

Best practices in self-administration of communal senior housing



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The CoElderly project aims at:

- encouraging the emancipation of seniors with low mobility in terms of skills, decision making;
- improving the quality and the quantity of knowledge and good practices transfer among EU countries. Managers from social housing/co-housing and Social Services sectors concerning new forms of housing management and participation for seniors with low mobility;
- strengthening adult education through new pedagogical approaches and management for those organizations working in the field of social housing/co-housing and care for the elderly;
- improving the use of the intergenerational approach to social services design/provision in the EU.



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Introduction

The aim of this report is to present information about forms of housing relevant to older people with various degrees of care needs. The idea is to see how the life of older people can be improved through the use of new skills, mutual exchange around daily life activities, care and support and thus remain living independently in their own homes. Living independently means to be in control of one's own home, thereby enhancing safety and security, while receiving care services. A cluster of homes may form collaborative housing, i.e. a form of housing where facilities and common spaces are shared.

In some countries there are many different examples of housing relevant to persons with disabilities, while such best practice cases are missing in other countries. In the latter case the problem with existing practices is discussed in the light of how the present needs can be met in the future.

The various best practice examples presented show how a development can take place from old people being 'cared for' to active citizens becoming 'care givers'. The examples are evidence of empowerment, autonomy and mutual support. They show how dependency on public or private commercial care and support can be reduced, and how older people can work together to support each other. Examples are also shown where a community/local authority provides services in a way which empowers old people to make choices about their lives and to stay independent.

This report is additional to the report on Social policies relevant to high dependency seniors in Italy, United Kingdom, Sweden and Poland, and is followed by a third report on examples of existing and future demands for education and training for self-management of communal senior housing.

In the various chapters of this report reference is given to concepts such as 'social housing', 'collaborative housing' and 'cohousing'. The meaning is different in the partner countries. In Italy, for instance, social housing may imply some type of collaboration between residents, while this is not the case in Sweden or the UK. In the latter two countries 'social housing' means housing set aside for low-income or other underprivileged households for which housing subsidies are provided.

The concept 'cohousing' usually refers to housing with common spaces and shared facilities. The term 'collaborative housing' may be regarded as a sub-group to cohousing and should be used when referring specifically to housing oriented towards collaboration between residents¹.

Dick Urban Vestbro, editor

¹ Vestbro, Dick Urban (2010): Concepts and terminology, p 21-29 in Vestbro, Dick Urban (ed): *Living together – Cohousing Ideas and Realities Around the World*, Stockholm: Kollektivhus NU (www.kollektivhus.nu).

Best practices in self-administration of communal senior housing, ITALY

Author: Lorenzo Scirocco, ASIS



Italy has recently started to deal with the issue of new forms of collaborative housing. Since the first years of the new century some cohousing experiences took their first steps. Today Italy can count almost ten different cohousing projects. Nonetheless Italy is already a highly aged country (only Germany beats Italy) and welfare services for seniors demand wider attention. Only few of these projects target high dependency seniors. Besides these examples one finds some interesting practices of social housing/collaborative housing where seniors (some of whom are highly dependent) play a participative role, mainly thanks to the determination of social cooperatives and the collaboration of public bodies. In these cases the long Italian cooperation tradition gave a big added value.

1. Project Zia Jessy, Torino

Contact details: Condominio Solidale, A casa di Zia Jessy, Via Romolo Gessi, 4/6, Torino.
Website: <http://www.condominiosolidale.org>; *email address:* info@condominiosolidale.org.

Background and aim: The Zia Jessy housing Community is an innovative project, experimenting with new housing policies in a context of mixed- generations. It fits into the programme for housing, social accompaniment, promotion of health of citizens who live in conditions of temporary fragility, according to the City Housing plan and the City Social Plan. The project has been given in concession by the City of Turin, by means of appropriate public call, to the Association AGS (Salesian Youth Association). The experiment has a duration of 6 years, from 2009.

Legal form, ownership and financing: The housing community is the property of the City of Turin. It has been assigned to the AGS Association as concession. Funding is provided both by public bodies (City of Turin) and Bank Foundation (Fondazione San Paolo). On the website there is a possibility for private donations.

Type of building, common spaces and services: Multifamily block with internal distribution according to target. It comprises 30 apartments, 18 of which are for seniors, 8 for temporary single mothers/women, 4 for mothers/women friends. The ground floor comprises play room, kitchen, “seniors’ space”; space for social workers, job assessors, housing mediation services, kitchen, living rooms, music room, 4 hectares of open air ground, bathrooms, farm.

Project process and administration: The City of Turin was encouraged by local associations to face the issue of cohousing. The municipality found funds from a private foundation and then planned the housing project. The AGS association manages the Community, not inhabitants directly. However, they participate in decisions. Residents are selected by Social/Hous-

ing city Departments according to their special needs. Maintenance is carried out by employed staff. The Social cooperative manages the structure.

Inhabitants: 18 seniors (+ 65), 8 single mothers/women (25-40) + children, 4 buddies (with or without own family. Buddies are young families (or individuals) who decide to live at Zia Jessi's and to support seniors and single mothers (and their children) in their activities (they play with children, organize parties, go for shopping). In this case they are volunteers from the AGS Association.

Common activities: common dinners once a month (seniors, single mothers and family buddies²).

Costs: There is no cost for residents. To get an apartment seniors are selected by the municipality. Single mothers with children can stay for a maximum of 18 months. Costs are covered by the municipality. Family buddies are volunteer members of the association in charge of housing management.

Impact of project and lessons learnt: Seniors, immigrants, young people, children have been integrated in the housing community. The idea is hereinafter to extend the use of Zia Jessi's common spaces to the entire surrounding community. This project belongs to welfare policies and it is not easy to cover that amount of costs (for social workers, family assistance, supporters, etc) only with private funding. Funding mix is necessary.

Photos and video links:

http://www.youtube.com/watch?v=xu4rJ_Kd6IU

<http://www.condominiosolidale.org/>



2. Il Centro Servizi Anziani “E. Jenner”

Contact details: Via Edward Jenner 13/17, 0921 Cagliari. Email: info@centrojenner.it

Background and aim: Under the legal regional framework of “Comunità Integrate per anziani” (Integrated Seniors Communities) the project came up with the following main aims, related to high dependency seniors: to promote the development of the clinical framework; to monitor disorders; to reduce restraints; to ensure a good quality of life; to involve families on a permanent basis.

Legal form, ownership and financing: A social enterprise rents the building privately.

Type of building, common spaces and services: 3 floors, mixed urban and rural, block of flats (2 500 square meters). 60 rooms for seniors with high dependencies + beauty centre + day

² ‘Budeis’ are comrades or friends who are linked to the housing project.

centre + garden. Large common areas, multipurpose rooms, gym, bar, restaurant. Large windows overlook the park that runs along the front of the centre. Garden with extensive green areas and a number of typical Mediterranean plants.

Project process and administration: The idea was born because of the need for that kind of (semi-)residential structure in Cagliari, following the regional laws that authorized them to build or renovate these kinds of centres for seniors. One of the principles before starting the project was to imagine the residential building close to main hospitals or services, but, at the same time, ensuring a peaceful and green surrounding. Employed staff is responsible for administration. Families or social workers select potential residents for the Centre.

Inhabitants: 60 residents+ 20 participants in day-care.

Common activities: Common activities are NOT scheduled on a constant basis, due to the high dependency of the residents. However, one of the ideas of the E. Jenner centre is to “to promote and stimulate the social life; to promote moments of meeting and relationship with the external environment”.

Costs: No costs for residents. Public welfare usually integrates costs for seniors on a 30% basis. This means that seniors pay “only” 70% of the monthly fee. The rest is paid by public welfare (the Region or the State).

Impact of project and lessons learnt: The use of “light residential approach” for seniors with high dependency means a lot for the target group in terms of emancipation, involvement into society; in terms of care bearing and giving. The presence of prepared social workers helps the target group get self-esteem, encourages self-management of their life, enriched relations and contacts with the external community. The strengths of the Jenner project are: a) High care of health dimension; b) High care of relational dimension; c) A social cooperative highly involved into the project management; d) High comfort standards for target.

Photos and video links:

http://www.mapconsulenze.it/centro_jenner/



3. Cohousing “Rio Selva”

Contact details: via Rio Serva a Preganziol, 13 (TV). Email: fattoriarioselva@gmail.com.

Background and aim: Anna and Bruno, a couple of “young” retirees, started work on changing their properties so as to obtain more apartments, and once works were completed they decided to open their doors to young people. Thus, their home has become a cohousing filled with activities including pet zoo, fair purchasing groups, organic farming, music, art, social

reception. All this was made with an ethical spirit and in full respect of the nature, place, animals, and creative and harmonious relationship with oneself, with others and the environment. The cohousers, keeping their work outside, have discovered the beauty of the countryside, the farm, the relationship with animals and the joy of living a family relationship and collaboration between independent persons, but linked by a strong affection. So Bruno and Anna, instead of creating a nursing home for retired people, were left with so many young people to relive a second life.

Legal form, ownership and financing: Cohousers pay rent to owners (who live in the property and founded the cohousing) by means of the Cooperative they created.

Type of building, common spaces and services: Multi-family block of flats. 4 apartments (2 rooms each), living room and a shared kitchen.

Project process and administration: Bruno and Anna bought the old farm in 1966. They tried to set up a cohousing project mainly with other seniors. The project did not succeed, so they decided to open cohousing to young couples. In 2006 the Rio Selva cohousing began. No written rules exist. This cohousing is mainly based on spontaneous, self-managed activities. New persons join the housing project through informal contacts. Some inhabitants (with mental disabilities) are allocated by public bodies. Common spaces are self-administered.

Inhabitants: 10 inhabitants (from 6 to 80 years).

Common activities: Cooking/eating, playing/listening to music, open air/field activities, agriculture, feeding animals, cooking courses.

Costs: Not applicable for cohousers who are member of the cooperative. Inhabitants with mental disabilities are supported by public institutions.

Impact of project and lessons learnt: The project has raised awareness about sharing common spaces and relations with nature; inter-generational approach, organic cultivation = good health. Written rules for cohousers are not feasible for a small number of families living in co-housing. In case of bigger communities it is better to make written and shared rules.



Photos and video links:

<http://www.rio-selva.blogspot.com>.

<http://www.youtube.com/watch?v=oyCLGkYVvYI>

Recommended literature and Internet links

Existing experiences

- www.lecaseditedoli.it/

- www.santegidio.org/anziani, (Dall'esperienza pluriennale di servizio agli anziani della Comunità di Sant'Egidio, ha preso le mosse nel 1998 "Viva gli anziani" che conta oggi nel mondo 10.000 iscritti)

- <http://www.valpellice.to.it/spip.php?article119> (FOYER ANGROGNA: il "Foyer", una comunità alloggio montana destinata agli anziani quale alternativa al ricovero in casa di riposo).

- <http://rio-selva.blogspot.it/>; <http://www.cohousingitalia.it/article9064.htm>

- <http://www.cohousingnumerozero.org/>

Experiences under construction

- <http://lasentinella.gelocal.it/cronaca/2013/04/10/news/la-cittadella-dell-anziano-spazi-privati-e-vita-comune-1.6860185> (con la cooperativa “Eporedia villaggio sociale” a Ivrea arriva il co-housing)
- <http://www.volontariato.com/news-e-appuntamenti/notizie/dalle-associazioni/item/1790-coabitare-a-modena-per-saperne-di-pi%C3%B9-su-un-innovativo-progetto-per-anziani-non-autosufficienti>
(Coabitare a Modena: un innovativo progetto di convivenza per anziani non autosufficienti)

Books

- *Valorizzazione e assistenza degli anziani e housing sociale*, ed Il Ponte Vecchio, 2009.
- Polci Sandro, *Condivisione residenziale. Il «silver cohousing» per la qualità urbana e sociale in terza età*, ed. Carocci, 2013
- Guidotti Francesca, *Ecovillaggi e cohousing*, 2013, ed. Terranuova
- Guido Lazzarini , Anna Gamberini , Sonia Palumbo, *L'home care nel welfare sussidiario. Reciprocità e ben-essere nelle relazioni di cura*, 2011, Franco Angeli.
- Bramanti Donatella, *Le comunità di famiglie. Cohousing e nuove forme di vita familiare*, Franco Angeli, 2009

Ways of collaborating among seniors in the UK

Author: Maria Brenton, the UK Cohousing Network



We have aimed, through the typology below, to give a picture of activities in the UK which relate to mutuality and collaboration among older people, some linked specifically to their housing. These ranges are relevant:

- from small scale and informal to large-scale and organised mutual support,
- from older people with high support needs to more active older people,
- from schemes which do not involve housing as such to schemes where mutualism and reciprocity are either by-products of a housing scheme or the main aim of it.

Typology of mutual support and reciprocity

We are able to identify the following types that are of interest for the CoElderly project:

1. Self-help and peer support networks
2. Circles of Support
3. Time-Banking
4. Mutually supportive communities
5. Shared Lives
6. Homeshare
7. Cohousing

1. Self-help and peer support networks

Case: Men in Sheds, Age UK Cheshire,

This project was set up for older men who are at risk of social isolation and often miss the structure of work. Age UK Cheshire is a local non-profit organisation working with older people in the North-West of England. The organisation points out that over 1 million older men now live alone in the UK, and suggests that 400,000 of these men are experiencing loneliness. The project simply and effectively centres around a communal shed, which has good equipment and is a place people can come, work on individual DIY type projects, get to know each other and then build relationships that go beyond the scheme.

Link: <http://www.ageuk.org.uk/cheshire/our-services/every-man-needs-a-shed/>

Literature: Alex Johnson: *Shedworking: The Alternative Workplace Revolution*, Frances Lincoln 2010.



Wood workshop of the project in Cheshire.

2. Circles of support

‘Participle’ and the Circle Movement

Link: <http://www.participle.net/projects/view/5/101/>

‘Participle’ is a non-profit organisation which has set up the Circles Movement in the UK in response to the ageing of society, consequent pressures on public services and public expenditure cuts. Its aims are essentially to harness older people’s skills and resources, build their social networks and encourage voluntary and reciprocal giving of time and services to complement the shrinking services of the public sector. It has set up a public-private partnership with a London local authority (see below) to design informal new social care services that will improve the quality of life and well-being of older people. The local Circle is initially funded by a local authority with the aim of becoming self-sufficient and self-sustaining. From small beginnings, the Circles Movement is spreading to other parts of the UK, rural and urban.

Case: Southwark Circle

Link: www.southwarkcircle.org.uk

Circles ask ‘How can a locality mobilise public, private, voluntary and community resources to help older people define and create quality of life and well-being for themselves?’ The Southwark Circle offers to subscribing members opportunities to meet each other through an events calendar, a free phone number for recommended tradesmen, services etc. and an option to register as local helpers, contributing what they can to fellow subscribers. They can also purchase tokens themselves to get help from other neighbourhood helpers for household tasks, shopping, gardening etc. This is a kind of work exchange system, where older people put in what they are capable of and draw out what they may need. It also aims to enhance their social connections with each other and to supply them with useful local information.

3. Time-banking

Case: Camden Shares

In contrast to the Circles scheme above, a time-bank is not specifically directed at older people – it is for everyone who wishes to participate. Camden is a local authority borough in

North London. The Camden Intergenerational Network brings together people of different ages who would otherwise not get the chance to meet. Its website (see below) links interested members to local planning and consultations, leisure events, discussions etc. and also to the Camden Shares Time Bank, below, where younger and older people can volunteer.

Links:

<http://www.wearecamden.org/camdenintergenerationalnetwork/>

<http://camdencarechoices.camden.gov.uk/i-need-help-with/getting-out-and-about/timebanking-and-volunteering.aspx>

The Time-bank website enables people to volunteer and allows individuals and organisations to share and exchange their time, skills and resources. A time-bank uses time as currency, every hour of time given providing a service for someone in the community is credited and can then be spent getting help in return. It can cover: cooking, gardening, running a workshop, teaching a language or musical instrument, befriending, DIY, help filling out forms, computer help or running a coffee morning.



Camden Shares Timebank volunteer. Source: <http://www.hcct.org.uk/what-we-do/timebanking/time-bank-exchange/>

4. Mutually supportive communities

Case: Housing with Care

Senior cohousing does not yet exist in the UK. Instead, there are many retirement communities or ‘housing with care’ schemes designed for older people, where they may have varying degrees of involvement in management decisions but do not run their scheme themselves.

These schemes are not set up – as a cohousing community would be – through a specific process of community-building, but they *may* develop some neighbourly and reciprocal support simply through living together over a period of time. For some, care services may be provided by the company that owns the scheme. For smaller schemes, residents rely on any local services there are and on each other. There is no guarantee that residents will be neighbourly and research has found that the prevailing organisational culture may determine this.

‘Housing with Care’ (HWC) communities are a recent development in the UK and what they offer older people with high support needs has been the subject of research. In a study (<http://www.jrf.org.uk/sites/files/jrf/older-people-support-relationships-full.pdf>) by Karen Croucher and Mark Bevan, findings were that:

‘Neighbourliness is key to supportive communities. The majority of HWC schemes have a number of residents who are recognised to be the "informal" driving force behind resident-led activities. Organisations have an important role in providing guidance and support to residents who are willing to reach out to others’.

The authors emphasise the importance of staff training in setting a culture of respect and tolerance for individuals and identified a vital staff ‘brokerage’ role providing

‘opportunities for residents to be more supportive to people with high support needs, as well as ensuring that individuals with high support needs were able to take advantage of activities within schemes’

One example of a retirement or HWC community is the Hartrigg Oaks Continuing Care Retirement Community in York. It provides a graduated system of care and support which residents can purchase. There are 150 bungalows with a club house, home care services and a nursing home onsite. The community is run for people of 60+ by the Joseph Rowntree Housing Trust, originally a Quaker foundation, and some of the residents are also Quakers. The ethos of the community is therefore one that promotes inclusiveness and participation and residents do offer each other support.

A study of the Hartrigg Oaks Community by Croucher et al (JRF 2003) found that *‘Most residents felt that Hartrigg Oaks functioned as a community, both in the sense of its encouragement of, and facilities for, a wide range of resident-led activities and also in the sense of general ‘good neighbourliness’ between residents’.*

<http://www.jrf.org.uk/publications/residents-views-continuing-care-retirement-community>

5. Homeshare

Link: <http://www.sharedlivesplus.org.uk/homeshare>

Homeshare is an organised approach to meeting the needs of older people living alone. Through its matching process, the organisation finds and ‘vets’ younger individuals in need of accommodation who would be willing to undertake an agreed care role in respect of the older householder. The older person offers her home and its resources in return.

Marjory Trevor, 92, and Heather Lewis, 26 – from [The Guardian](#)

War veteran Marjory decided after one meeting to share her house with Heather, a nursing student. Heather gives 10 hours’



help a week, cooking three or four times and doing light cleaning. They have been Homesharing since 2010. See more at: <http://www.sharedlivesplus.org.uk/homeshare-case-studies#sthash.HzxilWgn.dpuf>

This project matches ‘householders’ (those willing to share their home, who would like help and support in return) with ‘homesharers’ (those who need accommodation and are willing to give help in exchange). Both members benefit from the scheme; often the homesharer can provide low level support to the householder in return for having a place to live, which enables them to continue living in their own home.

6. Cohousing

Cohousing is a form of intentional community, created and run by its residents. Each household has a self-contained, personal and private home, but residents come together to manage their community, share activities, eat together. The senior cohousing model is well developed in Sweden, Denmark and the Netherlands. It is a model best suited to active seniors rather than older people with high support needs and can contribute to reducing or delaying the health and care needs of ageing

In the UK, there are no senior cohousing communities yet, but a number of ‘forming groups’ are working with a housing association, Hanover Housing, to develop them in London:

- the OWCH (Older Women’s Cohousing) Company, for women of 50+. This is foremost and is expected to be completed by 2015.
- Cohousing Woodside is a 50+ mixed group, at a very early stage.
- Featherstone Lodge Community is a 50+ mixed group, at a very early stage.

Similarly, other groups such as ‘Alive@50 Selby’ or ‘3rd Age Milton Keynes’ are active around the country. In Scotland, *Vivarium* is a forming mixed group for 50+, in partnership with the Kingdom Housing Association, and in Wales, ‘Valley Women’ is at a similarly early stage.



A number of inter-generational, family-based cohousing communities exist, but only one (the Threshold Centre, pictured) has developed in partnership with a housing association. This means that it includes renters who would not be able to afford to buy their home but are subsidised from the social housing system.

With at least 12 senior groups participating in the long process of forming cohousing communities, it is evident that interest in the concept and demand for it is growing apace. Older people, particularly the ‘baby boomers’ - or the generation born just after the second world war – are realising that unless they make an effort themselves, their old age will not match the standards of consumer choice and autonomy that they have grown up with and become accustomed to. There is in the UK, at best, a strong tradition of paternalism towards the old and, at worst, a culture that does not value old age or provide well for it. Major cuts in local authority social care services are a feature of the current government’s austerity programme and these will hit older people with high dependency needs hard. Cohousing – pre-eminently an initiative by the ‘younger-old’ - is a means whereby they may work together to develop collaborative housing to anticipate and take preventive action for the high dependency stage of life.

There are no support infrastructures to help older people set up cohousing in the UK. The UK Cohousing Network is a small non-profit organisation with a coordinator and a website which aims to promote senior cohousing as well as family-based communities. It aims to assist individuals and groups in setting up their own cohousing communities. It also endeavours to link groups to available resources and to influence public policy making in favour of the cohousing movement. This is pertinent at the present time as public debate grows in relation to ‘the problem’ of rapid societal ageing.

8. Conclusion: validating the older person as active contributor

This paper has proceeded along a continuum of mutuality, starting with small scale efforts in the UK to mobilise the contribution older people can make to others in reciprocal relationships where they too can have access to care, support, companionship or meaningful activity. All examples are characterised by an appreciation of the older person as someone who can contribute and not just receive, as active, not passive, as citizen not just service recipient.

This theme is continued in the context of the home and housing, with again a marked progression in the involvement and activities of older persons. Our examples show movement from dependency to independence; from where older people respond to their managed environment and to ‘prompts’ from the prevailing culture to reach out to neighbours (Hartrigg Oaks), to the point where they are taking a sustained and active role for as long as possible in managing their housing environment themselves and contributing to a lively sense of community and mutual support – which is what cohousing is about. This level of leadership and social involvement can contribute to good health and delay the dependency of frailty – a reason why senior cohousing has been promoted by successive governments in a number of Western countries, seeking to contain the growth of health and social care expenditure..

Literature and links:

Brenton, Maria, *Senior cohousing communities – an alternative approach for the UK?* Joseph Rowntree Foundation 2013 (<http://www.jrf.org.uk/publications/senior-cohousing-communities>).

Bunker, Sarah et al, *Cohousing in Britain*, Diggers & Dreamers Publications, London 2011.

See separate report about the need for vocational training and education.

Best practices in self-administration of senior housing, SWEDEN

Authors: Kerstin Kärnekull and Dick Urban Vestbro, Kollektivhus NU



In Sweden there are two models with self-administration of senior housing, either with services included (service houses) or based on collaborative work (cohousing and community living). They constitute only a small part of the senior housing sector in Sweden, at about 5 % and an even lesser part of the total dwelling stock at only 0,05%.

Most of the *service houses* can be seen as a type of condominium where apartments are sold on the market and where one has to pay quite high fees for services like dinners, common spaces and staff. The inhabitants have a great influence over operation and maintenance through their cooperative association but they often engage professionals as employees or subcontractors. The service houses can be, but are not always, initiated by a committed group of seniors.

The *collaborative model* is based on mutual help and doing things together. No paid staff is required and the inhabitants are responsible for the on-going activities and management. Tenure can be either rental (1. Tersen, 2. Färdknäppen) or the Swedish form of cooperative ownership called *bostadsrätt* (3. Bataljonen, 4. Cooperatives for independent living). An association with the inhabitants as members is always formed to manage the common activities. The projects are usually initiated by committed groups of people.

Even if the four examples below are open for seniors in general and not only people with severe disabilities, it is estimated that the housing alternatives are quite relevant also to seniors with a high level of dependency. Experience shows that most can stay in place in senior cohousing until the end of their lives.

1. Tersen, Falun

Contact details: Tegelvägen 18, 79135 Falun. Website:

<http://www.tersen.se/cms/materio/modules/litbox/client/> (in Swedish). Contact email: info@tersen.se.

Background and aim: The initiative was taken by a group of seniors who got together in the year 2000. They found a suitable building in the form of a service house from 1964 for pensioners, which was available for sale since the municipality were discontinuing that type of housing. Existing tenants were moved out step by step. In 2005 the first households of the new association of seniors could move into the building. The idea was to build a community

based on self-services such as common meals and leisure time activities in order to promote neighbourly collaboration and friendship. The name “Tersen” refers to the third phase of life, i.e. persons above the age of 50 without children at home.

Legal form, ownership and financing: The cohousing association decided to act as a developer rather than asking an existing company to rebuild the service house for the association, a quite unique feature among Swedish cohousing. The chosen form of tenure is cooperative rental, a type of ownership which allows the residents to manage their own affairs and to request new residents to make commitments towards cooking and other communal duties.

Type of building, common spaces and services: The building is a multi-household complex in three floors with rooms on each side of corridors. It consists of 44 apartments from 32.5 to 111 sqm. All apartments are provided with kitchens. Common spaces consist of a central kitchen, a dining room, a living room, a weaving room, a hobby room, a workshop, a gym, a sauna and a guest room (amounting to 409 sqm).

Project process and administration: When the building was purchased it had to be rebuilt in stages. Some of the small apartments were merged with adjacent rooms to form larger apartments. At the beginning a private company (owned by some of the residents) bought the building. In 2011 the cohousing association took over ownership, run as an economic non-profit enterprise. Decisions are taken at monthly house meetings, at which all members are invited. One can register interest to move in on the website. When an apartment is free the association selects residents from the interest list based on stated commitment to participate in common activities, gender and age.

Inhabitants: In 2013 Tersen comprised 49 members and 4 students. A majority are single women. The target group does not consist of persons with disabilities, but the situation in Tersen (2013) is that some households get regular support in their homes. Four persons are seriously ill and get support and care from the municipality and county council. The cohousing association does not as such organise any support, but in practice a lot of human support is given due to the fact that residents know each other and understand the importance of mutual assistance.

Common activities: Common meals are organised Fridays and Tuesdays, prepared by cooking teams of residents. Working groups are in charge of maintenance, care for common spaces and gardening. Cooking is compulsory for members, while participation in group work is voluntary.

Costs: The one moving in is to pay a deposit equal to nine months of rent for the selected apartment. The smallest apartment costs SEK 2870 (€ 335) while a two bedroom unit of 65 sqm costs SEK 5567 (€650) a month. The common spaces are included in these costs. Costs for maintenance have been reduced thanks to much voluntary work by residents. In 2012 housing costs were estimated to be 8-10 per cent lower than in equivalent housing nearby. When moving out the resident gets the deposit back (without any interest rate added).

The garden of Tersen with the common living room to the left. Photo: Dick Urban Vestbro.



Impact of project and lessons learnt: The Tersen project shows that it is possible for an independent group of seniors to take over an existing building and convert it into cohousing without any support from public sources. Such building communities are very rare in Sweden. The project also shows that residents with disabilities get human support from their neighbours spontaneously due to the fact that all know each other and think in terms of mutuality.



Kitchen of Tersen. Photo: Dick Urban Vestbro.



Common dinner in Tersen with guests.

2. Färdknäppen, Stockholm

Contact details: Fatburgsgatan 29, 118 54 Stockholm. Website: <http://www.fardknappen.se> (in Swedish) and http://www.fardknappen.se/fardknappen.se/In_English.html (in English). Contact email: info@fardknappen.se.

Background and aim: The initiative was taken by a group of seniors who got together in the year 1987. They were concerned about their living conditions as they grew older and decided to develop a housing model where middle-aged and elderly people help each other acquire more social contact, get a better quality of life and be less dependent on municipal services. The model was coined "*the second half of life*" and was later copied in eight other cohouses in Sweden. In Färdknäppen residents-to-be participated in the design process, which means that they were able to tailor apartments to their own wishes, which was something new in Swedish planning practices.

Legal form, ownership and financing: The form of tenure is rental, and the owner is one of the three big municipal housing companies in Stockholm, Familjebostäder. All tenants have to be members of the Färdknäppen cohousing association.

Type of building, common spaces and services: The building is a multi-household building with two stairwells in four and seven floors respectively. It consists of 43 apartments from 38 to 74 sqm. All apartments are provided with kitchens. Common spaces consist of a central kitchen, a dining room, a living room, a weaving room, a hobby room, a workshop, a gym, a sauna and three guest rooms (in total amounting to 345 sqm), two rooms with computers, storage rooms etc.

The façade of Färdknäppen towards the East.



Project process and administration: The initial group started to search for a housing company that could accept their ideas. One of the housing companies in Stockholm was willing to try

their ideas. Friends, colleagues and relatives joined and the group rapidly expanded. After years of discussions and planning residents were able to move in during 1993. According to a special agreement with the housing company the cohousing association manages the common spaces and takes charge of certain maintenance tasks.

Inhabitants: In 2013 Färdknäppen comprised 53 members. A majority are single women. There are ten couples and a small number of single men. Residents are not recruited on the basis of need for care, but such needs exist for a number of cohousing members. Persons with disabilities get support in their homes from the municipality and county council, while the cohousing members often provide human support in a way that does not exist in conventional housing.

Common activities: Working together is a fundamental aspect of everyday life in the building. Common dinners are organised Mondays to Fridays, prepared by cooking teams of residents. Working groups are in charge of maintenance, care for common spaces and for gardening. Other voluntary groups are for the local choir, the library, parties and entertainment, physical exercises and much more.

Costs: The smallest apartment of 37 sqm costs SEK 6 120 (€ 714) a month while a two bedroom unit of 74 sqm costs SEK 9 725 (€ 1 134) a month. The rent for the common spaces is included in these costs. The housing company bore all construction costs. There is no subsidy from the public sector.

Impact of project and lessons learnt: The cohousing association is convinced that living in Färdknäppen adds at least five years to life, and that residents can live a good life until their last breath. A small number of inhabitants have received medical help or home care services from the municipality and a few have had to move to hospitals or assisted houses, mostly because of dementia. But most of the persons living in the house are healthy even up in their nineties.

The project also shows that residents with some disabilities get human support from their neighbours spontaneously due to the fact that all know each other and think in terms of mutuality.

Right: The library of Färdknäppen.

Below right: the ground floor

Below: the common dining room



Photos and website links:

www.fardknappen.se (in Swedish)

http://www.fardknappen.se/fardknappen.se/In_English.html

3. Bataljonen, Karlskrona

Contact details: Drottninggatan 14A, Karlskrona.

Websites: <http://www.bataljonen.se> and <http://seniorhus.se> (in Swedish).

Ground floor of Bataljonen.



Background and aim: The Karlskrona Seniorhusförening (senior housing association) was initiated in 2003 by persons of ages around 65, in order to discuss how they would like to live in their later years. Soon they were more than 150 members in the association and they contacted the municipality of Karlskrona and some housing companies. NCC, one of the bigger construction companies in Sweden, had a project for a condominium or cooperative housing society in the centre of the city. The association joined the project and had a “flying start”. Karlskrona Seniorhusförening is a non-profit association, the purpose of which is to work for housing especially for elderly people, but the association also accepts younger households as residents.

Legal form, ownership and financing: The form of tenure is cooperative tenant-owner (‘bostadsrätt’ in Swedish). This normally means that households can sell their apartments at market price to anyone. Self-administration has been working well thanks to the fact that some members have the required skills and competence.

Type of building, common spaces and services: The building is in five stories, with 27 apartments from 85 to 118 sqm. All apartments have normal housing standards and generous balconies. The common spaces at the entrance level were originally planned as an apartment of four rooms, ca 80 sqm. It has one bigger room for meetings and socializing and a smaller one that can be used as a guest room. There is also kitchen, fully equipped for big dinners. What residents cannot manage themselves, is carried out by paid service companies.

Project process and administration: The discussions with NCC started in 2003, the building construction started in September 2005 and in October 2006 the residents moved in. The cooperative association is responsible for activities, management etc.

Inhabitants: In 2013 47 adults live in the housing complex, from 35 to 80 years of age, plus three children and one teenager. A large group have been members of Karlskrona Seniorhusförening before moving in. In order to avoid a too strong concentration of old persons, younger applicants are given priority when new residents are approved. Persons who are in need of care are referred to special forms of housing. At present (June 2013) no one has home care in Bataljonen.

Common activities: The common rooms are frequently used for playing cards, wine tasting, lectures on different subjects etc. They are also used for common soup evenings. They can be booked for private dinners and entertainments. The smaller room is a common guest room.

Costs: The monthly costs are ca 58 SEK (€ 6.7) per sqm, which means 4 960–6 885 SEK per month (€ 570 - 791).

Impact of project and lessons learnt: Bataljonen is the first of several senior housing projects underway in Karlskrona and other parts of Sweden and is seen as a model. So is Karlskrona Seniorhusförening.

One lesson learnt is that the form of tenure “bostadsrätt” has some problems, because many decisions in the planning and building process are taken by professionals without involvement of the users. Another drawback is that an initiative group must work together with a housing company. The tenant-owner tenure requires too much responsibility for housing management and maintenance. A tenant association where the association rents from professional landlord is preferable.

Mutual support is gradually developing. The present assistance with watering flowers, dog and child care, shopping and other errands, telephone contacts with the sick ones etc. may lead to more advanced kind of mutual support in the future.



Exterior and....

the main common room of Bataljonen.

In June 2013 a second project by the association was started, in Vedebylund in Lyckeby. The developer is the municipal housing company Karlskronahem. There will be 19 apartments and common rooms to be used by the tenants, together and/or privately.

4. Cooperatives for independent living for people with disabilities

Like in some other countries a movement was formed in Sweden in the 1980s for independent living of persons with disabilities. In 1987 the Stockholm Cooperative for Independent Living (STIL) was formed as a model of user-run personal assistance services. The philosophy is to work for equal opportunities and self-determination. In Sweden persons with extensive disabilities have the right to personal assistance paid by local governments, but this type of services tended to be managed in a rather paternalistic way by bureaucratic authorities without any influence by the disabled persons themselves.

According to procedures in the 1980s persons with extensive disabilities could choose only between living with their parents or move to institutions. As an alternative to this STIL started to work for de-institutionalization and for accessible housing and personal assistance services managed by the disabled persons themselves in the form of cooperatives. This would mean that users exercise a maximum control over how services are organised and custom-design their services according to their individual needs, capabilities, life circumstances and aspirations. In particular, personal assistance requires that the individual user decides who is to work, with which tasks, at which times, where and how.

STIL is today an established cooperative company with 160 members, dozens of cooperatives and an annual turnover of 90 million SEK (€ 10.5 million). Many of these cooperatives have

received assistance from STIL in getting started in several ways such as loans, internships at STIL, training through courses and seminars, as well as STIL's training manual. STIL trains members to become employers of their personal assistance. Before anyone can become a member of the cooperative he/she has to take a course in which experienced members teach newcomers the necessary skills.

STIL writes: *"There is a strong sense of pride and accomplishment. Instead of limiting ourselves to complaining about the poor quality of the public services, we demonstrated for ourselves and the general public that disabled people are capable of taking their affairs in their own hands. The demonstration of the viability of our vision and our capabilities has gained us respect among politicians and civil servants. We generate good will in the community and contribute to an improved image of disabled people"*

(<http://www.independentliving.org/docs3/stileng.html>).

GIL and its work with cooperative housing

An equivalent of STIL is Göteborg Independent Living (GIL). It has worked not only with personal assistance cooperatives but also with cooperative housing. The aim is to avoid that people with disabilities are isolated in private homes or passivized in institutions. In either case the right of self-determination is strongly limited. The cooperatives started by GIL are tailored to give tenants a maximum of influence over their housing situation. The cooperative is registered as an economic association, providing for extensive self-determination. The association participates in the planning process and influences house design.

One housing cooperative, connected to GIL, is a cooperative in the community of Uddevalla on the West coast of Sweden. Here the municipal housing company in 2008 rebuilt a former shop into apartments for seven young persons with disabilities with rooms for personal assistants. The apartment sizes vary from 45 to 59 sqm. Common spaces consist of a laundry, a living room and a kitchenette.

Another cooperative is Kikås in the municipality of Mölndal, initiated by Elaine Johansson, who wanted to create a parent cooperative for her handicapped daughter and three of her friends. In 1994 the municipality allocated land to a private developer, who built four apartments with some common spaces for the target group. Later the cooperative took over the building. Each resident has her/his own personal assistant. Sometimes common dinners are arranged. The common spaces include a guest room and a bubble bath.

Even if GIL is focusing on young people it is easy to see how this model can be fruitfully applied to old people. The STIL and GIL experiences show that persons with extensive disabilities are able to manage their own care and housing services. But training is required to learn the skills of administration and maintenance of real estate and services. Such training should include budgeting, accounting, procurement and auditing.



Kikås cooperative in Mölndal.



Cooperative in Uddevalla, Sweden.

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Examples of existing Practices in Senior Housing POLAND

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In Poland cohousing does not exist. A few initiatives in that direction have been taken among young people, but not yet resulted in implemented projects. In the absence of such best practice examples this report instead focuses on the existing possibilities for social senior housing provided by local governments' institutions. . Given the right conditions such housing may be developed in the future.

Currently in Poland, the area of social welfare is regulated by the Law on Social Assistance of 2004³, which includes three types of institutions providing 24 h care services for elderly people, including housing. These are:

- a) Social Welfare Housing (DPS);
- b) Non-public Nursing Homes (NDPS) or private nursing homes (PDPS) - the institutions run by the Catholic Church, other churches, religious associations and social organizations, foundations and associations, other legal entities, and private individuals;
- c) Family Nursing Homes (RDP).

All institutions working in the field of stationary social care for elderly people must obtain a permission of the Governor and be registered in the register of Governor. Stationary care means 24h care services, including housing. It does not include care for elderly in their homes.

Social Welfare Housing (DPS)

Social Welfare Housing includes institutions characterized by a great diversity in activities and services. Local governments (municipalities) are responsible for the organization of DPS. Depending on target group, they are divided into centers for the elderly, the chronically physically ill, chronically mentally ill, mentally disabled adults, children and young people with intellectual disabilities, people with physical disabilities.

DPS for the elderly provide, at the level of the standard specified in the Regulation of the Minister⁴, the following services: care (assistance in basic activities of life and dealing with personal issues, primary care), household support (providing a place of residence, food,

³ Act of 12 March 2004 on social care, Dz.U. z 2013 poz. 182

⁴ Regulation of the Ministry of Labour and Social Welfare of 31 May 2012 on Family Nursing Homes

clothing and footwear, cleaning), other support (allowing participation in active therapy, enhancing the efficiency and activating citizens, enabling to meet the needs of religious and cultural activities; providing conditions for the self-development of residents, stimulating, maintaining and developing contacts with the family and the community; actions aimed at emancipation of residents, where it is possible; ensuring safe storage of cash and valuables, ensuring the rights of residents of the house, and availability of information on these rights, the proper recording and dealing with complaints and requests of residents).

The target of DPS are those people, who have no possibility to be provided with care services in their homes and their health status is not requiring medical care provided in institutions under the Ministry of Health (hospitals) and funded by the National Health Fund (Public Health Service). The organization of DPS should take into account, in particular, freedom, privacy, dignity and security of its inhabitants. The range and form of services should take into account the degree of physical and mental dependency to suit their individual needs.

The number of stationary social institutions in Poland is steadily increasing. The data from the Central Statistical Office shows that since the Second World War, in the period of six decades (years 1946-2006) the number of such institutions was nearly quadrupled⁵. It should be noted that this growth was especially intense in the early 90s when Poland regained its national independence (period of political, economic and social transformation). This was a response to neglect and delays incurred during the period of the communist system in Poland as well as growing demand for such services due to the dynamically growing process of demographic changes.

Among all types of institutions providing social stationary nursing the fastest development is intended for the elderly. Over the last half century, the number of them has increased more than tenfold, from 30 in 1955 (then called the Houses of Retired People) to 304 (including 6 branches) in 2006. In this period the number of places (rooms) in these institutions increased sevenfold, from 2520 in 1955, to 17 562 in 2006. With the demographic, economic and socio-cultural changes the need for care of dependent people changes too. The welfare institution should respond to these changes. Otherwise, it becomes numb and inadequate to the surrounding reality.

So far, the study conducted by DPS in Poland shows that these institutions are not unequivocally satisfactory to all its inhabitants. Nearly half of them accept proposed conditions, the rest expect other solutions. The aim is therefore to implement the stationary hotel model of social protection. This model involves the separation of living and welfare benefits, which means that an elderly person has her/his own room, which is an integral part of the larger building supplied with nursing.

The DPS should be open to the environment to ensure the contact of its inhabitants with the local community. People must have access to all the services offered in the facility environment. Contacts of inhabitants with the local community generally cause an increase in their self-esteem, improve mental health and increase the sense of belonging to a wider social group. In addition, care centers open to the environment can overcome the existing negative stereotypes of social consciousness.

The DPS are generally located far away from the city centers. Most often they are located in rural areas or small towns. Those that operate in large cities tend to be located on the peri-

⁵ http://as.sektor3.wroclaw.pl/page/raporty/zmiany_stacjonarnej_opieki_spolecznej.pdf - PhD discussion of Łukasz Jurek

phery. This location gives to elderly people peace and quiet, but at the same time is problematic for those who are accustomed to functioning in the big cities.

On the basis of research it can be concluded that the development of social care should rely on transformations in the direction from the institution to the home, from care to assistance, from introversion to openness, from the group to the individual, from the plan to the choice, from passivity to participation.

In the early 90s, the sector of social stationary care in Poland was characterized by:

- a huge diversity of buildings standard and kinds of provided service;
- difficult condition of accommodations (6-10 bedded rooms);
- inability to respect inhabitants' rights for intimacy and privacy;
- too big buildings (for 200-300 people);
- very high density of inhabitants.

The high quality of stationary care is one of the common goals of European Union, which is regulated by the so-called "open method of coordination". Due to unfavorable (or even dramatic) situation in the social stationary care, long before the Polish access to the EU, the country adopted measures to increase the quality of DPS services. The process of so-called "standardization" has improved standard of living of its inhabitants in many institutions.

In Poland, it is not only the lack of competition that is a factor that limits the pressure to improve the quality of stationary social services. Another factor is the rule of financing inhabitants staying in them. It is obvious that the cost of the allocation is dependent on the quality of a service. Better service makes the stay more expensive. The current way of elderly people being allocated by municipalities is more dependent on cheapest option than the quality of services. As a result, there is an uneven distribution of population in nursing institutions offering cheap low-quality services (there exist also "waiting lists"), while in institutions providing high quality, but expensive services, are permanently free places. Thus, it can be said that today in the area of social care the "inferior" institutions replace those relatively "better".

The most difficult task facing the DPS is struggling with a totally dominant passivity of its inhabitants.

Non-public Nursing Homes (NDPS) or Private Nursing and Social Assistance Homes (PDPS)

NDPS and PDPS are very often referred to as senior housing, nursing homes etc. These houses can be carried out on the basis of the Act of 2004⁶ and subsequent amendments by local non-profit organizations, the Catholic Church, other churches, religious associations, foundations, associations, individuals and other legal entities. Polish law allows the creation of NDPS and PDPS by private operators. To carry out of these activities, however, is possible only with permission. It is quite a complex process requiring multiple confirmations, including no criminal record of the applicant, evidence of title to the property, health certificate, etc. For this reason, still many of them are operating without permission. Often the families placing their loved ones are unaware of the existing illegal situation and expose them to adverse events. There is no reliable control of this type of service. The control is difficult due to the

⁶ Act of 12 March 2004 on social care, Dz.U. z 2013 poz. 182

inability to detect anomalies, and consequently determine the legality of fines and revocation of the authorization.

In Poland there are over 200 PDPS with more than 13 000 residents⁷. To stay in a private NDPS or PDPS one has to pay a fee. The stay is not cheap and it depends on individual arrangements of homeowners. One place in the home costs between 1500 (around Eur 375) and even 3000 PLN (around Eur 750) per month. The costs depend, among other things, on the standards of the PDPS, as well as the inhabitant's health. The more treatments and extra-curricular activities of the paying guest, the higher the cost of living.

When choosing NDPS or PDPS it is advisable to exercise extreme caution, as some of these centers do not provide their inhabitants adequate living conditions, neglecting them and not providing professional care. This information comes mainly from the media. Stated, among other things, that in last year's selective audit by the Supreme Audit Office (national control authority) 15 private NDPS and PDPS do not provide services at the appropriate level, and the sanitary condition of the buildings, as well as food, left much to desire. Due to the fact that the Regional Authorities give the authorization for this activity, it was decided to increase the degree of control in NDPS and PDPS.

Family nursing homes (RDP)

Family nursing homes (RDP) in Poland are regulated by Law 2004⁸ as a form of care and assistance in living conditions in a persons' own home, with the condition that there are not less than three and not more than eight elderly persons in need of support. The decision to send a person to the family home lies with the social assistance manager (OPS). The person who is in need to be placed in stationary social care goes to OPS (social assistance centre), where the general manager decides where he/she can be placed (in DPS or family nursing homes) according to availability and financing possibilities.

The stay in a family nursing home is payable in the amount of the monthly expenses incurred and determined in the agreement concerning the conduct of family care center, between the head of OPS, and the person who conducts a family assistance center. The fee for staying in family nursing home is negotiated by the manager of OPS and the person (or institution) who runs the family nursing home.

The amount of monthly payment, transferred to a person in a family assistance center is specified in the decision to send a person to such a place (can vary from individual to individual). The biggest part of fee is to be covered by the residents, but not more than 70% of their income. If it does not cover the cost of living, the balance has to be paid by the family or the municipality. In particular cases the OPS manager may, at a certain time, in whole or in part, exempt residents of family homes from charges for their stay. In this case, the fee is covered by the municipality.

New rules from 2012 for RDP⁹ regulate in detail the standards that are designed to provide these facilities and define, for example, that in the same building only one family can exist in the care home (designed for people who need support because of age, or for people with disabilities). A growing number of elderly and disabled people in need of assistance, stimulated a need for a small, intimate units, based on the principles of partnership, indirect forms of support, especially for the elderly and mentally disabled who have problems with self-existence,

⁷ Source: *Gazeta Prawna*, http://www.pcpr.info/prywatne_domy_pomocy_spol_same_ustalaja_ceny_pobytow (the Journal of Law, „Private nursing Homes decide prices of staying”)

⁸ Act of 12 March 2004 on social care, Dz.U. z 2013 poz. 182

⁹ Regulation of Ministry of Labour and Social Welfare of 31 March 2012 on Family Nursing Homes

and do not need to be placed in Social Welfare Housing. In one room up to two persons may live. Single room's size cannot be smaller than 8 square meters, and double no less than 12 square meters. Family nursing homes can be led by non-profit organizations. There are increased architectural requirements because of the limitations of mobility of this social group (low mobility for people with disabilities – architectural adjustments).

It is assumed that a family nursing home does not require highly qualified personnel, which means that the cost of living will be much lower than in the private nursing home. Additionally, one family home can accommodate only elderly people or only disabled people (till this moment mixed groups were permitted).

The creation of family nursing homes should be the alternative for people who do not want to leave their place of living and who move frequently to distant nursing home. In 2012, the Ministry of Labour and Social Policy stated that in whole country 50 persons live in 8 family nursing homes. At this time it is not known how many of them will have to adapt to new requirements.

RDP is an interesting initiative, but in practice it does not meet quality standards. There are very few family nursing homes across the country. Also, there are no researches and publications, which describe the situation prevailing in them.

The process of aging is considered one of the key social issues of our times. The social policy, which involves the diagnosis and resolution of social issues, is assisted by education or experience of the practical activity. It has no single, universally accepted definition. Clear definition of the objectives and scope is still controversial. This is mainly due to the fact that it is a multi-dimensional category and internally complex, the objectives of which are carried out by the actions of the various actors.

Long-term care is a response to the medical and social needs. For this reason, it should include a very wide range of services provided to dependent people.

It seems that the key factor in the use of services of institutional care for old people is the lack of support from family members. A person without such support is constrained to move to existing social housing typically at a younger age and lower level of functional dependency and live longer as residents than those who can count on support of own family.

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Conclusions

The present report includes both good examples and discussions about the need to develop such examples. The situation is very different in the four partner countries with respect to best practice examples of self-management of communal housing for seniors with a high degree of dependency. In the absence of ideal examples the report includes interesting cases that can be developed towards the goal set in this research and development project.

The report shows that non-government organisations as well as public authorities, foundations and business companies can learn much from the experiences in other countries. Keeping the aim of empowerment and mutual support in mind, good practice examples may serve as inspiration for independent groups as well as public agencies. Each country report is provided with contact details that may be used for study visits, and with literature references for further reading.

The partners involved in the CoElderly project have certainly learnt much by compiling this report. Now the task remains to disseminate the information. This will be done through brochures, newsletters, seminars and social media.