandth amount from personal Income Tax Returns)	+						
The structure of voluntary organisations, low level of volunteering	+				+		
Potential misuse of voluntary organisations to cover irregular work relations and/or practices	+						
Cuts in public funds towards welfare expenses: reduction in day care and residential services and/or reduction in home	+						

care or support to home care							
Ineffective communication	+						
Limited familiarity with network-based working practices	+						
Difficulties in attracting “young” volunteers (no smooth turnovers)	+				+		
Approach based on social and health needs (what the person lacks/does not have) rather than on the social and relational wellbeing of the individual (relying on what is there)	+						
Reluctance from volunteers to engage in training and acquire new skills (“in order to work as a volunteer it is enough to show good will”)	+				+		
Problems in coordinating voluntary groups lacking a specific organisational structure	+						
Need for integrated and timely communication to citizens and families, detailing all available options and activities	+						
Lack of motivation and fear stemming from specific target groups/condition severity	+						
Excessive reliance on own organisation and resources by both service providers and workers	+						
Excessive reliance on own resources by voluntary organisations, thus failing to get included in the care planning process	+						+
Lack of proper insurance cover	+						

The strong, at time excessive, sense of responsibility of professional service workers makes them unable to see the voluntary sector as a resource. They in fact consider it an hindrance to their daily activity	+						
Potential impact of religious affiliation on the operations of some organisations (e.g. Specification of the number of prospective beneficiaries)	+						
Less time available to volunteer due to social changes (fragmented working hours/patterns, increased family and personal commitments)	+						
Cost-minimization obsession inherited from the business culture	+						
Fast staff turnover and limited retention rate among service workers	+	+					
Excessively strict application of the standards embedded in the service regulations (accreditation)	+						
Irregular distribution of volunteers in the areas where there are day care and residential facilities.	+						
The effects of the pensioners political participation is yet to be seen (the issue of personal policy vs public policy)	+						
Municipalities do not have sufficient resources to finance ongoing services: where home care services are established as project activities, their sustainability is	+		+				+

questionable							
State-established service providers are being favored by the municipal governments		+					
There is insufficient inter-sector collaboration at the local level between the social welfare and health care systems		+		+	+	+	+
There is insufficient inter-sector collaboration at the local and the provincial level between the public, private, and civil sector		+		+	+	+	+
The quality of services provided at local level is not monitored - there are no mechanisms or skills to do that at the local level	+	+					
Uneven quality of home care services in different municipalities	+	+					
There are service providers who provide home care services illegally		+					
There are no standards for the health part of the home care services		+					
Service providers and their founders (NGOs, municipalities) cannot afford accredited training for their staff		+			+		
Number of potential beneficiaries certainly exceeds the number of those receiving the services		+					
There is no comprehensive assessment of the needs for home care services at the provincial level		+					
Not all municipalities have the capacity to utilize donor funds		+					

Most municipalities give priority to other issues when it comes to applying for EU funds and do not have enough funds for finance		+					+
The media are not interested in elderly unless there is a sensational story		+					
Migration, urbanization transformation from large families in small, moving families, lack access to technology, considered as factors that marginalize the elderly.			+				
The aging of the population constitutes a challenge for us because it affects the pension system, health services and economic productivity			+		+		+
Reduce the coefficient of unemployment, and reducing informality in the labor market and productivity in the labor market are likely to reduce pension financial weight			+				
Slow response to main issues				+			
Insufficiently developed other forms of assistance at home (day care centers, alternative forms of accommodation)				+			
Difficult access to expensive services				+			
Lack of information system in data gathering and distribution for the elderly, lack of centralized data base with information about social services					+	+	+
Lack of knowledge and definition of needs and conditions of elderly for the home care service.					+		
The absence of legal recognition for the					+		

profile of elderly caregiver, as subject that can offer qualified service for the elderly.							
Old and infirm persons cannot use special subsidies and services and therefore they are at higher risk of poverty		+				+	+
Negative attitude towards accommodation of elderly family members in the elderly home						+	
Misbalance in state/public elderly houses (accommodation subsidies for "rich" elderly)						+	
Corruption in regards to the accommodation in state elderly homes						+	
Criteria for subsidized in public transport does not exist (all 65+)						+	
Insufficient consultation with the interested public						+	
All capacities in private/profit/ non- profit sector are not sufficient						+	
Loosing of additional health care insurance because of social subsidies					+	+	
Low level of quality in foster families due to lack of control, abuse of financial support						+	
Health system is not oriented on aging but to chronic diseases						+	
Lack of prevention activities						+	
Lack of funding for out of institutional services					+	+	

Public sector does not work on project base – reorganization is required						+	
Dementia-not regulated by regulations						+	
Lack of social daily centers-areas to organize activities for elderly						+	
Legal protection of human rights-elderly are often targets of exploitation or fraud						+	
Complicated administrative procedures for elderly; difficult to understand and conduct (service needed)						+	
Long waiting list for specialist medical services							
Ministry of Health nor Ministry of Labour and Social Welfare do not place home care in the focus, nor recognize as a way to solve the problems.		+					+
Do not measure the quality of services in the local and national level.						+	+
The economic and social crisis is affecting all the strengths outlined on the left	+						
Limited monitoring and evaluation activity	+						
Ministry of Health is not putting home care services in their focus		+					
In AP Vojvodina there is no strategic framework in the field of social protection, nor in the field of care for elderly		+					
Services for the elderly in urban areas are more accessible than for those living in rural		+					

areas							
In homes for elderly are situated mentally ill people who can not take care of themselves							

Table 3. OPPORTUNITIES

	Emilia-Romagna Region	AP Vojvodina, Serbia	Regional Council of Lezha	Goriška-Slovenija	Caritas Albania	Croatia	Montenegro
New tools to promote a comprehensive response to individual needs, not only for the elderly (e.g. co-housing, shopping circles, time banks, etc.)	+					+	
Development of a new preventive approach to the wellbeing of the elderly, which is no longer based on recovery and compensation only	+						
New training opportunities and exchanges between service workers and volunteers	+						
Development and diffusion of new forms of self-help and mutual help	+						
Development of inter-generational partnerships and collaborations through schools and universities (e.g. Bread and Internet, Adult Education, etc.)	+				+	+	
Soaring need to review the current service offering and promote innovation. Traditional services for the elderly are still needed, but they are no longer enough (need to focus on the individuals who are not covered by the	+						

network of services)							
Development and promotion of new technologies (in particular for communications with the elderly and home care, for facilitating access to services, communication among volunteers and between volunteer organisations and local administrations)	+						
Nee to build on the self-organisation potential of society's networks	+						
Integrate day care centres and residential care facilities into a network, to avoid them being disconnected and sporadic	+						
Be cognisant of and take into consideration the most vulnerable individuals	+						
Facilitate the existence of trade unions for pensioners and elderly people, that can raise awareness on these issues and lobby for the respect of the rights of non self-sufficient elderly individuals	+						
Promote the exchange of experiences at the national and European levels	+						
EU funds are starting to support projects for the elderly (EIDHR Exchange 4, IPA ...)		+					
Provincial Secretariat for Health, Social Policy, and Demography of AP Vojvodina combines three key themes of importance to this project and the service		+				+	+
National strategy on aging has been adopted		+					
There are bodies that cover these topics: National Council for Ageing issues, Social		+					

Inclusion and Poverty Reduction Unit (SIPRU)							
NET Age as opportunity to learn and network		+					
Solving problems of the elderly from the standpoint of early diagnosis means medical, rehabilitation and mental and physical treatments that are specific to the elderly to heal or autonomy for the elderly.			+				
State and civil society need to program and fiscal policy measures to support the elderly in health services and social duties services and poverty reduction.			+				
Increasing awareness of the need of cooperation and joint work of all the factors of official and civil society and volunteering			+	+	+	+	+
Local communities´ awarenes of the responsibility for the quality of life of all citizens			+	+		+	
Preparation of the Law on Long-Term Care				+			
Approval of the national social care				+			
Improving people´s health - people's awareness about health, reference ambulances				+			
Strict and continuous institutional monitoring of implementation of legal framework with regard to the provision of nursing care at home for the elderly.					+		
Highlighting private and public sector's strategic priorities with impact in avoiding					+		

overlapping of services and increasing costs.							
Solidarity between generations for the expansion of at-home care services, as an instrument for fulfilling elderly's right to be assisted in familiar premises.					+		
Good institutional social welfare system					+	+	
Membership in EU (new standards, laws)						+	
European Social Fund – source for financial support						+	
deinstitutionalization of elderly assistance						+	
Development of public/private partnership						+	+
Soaring need to review the current service offering and promote innovation. Traditional services for the elderly are still needed, but they are no longer enough (need to focus on the individuals who are not covered by the network of services)	+						
The new generations of elderly people will be better educated and will most likely be more empowered	+						
Increase of educational activities related to elderly assistance						+	
Change of local government						+	
CSO development						+	
Raise awareness on importance of volunteering						+	
Ministry financing long-term social projects						+	

State employment measures for care-providers (non-for profit)							+	
Model of social entrepreneurial							+	
Large potential in specialized human resources – chance for regional leadership and good practice sharing							+	
International collaboration							+	
Economic stabilization and subsequent growth							+	
Completely free health care for all segments of the elderly.								+
The presence of Centers for social work at the municipal level.								+
Develop of public policy for the elderly at the national level								+

Table 4. THREATS

	Emilia-Romagna Region	AP Vojvodina, Serbia	Regional Council of Lezha	Goriška-Slovenija	Caritas Albania	Croatia	Montenegro
Social and demographic changes: increased number of elderly people left alone, loosening up of family ties, sparse relationships, care responsibilities left to the families	+	+		+	+	+	+
Legal framework limiting the scope of voluntary activity	+				+		
New pension system extending the limits of the working life and thus reducing the time available at the end of an individual's	+					+	

professional life							
Limited turnover within voluntary organisations: difficulties in attracting young volunteers	+						
Widespread individualistic culture based on group or small community interests	+						
Potential risk of converting voluntary organisations from social actors to service providers	+						
Fear stemming from the social and economic crisis, as well as from the perceived high levels of petty crime	+	+	+	+	+	+	+
Disadvantaged living conditions and intermittent neighbourhood networks	+						
Persisting negative perceptions on ageing	+		+	+			
Tendency (of all actors) to consider the voluntary sector as a substitute service provider rather than an additional source of services to integrate with those offered by local administrations	+						+
Focus on health needs rather than on social needs	+						
Difficulties in reconciling work and voluntary activity (changing work hours/patterns)	+						
Insufficient consideration of the role of immigrants in the voluntary sector	+						

Exaggerated emphasis on the problem-solving role of the voluntary sector	+						
Erosion of trust in state institutions	+						
Welfare services focused on emergency and complex cases, rather than on prevention and social development	+						
Improper constraints and requirements imposed by service providers	+						
Risk also for volunteers to be involved in a single performance oriented approach (and not oriented to general wellbeing of users)	+						
Public sector activity loosing importance and value	+						
Potential conflict between voluntary and paid work	+						
Potential excessive involvement of volunteers resulting in their identification with professional service workers (by themselves and by others)	+						
Lack of funds at the national level to ensure sustainability of home care for elderly		+					+
The professional trainings for service providers are not easy accessible: accredited trainings are very expensive		+					
Most of the funds from international sources are intended for other issues		+					
The Provincial Secretariat Health, Social		+					

Policy, and Demography of AP Vojvodina is not very active in this area							
Negligence			+				
Abuse			+				
Violence			+				
Demographic degradation of specific areas				+	+		
Inability to society and local communities to effectively change thee trend				+			
Changing role of the society				+			
Unemployment causes migration of young people to cities				+			
Delays in passing the lows on long- care service				+			
Badly organized health home care - home care services				+			
Inefficient allocation of concessions				+			
Inadequate legislation- "Neighborly assistance"				+			
Central and local governments' political will for the budgeting of at-home service for the elderly.		+			+		
Problem of the elderly are not a priority in national policies and plans					+	+	+
Local government units are ineffective						+	+
Stratification of society – discrepancy of social classes						+	
Reducing the impact of family in society						+	

Losing of enthusiasm and funding sources (oscillation of motivation)						+	
Private sector is in unfavorable position (especially women entrepreneurs)						+	
Insufficient training, monitoring, supervision and support for service providers						+	
Programs don't have continuity after elections (new political parties)						+	
Frequent changes in legislation						+	
Insufficient preparation for structural funds						+	
Insufficient capacity for quality projects						+	
Bad accommodation policy in state intuitions (corruption)						+	
Undeveloped monitoring/ support system for foster families						+	
Complicated administrative system						+	
Insufficiency of accommodation						+	
Low awareness on active ageing						+	
Inaccessible data on elderly services/ no research						+	
Long waiting period for health services						+	
Lack of palliative care						+	

7. Annexes