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ANALYSIS



ANALYSIS

OF GOOD PRACTICES  
PROPOSAL  
FOR ACTIONS  
AND POLICIES

METHODOLOGICAL  
IMPLEMENTATION



2016

# BESPAT Project

ANALYSIS OF GOOD  
PRACTICES

The BEST EUROPEAN POLICIES, ANALYSIS AND TRANSFERENCE IN PHS  
**BESPAT**

SVILUPPOLOCALE EDIZIONI 2016

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## SUMMARY

This report has been developed in the framework of the **BEST EUROPEAN POLICIES, ANALYSIS AND TRANSFERENCE IN PHS (BESPAT)** project, which was approved within the framework of the EU Progress Programme. The project has been developed by:

- ALDA - THE EUROPEAN ASSOCIATION FOR LOCAL DEMOCRACY.
- CONFEDERACIÓN EMPRESARIAL DE SOCIEDADES LABORALES DE ESPAÑA. CONFESAL. Applicant-Coordinator of the project.
- DIESIS coop.
- RÉSEAU EUROPÉEN DES VILLES ET RÉGIONS DE L'ÉCONOMIE SOCIALE AISBL. REVES AISBL
- SCUOLA NAZIONALE SERVIZI FOUNDATION. SNS Foundation.

**The aim of this project** is to identify and exchange good practices in relation to policies and actions in the Personal and Household Services sector carried out by local, regional or national governments of the countries of the European Union in order to define a proposal for policies and actions aimed at promoting the efficiency of these services and contribute to the objectives of the European 2020 Strategy through the creation of new jobs.

According to the European Union definition, the **PHS sector includes** the following economic activities:



- Services provided to households and inside homes (on site) for all age groups and life situations
- Long-term care (assistance to the elderly and services for people with disabilities) and child care
- Cleaning, catering, maintenance, gardening, lighting repairs, etc.
- Support through information and communication technologies (ICTs) to the technical assistance systems, assisted services for assisted daily life

It is important to take into account the specific **characteristics of the sector**, as not only have they influenced the selection of good practices, but they are also important in relation to both the proposed policies and actions and the methodology for their implementation.

The sector presents a series of similar characteristics, including, notably, the following aspects:

- A low import content, which means that the activity takes place on a local scale.
- It is a sector with precarious work conditions,
- The existence of a high degree of feminisation of employment.
- Low level of education and training among workers.
- Low level of qualification of many jobs. In keeping with the above aspects, the majority of the jobs correspond to occupations with a low level of qualifications.
- It is a labour-intensive sector,
- The workforce in the sector is characterised by the considerable presence of immigrant workers.
- Low risk that public intervention will lead to a transfer of employment from other sectors, due to the considerable presence of undeclared workers in this sector.

In addition the different countries of the European Union, a series of relatively common trends can be identified. These elements are:



- Increase in life expectancy
- Changes in the structure of households
- Incorporation of women into the labour market
- New concepts in change management
- Insufficiency of public conciliation policies

In the framework of the project twenty good practices have been identified. The process of identification and selection of good practices has been based on **qualitative and quantitative criteria**. The good practices identified correspond to relatively different, diverse models, in terms of both forms of action and spheres of intervention. We have evaluated them considering ten variables:

- Foundation
- Relevance
- Consistency
- Maturity
- Empowerment of players
- Evaluation
- Transferability
- Sustainability
- Innovation
- Gender equality

Analysis of the good practices identified by the partners on the project has made it possible to determine a series of key elements, based on which the proposals for actions and policies have been defined, The main points of view of the analysis are the ability of the proposals to create jobs and the professionalization of the sector, considering both the gender impact and the economic efficiency of the proposed measures.

**The proposals for actions and policies** established in accordance with the good practices selected are:

- 1) Implement policies and actions at the level of public

- administration which is closest to citizens.
- 2) To include social clauses and service quality standards, as well as the gender perspective, in the public procurement processes rather than considering solely or mainly the cost of the services in those processes.
  - 3) The public agencies should develop policies and action plans which are not in the form of financial assistance to the family or the person requiring the service.
  - 4) Recognition of the role of business organisations in structuring and professionalising the sector, providing support measures to those organisations so they can carry out consultancy and training activities.
  - 5) Favour the creation of consortiums at both national and transnational level and support the processes of business cooperation and company growth.
  - 6) Favour innovation and its transferability
  - 7) Promote the definition and implementation of quality standards in the provision of personal care services.
  - 8) Facilitate the development, knowledge and transference of new models of company management.
  - 9) Foster the participation of workers in the company and the creation of social economy companies as a factor in job creation.
  - 10) Implement professional qualification and training initiatives in the sector, in both company management and other areas related to the professional activities deriving from the provision of services.
  - 11) Promote specific action plans which favour the reincorporation of women into the labour market and their empowerment.
  - 12) Favour social dialogue and the role of the trade unions in the structure of the sector.

A key aspect of this report is to propose a methodology which would facilitate the process of transference of good practices to other contexts, agencies, organisations, etc., from those in which they were initially carried out. This process is key in order to improve the conditions of the PHS sector



and, consequently, to attend to the demands and needs of the users of these services more effectively and efficiently.

The experience of other transference processes makes it possible to draw a series of lessons of considerable interest for our methodology. In this regard, the following should be noted:

- The transfer of good practices can be successful if it is based on adequate work of information, research, education and participation.
- The transference processes are flexible, not mechanical. Adapted to a different context.
- The transference processes are viable only when they are translated into a demonstrable, lasting improvement in the local conditions. It is necessary to underpin the social nature of transfers and make use of indicators to enable the process to be evaluated and constantly monitored, making its benefits visible.

Taking these general elements into account, the methodology for the implementation of a given good practice in a public or private entity, institution or organisation consists of the following steps:

1. Motivation to change
2. Identification of best practices with transference potential
3. Initial contact with the good practice
4. Analysis of the viability of the transfer
5. Study/learning in preparation for the transfer
6. Implementation of the transfer
7. Monitoring and evaluation
8. Transfer of the lessons learnt

## INTRODUCTION

This report forms part of the **BEST EUROPEAN POLICIES, ANALYSIS AND TRANSFERENCE IN PHS (BESPAT)** project, which was approved within the framework of the EU Progress Programme.

The project has been developed by:

- ALDA - THE EUROPEAN ASSOCIATION FOR LOCAL DEMOCRACY.
- CONFEDERACIÓN EMPRESARIAL DE SOCIEDADES LABORALES DE ESPAÑA. CONFESAL. Applicant-Coordinator of the project.
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- SCUOLA NAZIONALE SERVIZI FOUNDATION. SNS Foundation.

The general aim of that project is to identify and exchange good practices in relation to policies and actions in the Personal and Household Services sector carried out by local, regional or national governments of the countries of the European Union in order to define a proposal for policies and actions aimed at promoting the efficiency of these services and contribute to the objectives of the European 2020 Strategy through the creation of new jobs.

In the framework of this project, twenty good practices have been identified throughout Europe, not only in the countries participating in this



project but also in other European countries. In the selection, particular attention was paid to criteria such as increases in productivity, the introduction of new technologies and the development of new ways of organising the work.

The sector encompasses a wide variety of economic activities. According to the European Union definition, the PHS sector includes the following economic activities<sup>1</sup>:

- Services provided to households and inside homes (on site) for all age groups and life situations
- Long-term care (assistance to the elderly and services for people with disabilities) and child care
- Cleaning, catering, maintenance, gardening, lighting repairs, etc.
- Support through information and communication technologies (ICTs) to the technical assistance systems, assisted services for assisted daily life

Child care and the care of dependent people are social services which are often provided by agents of the social economy and they play a fundamental role in maintaining social cohesion. They are usually considered activities of general interest and they are funded from the public purse.

The PHS sector is of major importance in the economy of the European Union, as it represents around 5.0% of total employment. However, there are considerable differences in the presence of the sector among the

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<sup>1</sup> European Commission (2012): "Commission Staff Working Document on exploiting the employment potential of the personal and household services", accompanying the document "Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions", "Towards a job-rich recovery", Strasbourg, 18.4.2012, SWD(2012) 95 final.



different countries of the European Union. The countries in which it has a greater weight in employment are the Nordic countries, the Mediterranean countries and the countries which have implemented specific policies for the sector, such as France and Belgium. On the other hand, the countries in which this sector has less weight are the continental countries and those of Eastern Europe.

In fact, the percentage exceeds 8.0% in Cyprus, Denmark and Norway, between 7.0% and 8.0% in France and Luxembourg, and over 6.0% in Finland, Spain and Italy. In contrast, it is below 2.0% of the total in Poland, the Czech Republic, Bulgaria, Romania and Slovenia<sup>2</sup>.

Meanwhile, employment in the social assistance sector is growing rapidly in the European Union, due to the ageing population, the expansion of services to better fulfil the quality requirements, and an increase in the demand for personalised care and professional social services. The size of this sector and its rapid growth indicates that it will be an important source of new jobs in the coming years.

In addition, demographic and familial changes and the need to improve the life-work balance mean that new services are being created, which will encompass broad segments of activities and which represent a source of job creation.

However, it is important to take into account the specific characteristics of the sector, as not only have they influenced the selection of good practices, but they are also important in relation to both the proposed policies and actions and the methodology for their implementation.

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<sup>2</sup> Eurostat Online Database, own calculations. Demarcation according to NACE Rev. 2: Social work activities without accommodation (88), other personal service activities (96) and activities of households as employers of domestic personnel (97).

In the countries of the European Union overall, the sector presents a series of similar characteristics, including, notably, the following aspects:

- A low import content, which means that the activity takes place on a local scale.
- It is a sector with precarious work conditions, a situation which is manifested in aspects such as the existence of low salaries, long, irregular working days, the considerable presence of casual and irregular work, etc.
- The existence of a high degree of feminisation of employment. The majority of the people who work in the sector are women, and, precisely because of those bad working conditions, they are unable to escape from that situation of precariousness.
- Low level of education and training among workers. As mentioned, the majority of the people who work in the sector are women, who have a relatively low level of training and qualifications. Work in the sector is an opportunity for women who do or have done similar tasks to those of the sector (taking care of dependent people, etc.), not so much because they have training in line with the tasks to be carried out but because they have done them as homemakers.
- Low level of qualification of many jobs. In keeping with the above aspects, the majority of the jobs correspond to occupations with a low level of qualifications.
- It is a labour-intensive sector, in which the technological innovations that have taken place, quite abundant in recent years, have not meant a reduction in workforce needs but rather an improvement in the provisions offered to dependent people and households.



- The workforce in the sector is characterised by the considerable presence of immigrant workers. The difficulties in finding jobs in line with their real skills and qualifications and the need for immediate income have led many women, above all, to work in the care of people with specific needs.
- Low risk that public intervention will lead to a transfer of employment from other sectors, due to the considerable presence of undeclared workers in this sector.

One final important aspect is that related to the prospects of the sector. The societies of the member countries of the European Union are experiencing a series of changes which are extremely significant for the future development of the sector. Though the situation varies considerably in the different countries of the European Union, a series of relatively common trends can be identified, though their degree of development is different at the present time. These elements are:

- Increase in life expectancy: all European Union countries have been undergoing a process of increased life expectancy for many years now. Some of the countries of the European Union have among the highest life expectancies in the world.
  - The increase in the proportion of people who live past the age of eighty means a growth in care needs, and therefore the demand for care services for those people.
- Changes in the structure of households: the traditional structure of households has changed in recent decades, and in will continue to change in the future. The reduction in household size, the increase in households composed of a single person, single-parent families with children, etc., represent a source of new needs and demand for services to households and people, catering, maintenance of the home and related spaces, etc.



- Incorporation of women into the labour market. The progressive incorporation of women into the labour market has meant a radical change in the demand for services in this sector. Traditionally, it has been women who, as homemakers, have attended to the family's needs for these types of services, which meant either renouncing paid work outside the home or combining both paid work and work in the home.
  - As women's employment rates match those of men, the pressure to contract these types of services in the market will be greater, because the economic capacity of families will be greater, and the ability of women to do two jobs (in the home and outside the home) will be less and less attractive.
  
- New concepts in change management: in recent years, new ways of managing change have appeared; these involve a different way of understanding relations within the company (management-workers, worker-worker, etc.), or between the company and the users of products and/or services, etc.

This creates a different framework, not so much of labour relations as of participation mechanisms, responsibilities, etc., with the aim of making the rigid structures of many companies more flexible, as well as the participation of the users themselves in the design of the services they need.
  
- Insufficiency of public conciliation policies: in many EU countries, conciliation policies are not very highly developed, though there are considerable differences among them.

More efficient implementation of conciliation policies could mean a reduction in the demand for PHS services, if it is approached solely from the perspective of enabling women to combine unpaid work in the home with paid work outside the home.

# 1. ANALYSIS OF GOOD PRACTICES

## 1.1. Definition of good practices

The first question we need to address is the definition of good practice that has been used in this project. The definition of a Good Practice is as follows: “Actions, methodologies and tools employed in the sphere of the provision of services, employment and training in the personal and household services sector which have demonstrated their ability to introduce transformations with positive results”.

It is a broad definition, according to which a Good Practice can take the form of an action, a methodology - which may be translated into a procedure, a process or the creation of a structure – and/or a specific instrument.

In general terms, a good practice must be an initiative whose main aims include:

- The achievement of higher levels of equality, including the agents involved, fomenting their abilities and creating a more egalitarian society.
- The empowerment of citizens through the expansion of citizens' rights, granting new freedoms and responsibilities in the exercise of democracy.



- Greater legitimatisation of and trust in the public powers: promoting those actions which favour transparency in decision-making, as well as improvements in governability.
- Greater efficacy and efficiency of public management: improving the productive processes and defining the portfolio of services.

## 1.2. Selection criteria

The process of identification and selection of good practices has been based on qualitative and quantitative criteria, in this case focussed on data and figures which make it possible to identify whether the practices produce positive results, whether they can be sustained over time and whether they show a tendency towards constant improvement.

In particular, the analysis was based on the following criteria:

- **Foundation:** Does the Practice correspond to the aims of the project? Does it contribute to the identification, creation and professionalisation of employment in the Personal and Household Services sector?
- **Relevance:** Does it incorporate the characteristics and needs of the people acting in the sector?
- **Consistency:** Does it have a methodological focus which relates the processes and instruments it uses to the aims and results of the action?
- **Maturity:** Has it had sufficient time to develop, so that the results obtained are stable?
- **Empowerment of the agents:** Does it include strategies and



mechanisms which enable the different players in the sector to acquire and take into account the technical knowledge of good practices, methods and tools so they can be applied autonomously? Was it developed through alliances and collaborations among the different interested public and/or private agents?

- Evaluation and monitoring: Are there monitoring mechanisms in place? Were its results regularly evaluated?
- Transferability: Does the practice have mechanisms and tools which enable other organisations to adopt the experience? Has it been replicated with positive results in other organisations?
- Sustainability: Does the practice have political, technical, human and financial conditions which ensure its continuity over time?
- Innovation: Has a new approach been created or adopted for the problem? Has it generated different alternatives to the traditional options for management of the problem?
- Impact on gender equality: Analysis of the visible results of the good practice in terms of the transformation of gender roles and the improvement of the life-work balance. In the case of the public agencies, we have sought to analyse the correction of deficits and risks in public policies, services and resources for employment.

These qualitative criteria are enriched by two quantitative elements which have also been useful in the analysis, namely:

- Resources Assigned: Evaluation of public and/or private resources used in the development of the good practice. These include both the economic and financial resources and others such as

technological resources, for which a description is given. The indicators for the resources assigned are: time, human resources and real costs.

- Impacts: Has the practice had demonstrable impacts? Does it help to resolve the problem? Do the results show a positive trend? Does it contribute to the achievement of objectives?

### 1.3. Analysis of good practices

Once the good practices have been identified and selected by the partners on the project, in this section an analysis is carried out of the conclusions and lessons learnt of these practices, which are the basis for the subsequent preparation of proposals for actions and policies which may be implemented in the sphere of the European Union by the public and private agents involved in the personal care services sector.

In fact, the joint analysis of the good practices identified in the framework of the project makes it possible to reach important conclusions for the preparation of the proposal for policies and actions.

20 good practices have been identified, from which information was gathered in a systemised manner by means of scorecards. The good practices selected, information on which is presented as an Appendix to the present document, were the following:

- Superciudadadores (Spain)
- Sedormas System S.L.L. (Spain)
- Home Help of Molina De Segura S.L.L. (Spain)
- Habisben Services S.L.L. (Spain)
- Asim Fund (Italy)
- Asap Project (Azioni Di Sistema per lo Sviluppo di progettazione integrata e di servizi alla persona) (Italy)



- Comunita' Attiva (Italy)
- Sanicoop (Italy)
- Badami Project (Italy)
- Bottega Dei Servizi (Italy)
- Titre Service (Belgium)
- Domiphone Application (France)
- Tremplin Solidarités (France)
- Caisse Nationale De Solidarité Pour L'autonomie (Cnsa) (France)
- Mobile Learning Solutions (United Kingdom)
- Casa (Care And Shared Associates) (United Kingdom)
- GIL COOPERATIVE GOTHENBURG (SWEDEN)
- ONE FAMILY-ONE PLAN SCHEME (NETHERLANDS)
- Elderly For Higher Quality Of Living At Home (Slovenia)
- Gdynia's Dialogue On Quality Of Care Services; "Gdynia Charter Of Quality Of Care Services"; "Gdynia's Standard For Residential Care Services" (Poland)

The twenty good practices identified correspond to relatively different, diverse models, in terms of both forms of action and spheres of intervention, which makes it possible to enrich the analysis and the lessons learnt in the work process. Within the good practices, we can find initiatives of very different kinds, such as:

- Commercial companies, generally within the framework of the social economy, of both workers and citizens.
- Consortiums or groupings of different kinds.
- Financial funds for care services (service cheques, vouchers, etc.).
- Professional qualification mechanisms or systems.
- Salary subsidies.
- Technological solutions (telemanagement, mobile apps, etc.)
- Restructuring of municipal services
- Public assistance programmes
- Quality standards for public procurements
- New business management models

- Franchise systems
- Public-private collaboration
- Professionalisation of the personnel in the sector
- Etc.

As can be seen from the above list, some good practices are of a more general nature, while others encompass more concrete, specific aspects related to the PHS sector.

Once the information on each good practice was gathered, we proceeded to evaluate it. For this purpose, the aforementioned ten variables were considered, these being:

- Foundation
- Relevance
- Consistency
- Maturity
- Empowerment of players
- Evaluation
- Transferability
- Sustainability
- Innovation
- Gender equality

Within each variable, three evaluation levels were considered: high, medium and low. For each variable, the specific content of each level was defined. In this regard, the parameters used to carry out this categorisation were:

#### FOUNDATION

- high: considerable contribution to the development of all aspects covered by the project
- medium: good contribution to the development of all aspects covered by the project



- low: moderate contribution to the development of all aspects covered by the project

#### RELEVANCE

- high: full integration of the characteristics and needs of the people acting in the sector
- medium: good integration of the characteristics and needs of the people acting in the sector
- low: moderate integration of the characteristics and needs of the people acting in the sector

#### CONSISTENCY

- high: clear and defined methodology
- medium: a methodology is applied but not clearly defined
- low: no methodology applied

#### MATURITY

- high: more than 5 years of activity , maximum level of stability
- medium: less than 5 years of activity with good stability
- low: less than 5 years of activity, no apparent stability (working progress, modifications still possible)

#### EMPOWERMENT

- high: good empowerment of players, possibility to take on board the good practice
- medium: good level of empowerment
- low: moderate level of empowerment

#### EVALUATION

- high: certification system, monthly or daily controls, thorough checks
- medium: annual control, by general meetings or management
- low: controls every 2 or more years or no controls at all

### TRANSFERABILITY

- high: high degree of transferability, presence of tools for divulgation and support
- medium: good degree of transferability, few tools, subject to political will
- low: absence or low degree of transferability

### SUSTAINABILITY

- high: financial independence, stable public support, funding, policy, strong technical conditions
- medium: dependency on public authority choices, not stable, subject to the presence of human resources
- low: few possibilities to be sustained

### INNOVATION

- high: totally innovative and creative tools
- medium: new tools combined with traditional systems
- low: moderate level of innovation based on classical approach

### GENDER EQUALITY

- high: strengthened role and professionalisation of women, involvement of men, good family/work balance
- medium: good balance between male and female
- low: imbalanced situation in terms of gender equality

The application of these criteria to the different good practices produces the results outlined below:

QUALITATIVE CRITERIA	Habisben (Spain)				SERDOMAS (Spain)			
	HIG H	MEDIU M	LO W	N.A .	HIG H	MEDIU M	LO W	N.A .
Foundation	X				X			
Relevance	X				X			

QUALITATIVE CRITERIA	Habisben (Spain)				SERDOMAS (Spain)			
	Consistency		X				X	
Maturity	X				X			
Empowerment of players			X		X			
Evaluation	X						X	
Transferability	X				X			
Sustainability		X					X	
Innovation			X		X			
Gender equality		X				X		

QUALITATIVE CRITERIA	Molina (Spain)				Super Cuidadores (Spain)			
	HIGH	MEDIUM	LOW	N.A.	HIGH	MEDIUM	LOW	N.A.
Foundation	X				X			
Relevance	X				X			
Consistency		X			X			
Maturity	X						X	
Empowerment of players	X				X			
Evaluation	X					X		
Transferability	X				X			
Sustainability		X			X			
Innovation		X			X			
Gender equality			X					X

QUALITATIVE CRITERIA	Bottega dei Servizi (Italy)				ASIM Fund (Italy)			
	HIG H	MEDIU M	LO W	N.A .	HIG H	MEDIU M	LO W	N.A .
Foundation	X					X		
Relevance		X				X		
Consistency	X					X		
Maturity		X					X	
Empowerment of players	X						X	
Evaluation	X					X		
Transferability	X					X		
Sustainability	X				X			
Innovation		X				X		
Gender equality		X				X		

QUALITATIVE CRITERIA	AsSaP (Italy)				Communita Attiva (Italy)			
	HIG H	MEDIU M	LO W	N.A .	HIG H	MEDIU M	LO W	N.A .
Foundation	X				X			
Relevance	X				X			
Consistency	X				X			
Maturity		X					X	
Empowerment of players	X				X			
Evaluation				X		X		
Transferability		X			X			

QUALITATIVE CRITERIA	AsSaP (Italy)				Communita Attiva (Italy)			
	Sustainability			X		X		
Innovation		X			X			
Gender equality			X			X		

QUALITATIVE CRITERIA	Sanicoop (Italy)				Badami –Ravenna (Italy)			
	HIG H	MEDIU M	LO W	N.A .	HIG H	MEDIU M	LO W	N.A .
Foundation		X			X			
Relevance		X			X			
Consistency	X				X			
Maturity			X		X			
Empowerment of players			X		X			
Evaluation		X			X			
Transferability			X		X			
Sustainability	X					X		
Innovation	X				X			
Gender equality				X		X		

QUALITATIVE CRITERIA	Titre Service (Belgium)				Domiphone (France)			
	HIG H	MEDIU M	LO W	N.A .	HIG H	MEDIU M	LO W	N.A .
Foundation	X				X			
Relevance	X				X			

QUALITATIVE CRITERIA	Titre Service (Belgium)				Domiphone (France)			
Consistency				X				X
Maturity	X						X	
Empowerment of players		X			X			
Evaluation	X					X		
Transferability		X			X			
Sustainability		X			X			
Innovation	X				X			
Gender equality			X				X	

QUALITATIVE CRITERIA	Franche-Compté -Tremplin Solidarités (France)				CNSA (France)			
	HIG H	MEDIU M	LO W	N.A .	HIG H	MEDIU M	LO W	N.A .
Foundation	X					X		
Relevance	X					X		
Consistency	X					X		
Maturity	X				X			
Empowerment of players	X						X	
Evaluation		x				X		
Transferability		X				X		
Sustainability	X					X		
Innovation	X							X
Gender equality	X						X	

QUALITATIVE CRITERIA	Mobile learning solution (UK)				CASA (UK)			
	HIGH	MEDIUM	LOW	N.A.	HIGH	MEDIUM	LOW	N.A.
Foundation	X				X			
Relevance	X				X			
Consistency	X							X
Maturity		X			X			
Empowerment of players	X				X			
Evaluation			X			X		
Transferability		X			X			
Sustainability		X				X		
Innovation	X					X		
Gender equality			X					X

QUALITATIVE CRITERIA	Gdynia (Poland)				Elderly for Elderly (Slovenia)			
	HIGH	MEDIUM	LOW	N.A.	HIGH	MEDIUM	LOW	N.A.
Foundation	X						X	
Relevance	X						X	
Consistency	X					X		
Maturity		X			X			
Empowerment of players	X					X		
Evaluation		X			X			
Transferability		X				X		
Sustainability	X					X		
Innovation		X				X		

QUALITATIVE CRITERIA	Gdynia (Poland)				Elderly for Elderly (Slovenia)			
	Gender equality		X				X	

QUALITATIVE CRITERIA	GIL Cooperative Gothenburg (Sweden)				One family-one plan scheme-Heusden (Netherlands)			
	HIGH	MEDIUM	LOW	N.A	HIGH	MEDIUM	LOW	N.A
Foundation	X				X			
Relevance		X				X		
Consistency	X							X
Maturity	X						X	
Empowerment of players	X					X		
Evaluation		X					X	
Transferability		X				X		
Sustainability	X				X			
Innovation	X					X		
Gender equality	X							X

This analysis was complemented by a quantitative evaluation, taking into account the level of resources invested. The results are shown in the following table.

No.	NAME OF GOOD PRACTICE	COUNTRY	Evaluation
1	Habisben	Spain	Medium
2	Serdomas	Spain	Medium
3	Molina	Spain	Medium



No.	NAME OF GOOD PRACTICE	COUNTRY	Evaluation
4	Supercuidadores	Spain	High
5	Bottega Servizi	Italy	Na
6	ASIM	Italy	High
7	AS SAP	Italy	High
8	Comunità Attiva	Italy	Low
9	SANICOOP	Italy	Medium
10	Badami	Italy	Low
11	Titre Services	Belgium	High
12	Domiphone	France	Na
13	Tremplin	France	High
14	CNSA	France	High
15	MLS	UK	Na <sup>3</sup>
16	CASA	UK	Na
17	Gdynia	Poland	Na
18	Elderly	Slovenia	Low
19	GIL	Sweden	High
20	Heusden	The Netherlands	High

As can be seen, there is a high presence of experiences with a high value of resources invested (8 in total), there are 4 experiences with a medium level and 3 with a low level, whereas 5 did not provide enough information to make that evaluation.

However, even more interesting than this internal evaluation of each good practice would seem to be the comparison among all of them, with the aim of identifying common or similar challenges and/or problems, similar or different mechanisms to tackle the same or similar problems, common or alternative forms of intervention, etc.

In short, comparison of the different good practices makes it possible to

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<sup>3</sup> The only data is that over 40,000 people have used the apps.



observe a series of elements which are key for the sector to function and improve and which should be taken into account when formulating policies and actions to promote and strengthen the sector.

### ***Sphere of Operation***

One first reflection is related to the appropriate sphere of operation. There has been and continues to be much debate about whether the most appropriate sphere is national, regional, provincial or local. This is a debate which occurs in the case of many types of public policies (employment, creation of companies, training and qualifications, social services, etc.), but which is of particular relevance in this case.

Among the good practices analysed, there are some whose scope is national, such as Titre Service (Belgium), Domiphone Application (France), Caisse Nationale de Solidarité pour l'autonomie (CNSA), some whose scope is local, such as Badami Project, though it is managed by a cooperative, One family-one plan scheme in the city of Heusden (Netherlands), or "Gdynia's Dialogue On Quality Of Care Services"; "Gdynia Charter Of Quality Of Care Services"; "Gdynia's Standard For Residential Care Services" in the municipality of Gdynia (Poland).

In principle, it seems that the best way is to identify the most appropriate scale depending on the type of policy or action. In this regard, it seems relatively evident that the initiatives should be implemented and put into action in the sphere of administration which is closest to citizens. This means that the local level, whether municipal or provincial, at most, is the most appropriate, as it permits greater proximity to the real needs of the population.

As will be mentioned later, some good practices focus precisely on putting into practice systems which permit personalisation of the services and their adaptation to the specific needs of users, taking into account their particular characteristics.



This proximity, together with better adaptation to the needs, generally leads to more efficient management of resources, which is especially important in a context of budgetary restrictions, as we have seen in recent years, but also against a background of growth of the needs and demand and, consequently, a greater need for resources. Managing these resources in the best possible way and with the greatest transparency is, without a doubt, a very important consideration.

Local management of resources facilitates the establishment of public contract models which take into account the capacities and characteristics of the local productive fabric and to help the process of professionalisation of small companies in the area. In addition, this could be accompanied by complementary initiatives by means of training plans and consultancy, which together facilitate the creation of jobs in the area and the qualifications of its human resources. It is very important to take into account that these types of personal and household services are, or can be, an important driver of local development.

For example, the **ONE FAMILY-ONE PLAN SCHEME** arises in the framework of the process of decentralisation which is taking place at local level. The city of Heusden (Netherlands) has sought to restructure the social services in order to improve the provision of care services.

The idea was to work on more integrated solutions (a holistic approach) to support families. In the past, users' problems were resolved individually, without taking into account the wider panorama. The new way of supporting people aims to identify more efficient, sustainable solutions.

The responsibilities of the programme are:

- Outsource social and medical services to private providers.
- Organise the informal care sector

To fulfil those responsibilities, it undertakes the following actions:



- Creation of an evaluation system
- Creation of the team responsible for granting access to formal care
- Creation of an Assessment Board
- Evaluation of the needs of the population
- Signing of agreements with service providers (over 55 organisations)

Another project developed at the local level is "Badami". This project, managed by the Libra Cooperative, began in 2009 thanks to an agreement between the municipality of Ravenna and the Social Services Consortium, which later became the ASP. Its aim is to provide support to dependent elderly people and families who choose to keep the elderly people in their homes, guaranteeing integration with the network of services.

The municipalities of Ravenna and Cervia participated in this activity, together with the cities of Faenza and Massa Lombarda (thanks to pre-determined funding from May 2013 to December 2014). This project aims to test out an integrated model of "reorganisation and strengthening of support services to home care" by endowing private care work with greater skills and qualifications.

Likewise, "Gdynia's dialogue on quality of care services", "Gdynia Charter of Quality of Care Services" and "Gdynia's standard for residential care services" were carried out at the local level. Gdynia is a city in East Pomerania (Poland) where care services are provided by non-governmental (non-profit) organisations, social companies and other small companies.

The Gdynia Municipal Welfare Centre participated on a European project, led by the European Network of Cities and Regions for the Social Economy (REVES AISBL), which was carried out between 2008 and 2010. The objective of that project was to develop a methodology to define the "Territorial Quality Standards in Social Services of General Interest".

When that project ended, the local authority decided to undertake "Gdynia's dialogue on quality of care services", in 2011 and 2012. This was



a participatory process in which around 1,000 people took part, including the end users of care services, receivers and providers of services, front-line personnel, voluntary personnel, etc.

The dialogue was aimed at the identification of a catalogue of quality criteria: efficiency, good management, positive focus of cooperation, flow of information, mutual respect, availability, responsibility, ability to adapt and solidarity. The care services standard has now been included in the local public procurement procedures.

However, the legal framework had to be national, thereby ensuring a unitary framework throughout the national territory, facilitating the growth of companies, reducing costs and ensuring the equal treatment of all citizens. It is evident that this legal framework must establish the fundamental aspects such as the management model (public, private, subsidised), care assistance, the scope of the intervention, etc.

An example of the importance of national legislation can be seen in the good practice of GIL COOPERATIVE GOTHENBURG (Sweden). The cooperative was created in 1989 by a number of people with disabilities. The way it operates is based on a model of personal care, which is possible thanks to a national law approved in 1994 - a law which permits direct payment for personal care to people with high levels of disability.

Intermediate regulation between national and local level could be contemplated, i.e. at regional level. However, this does not appear to be advisable, as it breaks the unity of the national market and it could introduce significant differences in the regulatory framework, as has happened in some countries.

### ***Content of policies***

A second aspect is related to the content and the form of the policies, plans and actions developed by the public agencies. They are often implemented by means of programmes of direct aid to people or families with needs, in



order, in theory, to enable them to cover those needs in the market. However, if this is not linked to the obligation to contract professional external services, it means that the people are cared for by relatives, mainly women. This has a double negative effect. First of all, because it is usually women who attend to the existing needs, which on many occasions means they leave the labour market, creating greater gender inequality and contributing to the establishment of new gender differences. Secondly, the aid is understood as income of the family unit, so professional services are not contracted, or, when they are, they are often in the informal economy.

This has a negative influence on the market for these types of services, as it hampers the consolidation and professional improvement of the companies in the sector and consequently their workers. This type of aid sometimes consolidates the black market or informal economy, impeding the professionalisation of the sector.

Rather than direct aid to families, it would seem to be more advisable to develop service cheques or similar programmes (vouchers, funds, etc.), such as Titre Services (Belgium), Caisse Nationale de Solidarité pour L'autonomie (CNSA) or One family-one plan scheme (Netherlands). Policies of this kind have many advantages for both people with needs and companies and the local area. If, moreover, some kind of tax relief for the contracting of these types of services by the families is added, the advantages are indisputable.

First of all, it enables the people who have some kind of need to enjoy professional care adapted to their specific needs or characteristics. Secondly, it makes it possible to consolidate the demand and therefore a market for these types of services, which will favour the creation of employment and the consolidation of both businesses and professionalism. Thirdly, it offers some stability to the companies in the sector looking to the future, which will permit the creation of training plans, job creation, etc. And, finally, it helps to combat the informal



economy, as it requires a professional, legal offer in order to be able to enjoy this financial aid. In addition, by eliminating illegal work, it makes it possible to consolidate longer working days for the workers in the sector, as some good practices have proven, which is translated into greater stability and higher income for those workers.

One example of this type of policy is the One family-one plan scheme, developed in the city of Heusden (Netherlands). With this project, the personal and household care services were restructured, enabling them to be organised in three different ways:

- Assistance to Households with a specific amount of time per week (the most common option). The service providers negotiate the price directly with the municipality of Heusden. The municipality has an agreement with six service providers for house cleaning (average time: 2 hours/week, price: € 21/hour).
- Personal Budget: the users of the service receive a specific budget (€29/week for house cleaning) and have to contract their own services. A national organisation registers the draft laws and proceeds with the assignment of the personal budgets.
- Vouchers: barely developed at the present time. The users of the service use vouchers to pay for part of the service and the municipality covers the rest.

The Caisse Nationale de Solidarité pour l'autonomie (CNSA) is a public institution created by the law of 30 May 2004. The CNSA is, at the same time, a fund responsible for the assignment of financial resources and an agency for technical support.

The CNSA is responsible for the funding of grants to elderly people and people with disabilities, guaranteeing equal treatment throughout the country, a key aspect which was highlighted when analysing the sphere of application.



The CNSA provides financial support and funding for services for people who have lost their independence. These services, in addition to attending to their daily needs, offer specific solutions for different people, which are provided in the home or in specialised residences:

- Children: education or professional training
- Adults: help with professional and/or social integration (professional re-education centres, social centres and medical support, care homes, etc.)
- The elderly: provision of care and health services

The CNSA, created following the events related to the heatwave of 2003 and in relation to the 2005 disability law, has three main objectives in the main social care policies:

- Funding of services and care homes for people with loss of autonomy (19.2 billion euros) and contribution to the expenses of local authorities for special diets (2.35 billion euros);
- Equal treatment for all people throughout the country: the CNSA distributes its funds in order to reduce the disparities among regions;
- Playing the role of expert and information-provider in regard of its partners: in particular, the CNSA has experience in the MDPH network.

Another experience is that of Titre Services (Belgium). This Service Voucher system is a salary subsidy for domestic work by workers with few qualifications introduced in Belgium in 2004 with the aim of promoting the development of services, local employment and combating the black market. The vouchers are sold to people who require personal and home services.

Each person living in Belgium has an identity card and the SIS card which gives them the right to 500 service vouchers a year. The first 400 service cheques are sold at 9 euros each, and the remaining 100 vouchers at 10



EUR. In addition, each household has a maximum quota of 1,000 service vouchers, with exceptions for single-parent families and people with disabilities, who may have the right to 2,000 service vouchers, depending on the circumstances. Women who have just given birth are also entitled to 105 additional service vouchers for a certain period of time.

This subsidy scheme enables domestic workers to register and thus benefit from a legal salary, medical insurance, paid holidays and a pension, benefits which are not possible when you work in the black market. For each service voucher, the worker receives 22.05 euros, paid by the client and the state. In addition, each service voucher has tax exemptions, creating another incentive for the purchase of these services. The list of activities covered by the service vouchers system is strictly defined by federal law and includes:

- Cleaning
- Laundry
- Ironing
- Small sewing services
- Cooking
- Food purchases
- Transportation of people with reduced mobility

The system is funded by the issuing company, the users, the employers, the workers and the Federal Unemployment Benefits Agency. The unit cost of a service voucher is €9.

The system also has tax benefits for users, as the cost of the voucher is partially tax-deductible: the service vouchers scheme gives its users the right to deduct 30% of their spending on vouchers from their taxable income.

This system of vouchers was introduced in order to create new job opportunities while at the same time providing incentives to move from undeclared work to declared work in new economic sectors. It therefore



provides a new approach to tackling undeclared work and empowering workers. The system requires the financial support of the federal government, because the cost of each voucher is 9 euros but the workers are paid €22.04 for each service voucher. The difference between this amount and the worker's income (€13.04 or €12.04 per voucher) is paid by the Federal Unemployment Benefits Agency to the issuing body.

### ***The role of business organisations***

The next aspect refers to the role which business organisations play or should play in the creation, consolidation and development of companies in this sector. One characteristic which is evident in many of the selected good practices is that a considerable part of the supply of services comes from social economy companies, which have been set up by their partners-workers for two reasons: to create their own employment by means of a formula of collaboration between people; and to contribute to the well-being of society by means of the provision of services within the PHS sector.

In this context, the business organisations, of both the social economy and those specialisms related to the sector, are carrying out important consultancy and training work. This work should not be considered purely ad hoc, but rather it must be supported from a stable perspective in terms of both time and structure.

In fact, a considerable portion of the professional services in the sector is provided by social economy companies, which often require the support of business organisations in two regards:

- Support to unemployed workers or those who work in the informal economy by means of information, training and company creation initiatives, in order to enable them to develop their own collective self-employment projects, helping them to identify and fulfil the



legal, technical, economic and management requirements necessary to begin the business initiative, and also to support them in the process of putting that initiative into practice.

- Programming and delivery of training and technical assistance for workers and other people who form part of these new companies.

One example is the Sanicoop experience (Italy). Sanicoop is a federation of cooperatives which represents medical personnel and health workers, which is present throughout Italy. It was created in 2012, and it has 50 cooperatives representing 15 Italian regions. It aims to reorganise the supply of medical services (including Personal and Household Services), which were traditionally bought by the public sector. Sanicoop seeks to increase the subsidiary role of cooperation in relation to the National Health Service as part of the reform of the welfare state, a necessary role due to the reduction of public funds and the growing needs of citizens. The characteristic of Sanicoop is its ability to aggregate the players who intervene in the supply of PHSs and therefore increase the number and types of medical services available:

- it integrates the characteristics and needs of medical personnel, health workers and the operators who participate directly in the supply of services
- It provides a complete range of services to end users
- It acts as an incubator of new mechanisms and processes, which contributes to improving the technical knowledge of the associated cooperatives

### ***Business cooperation***

Another point for reflection and debate is related to the size of the companies which provide these types of services, and therefore their economic, technical and professional capacities, etc., to attend to the needs of users and to provide all the services that may be demanded by those people.



In recent years, in some countries such as Spain, the public agencies have tended to favour contracts with large companies in the sector in order to provide the home assistance services, etc. It is argued that they have greater economic, technical and professional capacity to provide these types of services. However, this reasoning hides some elements which are not true:

- When we talk about economic capacity, often this does not mean that it affects the provision of the service as such, but rather that large companies can better cope with delays in the payment of these services by the public agencies.
- Size does not ensure a greater propensity to innovation and greater technical capacity; this is related to the characteristics of people rather than companies, though it is true that large companies normally have access to more resources in order to innovate.
- Small companies of a social nature (social economy) have greater resistance to the crisis and a higher rate of job creation per economic unit invested, and at the same time they are generally more rooted in the local territory than large companies and they contribute to the regularisation of informal employment. In short, they are very important for local development.

However, it is true that, at present, a considerable portion of public resources are managed through public invitations to tender in order to meet the care demands. The majority of these invitations to tender are not accessible to small companies because they do not meet the technical and economic solvency criteria which are imposed.

In order to address this situation, two lines of action should be noted. First of all, facilitating policies and actions aimed at promoting cooperation among companies by fostering the creation of consortiums or other forms of collaboration. This enables them to gain in size, learn together,



complement their service offerings, etc., so they are able to operate with a greater degree of solvency.

This process can be seen in some of the selected good practices. For example, Ayuda a domicilio de Molina de Segura, S.L.L., or Serdomas System S.L.L., collaborate with different foundations, associations, pharmacies, etc., to improve their ability to enter the market. On the other hand, we should also note the cooperation model of SANICOOP, which is a federation of cooperatives which represent doctors and health care workers throughout Italy. It was created in 2012, and it has 50 cooperatives representing 15 Italian regions. Sanicoop aims to reorganise the supply of medical services (including Personal and Home Services), which were traditionally bought by the public sector.

Likewise, as previously mentioned, Sanicoop seeks to increase the subsidiary role of cooperation in relation to the National Health Service as part of the reform of the welfare state, as public funds have been reduced and citizens' needs have increased. One of its key characteristics is its capacity to aggregate the players who intervene in the supply of PHSs, which makes it possible to offer end users a complete range of services. This, moreover, enables it to act as an incubator of new mechanisms and processes, which contributes to improving the technical knowledge of the associated cooperatives.

An interesting example of cooperation among companies, in this case by means of the consortium formula, is **Bottega dei Servizi**. It is a consortium created in 2012 in the Province of Ravenna, composed of 12 cooperatives which operate in different areas - mainly social and health services, and in service areas such as homes (social), cleaning, catering or repairs. Its objectives include:

- To become a single point of contact (one-stop shop)
- To respond, through cooperation among service providers, to the complexity of the needs which a family may have in different



spheres.

- To convert the families themselves into the protagonists and give them the opportunity to co-conceive the supply of services which meets their specific needs.
- To promote a commercial brand which reflects the values of the participating cooperatives and which values the inter-sectoral approach of the cooperative movement.
- To provide a system capable of guaranteeing the legality (acting against the black market) and the quality of the services, their accessibility and financial sustainability.
- To facilitate and promote the creation of new and innovative services.

Some of the main services it offers are:

- Personal care services: home care for the elderly and people with disabilities, child care, etc., night-time care at home or in the hospital, food delivery, psychological assistance to families, etc.
- Domestic services: cleaning, transportation/relocation, gardening, repair services, maintenance of electrical installations, etc.

The "Bottega dei Servizi" operates through two "stores" (located in Ravenna and Faenza) and through a website.

Here, the Consortium plays a double role: not only does it provide services to families, but it also acts as an 'Observatory' for the cooperatives: It helps them to better define the (changing) needs of families and, based on that, to review and further develop their offering of cooperation with other cooperatives.

In this case, we can see the importance of the Consortium as a way of expanding and complementing the offering and providing internal services to the cooperatives themselves (observatory), which enable them to improve and develop their offering.

Cooperation among companies is also key for the internationalisation of



the companies in the sector. On occasions, some companies have increased their size and structure, but they must build unions with companies in other countries in order to be able to achieve the scale required for those types of invitations to tender.

In short, it would seem necessary to favour the growth of the companies in the sector and develop initiatives which facilitate business cooperation processes at both national and transnational level, by means of the creation of business consortiums in order to be able to participate in major public invitations to tender.

### ***Public procurement***

Another element which is complementary to some of the ones previously outlined is the introduction of social clauses in public invitations to tender, whether they be national, regional or local, in order to contribute to job creation and to boost the local economies. The preoccupation with reining in public spending has reinforced the importance given to the price in public invitations to tender, often turning them into auctions where the lowest price wins. However, the same attention has not been paid to the introduction of other types of clauses such as those of a social, environmental or gender equality nature.

The European Commission itself<sup>4</sup> recognises that the agents of the social economy and social companies are important drivers of job creation and even social innovation, requiring specific support, which can be given through public procurement and access to funding.

In the case of public procurement, this support can be provided by means

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<sup>4</sup> European Commission (2012): "Towards a job-rich recovery", "Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions", Brussels, 18.4.2012, COM (2012) 173 final.



of the consideration and inclusion in the procurement processes of clauses of a social nature.

In effect, those of a social nature play a major role, as they make it possible to support those business projects which foster greater quality of employment, which facilitate access to employment by people who belong to groups at risk of exclusion or with serious difficulties in finding employment, which help to combat informal, unregulated employment, increasing the level of qualification and professionalism of workers, and which, in short, make a clear commitment to greater social equity and the fight against social imbalances.

One way of evaluating other kinds of criteria which are not exclusively or fundamentally economic can be seen in the good practice entitled "Gdynia's dialogue on quality of care services"; "Gdynia Charter of Quality of Care Services"; "Gdynia's standard for residential care services" (Poland).

Gdynia is a city in East Pomerania (Poland) where care services are provided by non-governmental (non-profit) organisations, social companies and other small companies.

Between 2008 and 2010, the Gdynia Municipal Welfare Centre took part in a European project, led by the European Network of Cities and Regions for the Social Economy (REVES AISBL), with the aim of developing a methodology to define the "Territorial Quality Standards in Social Services of General Interest".

Once the project had ended, the local authority decided to carry out a participatory process, between 2011 and 2012, called "Gdynia's dialogue on quality of care services". Around 1,000 people participated in that process, including end users of the care services, service providers and receivers, front-line personnel, voluntary personnel, etc. The dialogue was aimed, first of all, at the identification of a catalogue of quality criteria: efficiency, good management, a positive approach of cooperation, flow of information, mutual respect, availability, responsibility, ability to adapt,

and solidarity. As a result of the process, two documents were drawn up:

1. The "Charter of Quality of Care Services", which establishes basic principles and quality standards for the design, organisation and provision of care services.
2. "Gdynia's Standard for Residential Care Services", which focuses specifically on domestic services and contains:
  - the definition of the objectives of care services and expected results (as defined during the aforementioned participation process)
  - a catalogue of the complete range of care services (national) provided in the city of Gdynia
  - the duties and rights of service providers and organisers, as well as the carers, including requirements for the professional qualifications of carers.

The care services standard has now been included in the public procurement procedures.

This means specific requirements in terms of the hiring of carers (minimum wage, the existence of an adequate contract, and also the existence of a training fund or the contribution to a local training fund by employers).

In short, this initiative has had a clear impact on the quality of services, which has been improved by integrating the standards and principles developed into public procurement procedures.

### ***Innovation***

A number of the good practice experiences are based on innovation as one of their keys to success. The sector is clearly labour-intensive, but, despite this, there is considerable scope for the incorporation of technological innovations, such as movement sensors, camera control, GPS, alerts,



mobile applications, etc.), which are a key factor in the professional development of the sector.

Obviously, the companies which are capable of incorporating these kinds of innovations provide an added value to their users, while at the same time generating a greater degree of professionalisation of workers.

In this regard, there are a number of good practices in which one of the main success factors has been their ability to develop innovative products and services which represent a considerable added value for their users and give competitive advantages to the companies that developed them.

A simple example is SUPER Cuidadores. The specific aim of SUPER Cuidadores with this practice is to train the care workers, by means of the use of ICTs, optimising both the implementation (via the internet) and the cost of training, so they can care for the growing number of dependent people that will exist in European societies, mainly due to reasons of age, given the ageing of the population.

The sector has a real need for training, so many governments, such as the Spanish government, have made it obligatory to require professional certificates in the social and health care spheres, for both workers in social institutions and those who take care of dependent people in their homes.

To develop the training offering, it has collaborated with the UNIR UNIVERSITY, which has facilitated the use of its training platform, a highly accredited platform on which over 23,000 people from 79 different countries are currently studying.

The focus on online training is based on quality, because a tutor accompanies the student throughout the entire learning period, meaning that virtually 100% of the students complete the training they begin.

The system facilitates the alternative of studying and training wherever the



person wants, because all they need is an internet connection, and when they can, because the training is accessible 24 hours a day, as the majority of them are virtual classes - classes which have been filmed - and because all the support materials are available to the students on the training platform, with very easy access.

In short, it permits professionalisation of the occupation of Carer of Dependent Persons, by means of the use of ICTs, as a way to meet the existing employment needs and to improve the quality of life of the carers themselves (relatives and professionals), as well as that of the dependent people, whether that dependency is due to their age (children and the elderly) or because they have some kind of disability and/or illness.

Another interesting example of the use of technological innovations in the sector is Domiphone Application (France). It is a telemanagement solution, Domiphone, which was developed in the year 2000 at the request of various French public authorities in order to complement the Edenred Ticket CESU® solution. This latter was introduced in the framework of the French Borloo plan to intensify the creation of employment in the personal and household services sector.

Domiphone is a tool dedicated explicitly to the public powers and service providers, to facilitate the management of PHSs. The system helps them to undertake better monitoring of the envisaged activities, gather data and avoid administrative loads (for example, by means of the removal of the need to fill in attendance sheets and the generation of planning alerts aimed directly at workers). This application is used above all by the public authorities to increase transparency in the management of the public funds dedicated to personal and household services (in particular, long-term care of the elderly and people with disabilities) and to simplify administrative tasks and the monitoring of the care provision.

To achieve these objectives, the application is composed of:

- Interactive voice response (IVR), which makes it possible to register



hours provided by social and home workers.

- A database in which all the people store those hours
- A number of websites to facilitate access to these data and to generate bills to service providers.

The application serves two purposes. On the one hand, it is a tool which facilitates the work of domestic workers through different characteristics such as interactive planning, a clear list of the activities to be carried out, geo-location and assistance to connect with the beneficiaries of their services and simple access to the different means of communication to contact them. On the other hand, it is also a tool which connects domestic workers with each other, as they are often isolated and work alone in private places (the homes of the people they are the providing the service to). For example, the application has a function to activate an alarm in the case of an accident at work.

At the same time, the mobile application is synchronised with an Internet platform which enables both the relatives of the beneficiary and the funding entity to monitor the domestic services provided (number of hours, precise time of the service provision, type of activities envisaged, etc.), thus contributing to a much more transparent treatment of those services.

This tool is really useful in providing a clear vision of the tasks that other carers have carried out, thus avoiding the repetition of activities, thereby becoming an instrument to maximise coordination among workers. It optimises both the continuity of the provision of services and the planning of workers' rounds, and it helps service provision companies to simplify itineraries and the order of the worker's day. Finally, it is also a way of implementing a service focussed on the person, with specific, adapted care.

Another example of the importance of innovation is MOBILE LEARNING SOLUTIONS (United Kingdom). In collaboration with an electronic learning solutions company called Learning Pool, the Department of Health and



Social Services, two universities, training centres and key employers in the legal and independent sector, The Northern Ireland Social Care Council has developed a series of mobile applications which are of particular significance for Social Care workers. The applications include a series of developments such as: Child development apps 0-6, 7-12 and 13-18; an application for childminders (who look after children in their own homes); and a good practices app for personal and home care workers (who provide care above all to the elderly).

The aim of the applications is to facilitate free access to information on good practices in order to assist in job learning, as they are easily accessible and are designed to support the learning and development of PHS workers in practice, providing succinct information whenever and however they need it. They also provide links and access to more detailed theoretical information, to permit greater reflection and learning in accredited training and qualifications. They have a practical approach which can be used as a tool in real time and for reflection by each individual, with the administrators, in group sessions with work colleagues and as part of a training programme.

They are written in accessible language and are designed to capture the key concepts and rapidly provide practical advice.

During their design, a great deal of time was spent discussing and making sure that the applications would be useful and accessible and that they would respond to the needs of the mobile workforce who potentially have only limited training in the area of care services.

The good practice "Gdynia's dialogue on quality of care services; "Gdynia Charter of Quality of Care Services"; "Gdynia's standard for residential care services" (Poland) is also within this same sphere.

As already mentioned, Gdynia is a city in East Pomerania (Poland) where care services are provided by non-governmental (non-profit) organisations, social companies and other small companies. One of the



initiatives implemented is the so-called "Gdynia's Standard for Residential Care Services", focussed specifically on domestic services, and that standard has been included in the public procurement procedures.

The participation process that was implemented was also aimed at increasing the transparency of changes and innovation in the design, organisation and provision of services. An important example of this is the introduction of a system for the connection of tele-assistance services with traditional care services. For this purpose, there is a telephone or bracelet device with buttons of different colours which enables the user (i.e. the elderly person) to perform the following functions:

- a) To contact an Alarm Centre (available 24 hours a day, seven days a week), or to contact a carer who knows the elderly person, family members or other people close to them who could rapidly visit that person or send an ambulance (red button)
- b) To use the care services which offer information/guidance/consultation (including psychology workers, etc.) (green button)
- c) To know and use additional services (for example, refurbishment, repair, cleaning, etc.) (blue button)

All these examples illustrate the importance of technological developments for the sector, despite the fact that it is a labour-intensive activity. The range of technological possibilities is wide and they are aimed at both the care of dependent people or those with home care needs (tele-assistance, GPS, etc.) and the care workers themselves, avoiding the repetition of tasks and improving the collaboration channels.

All of this means that cooperation among companies in the sector is very important, and it would also facilitate transference within the sector and with companies in other sectors, especially in the sphere of engineering and ICTs.

### ***Improving company management***

In this regard, it is necessary to highlight another important element, often related to technological innovation and ICTs, which is improving the management of companies. It is fundamental to facilitate and help companies get to know and experiment with new business management models which could contribute to improving the competitiveness of the companies in the sector.

An interesting example in this field is the experience of Serdomas System S.L.L. (Spain). It is a social economy company which has developed comprehensive management software for home help services, which has made it possible to develop a new management model.

This company has its own, completely innovative, copyrighted management software, called Aydara. It has the requisite registration with the Spanish Data Protection Agency, providing support to extensive databases of both home care users and workers, with all the necessary information (personal details, availability, training, work experience, etc.), so that when a request for a new personal service is made, the data of carers can be checked, with the necessary filters of suitability, availability and proximity to the home. Thus, the person with the most favourable profile for the provision of the requested service is automatically selected.

This system permits an improvement in the professionalisation of workers, facilitating worker qualifications and providing an adequate assignment of professionals to each user of the service.

In principle, this management software is able to cover all the needs a home may have, and to help people who need assistance from others due to their physical conditions or health.

All the services mentioned above have time flexibility, so that each user can choose among:

- Internal personnel: Domestic worker who sleeps in the client's home, and whose employer is the client him- or herself, in



- accordance with the domestic workers regime;
- Ongoing external services: A domestic worker who works for a given time, distributed across different hours, periodically and in an ongoing manner;
  - Occasional external services: One-off services of three hours or more.

The management software facilitates, as required by the care of the user, the timetable and frequency of the service, automatically discounting it from their total availability in order to be able to complete the working day requested by the domestic worker.

Another good practice related to new business management models is that of GIL Cooperative Gothenburg (Sweden).

GIL Cooperative arose in Stockholm from the Independent Living Movement and its definition of "personal care", according to which the end user of the service decides "what is work, with what tasks, when, where and how".

Created in 1989, only care users can form part of GIL. The amounts which each person receives from the authorities each month (whether it be the municipality or the National Social Security Agency) are transferred to the cooperative and to the sub-account of the respective member. Thus, each member of the cooperative is responsible for his or her own budget, which is used to cover the salary costs of the personal carers, the administrative costs and some extraordinary costs (for example, the assistant's travel expenses when he/she accompanies the beneficiary , etc.).

GIL signs the work contract and therefore formally acts as the employer of the personal assistants who, nonetheless, are recruited, trained and supervised by the members of the cooperative individually, according to their specific needs.

The services which the cooperative provides include advice, administration and accountancy, training of beneficiaries and carers, legal consultancy

(representation of individual members in legal affairs, etc.) and communication (dissemination of information about the movement, etc.). GIL also acts as a defence organisation with the aim of changing the public perception of people with disabilities and to make society as accessible for them as for any other group of people.

Before entering GIL Cooperative as a member and starting to recruit their personal carers, potential members have to participate in the training sessions with the aim of communicating the necessary skills and knowledge for the recruitment, supervision and training of the carers, etc. In addition, peer-to-peer support sessions are regularly organised in order to provide members with the opportunity to exchange information and experiences about relevant issues.

Within the section on new business management models, we could also include the good practices of Domiphone Application (France), a tool designed for the public authorities and service providers in order to facilitate the management of PHS, helping to improve the personnel management system, simplify administrative tasks and facilitate the monitoring of care provision.

Another experience which also represents a new management model is the "Gdynia's Standard for Residential Care Services" in the city of Gdynia (Poland), which is aimed at innovation in the design, organisation and provision of services.

All these experiences demonstrate that it is possible to incorporate new management systems in a sector which, in general terms, is characterised by the existence of considerable failings in business management. For this reason, it is vital to know and transfer these new management models.

One interesting possibility is that developed by Serdomas System S.L.L. (Spain) through the creation of a system of franchises, which enables these new companies to apply the innovative management software developed by that company.



The good practice of CASA (Care and Shared Associates) (United Kingdom) also falls within this category. It is a home and personal care services company run by owner-workers. CASA is a social company which develops franchise companies whose workers are also the owners. The workers can participate in the decisions which affect their working lives.

Basically, CASA supports people so they can live in their own homes, in the way they choose, with the greatest possible independence. Their services are aimed at care and assistance to the elderly, care and support of people with disabilities who need assistance and additional support. It offers 24/7 support for adults with disabilities who want to live in their own homes. Its franchise companies can offer people the following services:

- Washing, bathing and showering
- Getting up and going to bed
- Changing the bedclothes
- Use of the toilet and maintenance of continence
- Assistance in transfers and moving home
- Help during the night
- Support to carers
- Rehabilitation
- Assistance with prescribed medications

It also provides help with domestic chores, such as:

- Preparing meals and washing up
- Purchases and orders
- Household and domestic tasks
- Shift service

CASA's mission is to democratise PHS in the United Kingdom, expanding the focus of the "social company" in the UK's Social and Health Care market through strong competition with the private sector and close collaboration with the public sector.



This is achieved through the replication of the successful models of social companies which work in the social and health care sector.

### ***Participation of workers***

A recurrent element in many of the good practices is the importance of the workers in how companies operate and are managed. There are numerous examples of good practices developed by social economy companies, notably:

- Habisben Services S.L.L. (Spain)
- Sedormas System S.L.L. (Spain)
- Ayuda a domicilio de Molina De Segura S.L.L. (Spain)
- Comunità Attiva, which is the first cooperative interest community in Umbria (Italy)
- Sanicoop (Italy), federation of cooperatives
- Badami project (Italia), managed by the Libra Cooperative in accordance with the Municipality of Ravenna and the Social Services Consortium
- Bottega dei servizi, a consortium created in 2012 in the Province of Ravenna, composed of 12 cooperatives which operate in different areas - mainly social and health services, and in service areas such as homes (social), cleaning, catering or repairs
- CASA (Care and Shared Associates) (United Kingdom): a social personal and household care company run by worker-owners
- GIL Cooperative Gothenburg (Sweden), a cooperative which arose out of the Independent Living Movement

This involvement illustrates the importance of implementing policies and actions which support the creation of social economy companies, in which the workers actively participate in both decision-making and the work of caring for their users.



A significant example is CASA. As a social company, its aim is not to maximise profit but to provide high-quality care and support. Its main commitment is to the communities it serves. This means the creation of better jobs, support to the professional development of its workers, offering a high quality, flexible service to meet the needs of its users. CASA's approach to its personnel is much more than recruitment and training, as it aims to define a positive culture in the workplace. CASA's vision is strategic and long-term, to make a real difference in the social care sector.

As we have seen, a considerable part of the demand for services is generated locally, whether due to programmes of the public agencies or processes of the aggregation of private demand at individual level. To attend to these demands, there are groups of workers who carry out their activities formally and informally and who decide to take a professional leap through the creation of business projects of collective self-employment.

For this reason, the implementation of support and consultancy programmes is essential, to inform them of the advantages of the creation of a social economy company, from both the economic point of view and because of the values they contribute as a business model, but also to support these groups of people in putting their collective self-employment initiatives into practice, to consolidate their initiatives in the market and to introduce innovative company management models.

### ***Professionalisation of the sector***

Another key element in many of the good practices is the need to train and professionalise the people who work or wish to work in the sector. There are two aspects to this training. On the one hand, it is necessary to train the people who are in charge of the management of the PHS provider companies; and, on the other hand, it is necessary to improve the training



of the personnel who carry out the professional activities deriving from the provision of services.

Many of the good practices mentioned the issue of training and professionalisation as keys in their development. For example, training is key in the experience of Hasbiben Services S.L.L. One of the objectives of this experience is to be able to include workers who have difficulty in accessing the labour market due to their age or lack of qualifications. In order to be able to achieve this objective, they must first go through a process of training and qualification in the tasks of the company to meet the basic needs of elderly people.

In the same way, Serdomas System S.L.L. proposes the incorporation of unemployed people and worker-owners, as well as the training and incorporation of new employees. Likewise, it proposes the professionalisation of the sector by means of the obtainment of the Professional Certificates required for their professional group and/or category.

Ayuda a Domicilio Molina de Segura S.L. also reflects this ethos when it states that, in order to optimise the development of the Home Help Service, all the company's workers, some 50 people, receive specific, ongoing training, refreshing and expanding their knowledge. In this way, it is possible to train those workers to provide a professional, high-quality service which meets the individual needs of each user.

For its part, the very objective of the Super Cuidadores experience is the professionalisation of the occupation of Carer of Dependent People, by means of ICTs, as a means of addressing the existing employment needs and improving the quality of life of carers and dependent people.

Training is of key importance for the sector, so many governments have made it obligatory to require professional certificates in the social and health care spheres, for both workers in social institutions and those who take care of dependent people in their homes.



One of the aims of BADAMI (Italy) is to improve the work of family carers and assistants, support their incorporation and continuance in the labour market, and promote the growth of a regular labour market. In this regard, the professional development of care workers through specific training is key.

The Titre Services experience (Belgium) seeks to adopt a new approach in order to tackle undeclared work and to provide training to workers. The system of vouchers acts as a salary subsidy for the domestic work of people with few qualifications. It was introduced in Belgium in 2004 with the aim of promoting the development of local employment and the fight against the black market.

One of its objectives is to improve the quality of employment within non-profit organisations which provide home care services specifically for elderly people or those with disabilities. For this purpose, it aims to professionalise both the people who work for service providers and the structure of the service companies in the sector (non-profit organisations which provide home care services).

The professionalisation and structuring of the employment of non-qualified care workers who work in the sphere of domestic services provided to elderly people and other dependent people makes it possible to escape from the vicious circles of job insecurity and low salaries, long working hours and the lack of time for training. For its part, the professionalisation of the organisations of service providers and the sector in general permits a greater degree of efficiency and efficacy, making it possible to improve the conditions of those who work in the field of home care and thus promote a more positive image of the profession of carer.

As it is focussed on people with few qualifications, the people whose employment and professionalisation are supported must belong to at least one of the following groups:

- People under the age of 26.



- Disabled workers
- People over the age of 50
- Single mothers/fathers
- People who live in rural areas which are undergoing a process of revitalisation or in a disadvantaged neighbourhood
- The long-term unemployed
- Beneficiaries of RSA (social integration payment)

At the same time, they must work in non-profit organisations which provide domestic services or home care services to elderly people and other people who are dependent on care/assistance, and which is a member of one of the recognised national federations of domestic service/home care providers (Adessa, UNA, ADMR) and the "Collectif Franc-Comtois d'Aide à Domicile" (composed of these three unions), and which respect all the relevant collective agreements in the sector.

The good practice called Mobile Learning Solutions aims to support the learning and development of workers in the sector by means of a series of applications for the mobile phone. These applications were developed to help in the learning of practising PHS workers, providing succinct information when and how they need it. They also provide links and access to more detailed theoretical information, to permit greater reflection and learning in accredited training and qualifications. They have a practical approach and can be used as a tool in real time and a tool for reflection by each individual, in group sessions with work colleagues and as part of a training programme.

Likewise, one of the conditions of GIL COOPERATIVE GOTHENBURG in order to become a member of the cooperative and start the search for the personal carer is that they must participate in training sessions with the aim of communicating the skills and knowledge necessary for the recruitment, supervision and training of carers, etc. In addition, peer-to-peer support sessions are regularly organised in order to provide the opportunity to exchange information and experiences around relevant issues.



The type of people who tend to seek employment in the sector means that it is vital to develop training programmes which give the workers in the sector the necessary qualifications. Likewise, it is also necessary to develop training programmes aimed at improving the management of the companies that work in the sector, in particular SMEs and those within the sphere of the social economy. In this way, the sector's offering will be professionalised and its quality will be improved, which, without a doubt, will have a positive impact on the evolution of demand.

### **Quality**

Another question, closely related to the professionalisation of the sector, is quality of service. As numerous reports have pointed out, quality standards are necessary not only for the users or to make the sector more transparent, but, above all, in order to guarantee the acceptance of personal and household services by users. Quality makes it possible to convey a sensation of reliability to users.

In addition, the tension between the quality of the provision and the quality of the working conditions must also be taken into account. Quality standards can also contribute to progress in the professionalisation of the workers in the sector, not only providing those workers with better and well-defined working conditions and employment opportunities, but also strengthening their professional position and social recognition<sup>5</sup>.

Quality is a key element in the experience entitled "Gdynia's dialogue on quality of care services"; "Gdynia Charter of Quality of Care Services"; "Gdynia's standard for residential care services". The objective of the initial project was to develop a methodology to define the "Territorial Quality Standards in Social Services of General Interest". Once defined, a participatory process was carried out in 2011 and 2012, called "Gdynia's

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<sup>5</sup> IZA (2013): "Who Cares for You at Home? Personal and Household Services in Europe", IZA Policy Paper No. 71, October 2013.



dialogue on quality of care services”. That process served to identify a catalogue of different quality criteria: efficiency, good management, positive focus of cooperation, flow of information, mutual respect, availability, responsibility, ability to adapt, and solidarity. As a result of this process, two documents were drawn up, both related to quality:

1. The "Charter of Quality of Care Services", which establishes basic principles and quality standards for the design, organisation and provision of care services.
2. “Gdynia's Standard for Residential Care Services”, focussed specifically on domestic services, has been included in the public procurement procedures.

Quality is a major indicator for household services, so quality assurance is important for both service providers and users. However, the existing quality assurance systems and quality inspections differ both within and between EU member states, depending on the type of service provided (personal and household services).

In some countries, there are measures to control quality, but in other countries they do not exist, because the majority of these types of services are provided by the public sector. Moreover, the difficulty of controlling the quality and verifying whether the defined standards are applied is greater when the workers are contracted directly in the home.

Because of all this, it would seem to be important to develop quality assurance structures, through, for example, an expansion of the certification systems, above all because this makes the provision of services more transparent for the users.

### ***The role of women***

All the studies of the sector and the existing statistical information indicate the predominance of women in the workforce of the PHS sector. In all the



EU countries, women far outnumber men, despite the tendency to increase the presence of men in the sector. Several of the experiences analysed here report that the majority of their staff are women. For example, Serdomas System S.L.L. mentions that 85% are women, while men are to be found mainly in gardening, as drivers, etc., more than in the care services strictly speaking. For its part, 98% of the workers of Ayuda a Domicilio Molina de Segura are women.

This situation is explained by the traditional social assignment of household tasks and the care of both children and the elderly to women. This situation has favoured the existence of a large informal economy (women complement their work as homemakers with a few hours of undeclared work outside the home), together with a largely non-qualified workforce because they are considered simple tasks which do not require extensive training, low salaries, job insecurity, etc.

Therefore, it is very important for the public agencies to carry out initiatives aimed at advancing in labour equality, valuing the work done by women, women's employment rights in the sector, like those of any worker in other sectors, the need to professionalise their work and make it more visible, and to make women aware that this is a field of work which can permit regulated access to the labour market, thereby improving the self-esteem of disadvantaged groups, dignifying and professionalising the work in the sector.

To increase the presence of women in the sector, the inclusion of social clauses with a gender perspective could also be considered in the administrative awarding of contracts for Home Help Services. This should be mentioned explicitly, with a section in the technical solvency and/or evaluation part which recognises and values the improvements contemplated in the project.

### ***Social dialogue***

Another relatively important aspect in many of the good practices is the



importance of social dialogue and consequently the role of business and trade union organisations.

As was previously mentioned, the sector is characterised by the considerable presence of the informal economy, and a conception of the sector which often places more emphasis on the care aspect rather than the professional, due to the lack of structuring of supply and demand, etc.

All of this has a negative impact on the recognition of employment rights, and therefore the role of trade unions is vital for two reasons: on the one hand, to raise awareness among workers that they have the same rights and obligations as those in any other sector; and, on the other hand, to defend the rights of the workers in the sector.

Therefore, their participation seems not only advisable but necessary, together with the public agencies, in order to establish and guarantee a labour and professional framework of the sector which is comparable to that of other economic sectors.

### ***Social cooperation***

As a result of different aspects which have been analysed, it should be mentioned that the selected good practices reveal the importance of collaboration and cooperation in their multiple levels and facets. In some cases, we are talking about public/private collaboration in order to favour the improvement of the quality of the services provided, though this type of collaboration is normally articulated through public contracts.

One example of this type of extensive collaboration is Mobile Learning Solutions (United Kingdom). That experience is the result of collaboration between the Northern Ireland Social Care Council and an electronic learning solutions company (Learning Pool), the Department of Health and Social Services, two universities, training centres and key employers in the

sector. It is, as was noted, a broad social collaboration platform among institutions, organisations and entities of very different kinds.

In other cases, collaboration occurs between a number of public agencies, as in the case of Badami (Italy).

This project is managed by the Libra Cooperative, but it was begun in 2009 by means of an agreement with the Municipality of Ravenna and the Social Services Consortium, which later became the ASP, with the aim of providing support to the families of dependent elderly people who choose to keep the elderly people in their homes. The municipalities of Ravenna and Cervia participated in this activity, together with the cities of Faenza and Massa Lombarda.

In other cases, the collaboration is between private entities, generally companies, though not exclusively, and also foundations, NGOs, business organisations, etc. This is the case of Super cuidadores, in which the collaboration is with a university with considerable prestige in online training.

It is also true in the case of Bottega dei Servizi, where the collaboration is among 12 cooperatives in the province of Ravenna which operate in different areas - mainly social and health services, and in service areas such as homes (social), cleaning, catering or repairs - which created a consortium in 2012. By means of this cooperation among service provider companies, they aim to respond to the growing complexity of the needs a family may have in different spheres.

But that experience is also an example of the participation and collaboration of the families themselves or the people who require those services. In effect, one of its objectives is to make the families the protagonists, giving them the opportunity to co-conceive the offer of services which responds to their needs.

Finally, in some experiences, cooperation incorporates the users of the care services themselves. This happens, for example, in the case of GIL



Cooperative in Stockholm, which was created by a number of people with disabilities, so the end user of the service decides "what work is, with what tasks, when, where and how". Only care service users can be members of the cooperative. The monthly financial assistance paid to the person by the authorities (whether the municipality or the National Social Security Agency) is transferred to the cooperative and to the sub-account of the respective member. Thus, each member of the cooperative is responsible for his or her own budget, which is used to cover the salary costs of the personal carers, the administrative costs and some extraordinary costs (for example, the assistant's travel expenses when he/she accompanies the beneficiary, etc.). Therefore, the service users themselves actively intervene in the manner in which those services are provided.

Another form of collaboration between the public sector and the people requiring the service can be found in the Elderly for Higher Quality of Living at Home experience. It is a programme which has been carried out since 2004 on the basis of the offer of the Ministry of Labour, the Family, Social Affairs and Equality of Opportunities. The programme is coordinated by the Slovenian Pensioners' Association. The programme is aimed at people over the age of 69 who live at home and need different types of care and services. Each year, the new participants, those who have turned 69, join the programme, while younger people can only join if they are ill or disabled. The programme is currently being applied in 302 of the 503 pensioners' associations in Slovenia, with 3,450 volunteers who visit the elderly, independently of their membership of DU, living at home.

The Gdynia initiative is also based on an extensive participatory process which also directly involves the service users, service personnel (carers), voluntary personnel, etc., in the definition of the principles and standards in relation to the design, organisation and delivery of services. Between 2011 and 2012, an extensive participatory process was carried out, with the participation of around 1,000 people belonging to these different groups.

In short, the personal and household services sector offers real potential for the creation of formal jobs in a sector which is relatively independent



from the economic cycle, in which job creation can be concentrated at local level and be open to people entering the labour market, as well as people with few qualifications.

With adequate regulation and organisation, jobs can be created, while the quality of those jobs can be improved to a certain extent, also through training (though this potential is limited).

## 2. PROPOSAL FOR POLICIES AND ACTIONS

Analysis of the good practices identified by the partners on the project has made it possible to determine a series of key elements, based on which the proposals for actions and policies have been defined, which may be implemented in the sphere of the European Union by the public and private agents involved in the personal care services which are presented in this section.

These proposals for actions and policies are accompanied by a series of guidelines, suggestions and recommendations for their implementation.

The main points of view of the analysis are the ability of the proposals to create jobs and the professionalisation of the sector, considering both the gender impact and the economic efficiency of the proposed measures.

We will now outline the proposals for actions and policies established in accordance with the good practices selected:

- 1) **Implement policies and actions at the level of public administration which is closest to citizens.** This means rolling out the action plans from the local agencies, because this level's greater knowledge of both the care needs of the population and the ability of the sector to meet those needs makes it possible to



manage the economic resources more efficiently, which is particularly important in a scenario of limited resources such as there has been in recent years.

However, this approach is absolutely complementary to the need to have a legal framework at national level which establishes the budgetary policy of support to the sector, contemplated within social policies, the management model (public, private, subsidised, care benefits, etc.) and the scope of the intervention, taking into account the segmentation of the different groups to be served and the level of care each one of them needs.

Once these national parameters have been established, we recommend that the assigned resources be managed by the local authorities. This local management of the resources makes it possible to establish public procurement models of the services to be provided which can take into account the capacities and characteristics of the local productive fabric and facilitate the professionalisation of existing small companies in the territory which could undertake those activities, complementing the actions with training and consultancy plans, thus facilitating the creation of jobs in the territory. The strengthening of the local business fabric is very important both in order to strengthen the economy itself and to ensure better management of the resources and attention to needs.

- 2) **In addition, it would be important to include social clauses and service quality standards, as well as the gender perspective, in the public procurement processes rather than considering solely or mainly the cost of the services in those processes.** In recent years, economic criteria have become increasingly important in the public procurement processes, at both local, regional and national level. This situation has been to the detriment of the weighting given to other factors, such as the quality, etc.



However, the specific characteristics of these kinds of services mean that it is essential to introduce other types of criteria different from the purely economic ones in public procurement processes.

In this regard, it is essential to evaluate the inclusion of social clauses, because the kind of activity which is carried out makes it possible to incorporate this type of perspective without negatively affecting the provision of the service, incorporating, moreover, training and qualification initiatives which would improve the social and employment prospects of these people.

Likewise, it is important to include quality standards, thus ensuring that the service provided meets the needs of the population and that it is not negatively affected by a possible reduction in the economic cost. In addition, the inclusion of these quality standards generally acts as a limitation on the reduction of the economic cost, because the fulfilment of those standards makes it difficult to present very low bids.

A third aspect that should be included in the public procurement policies is the gender perspective. The majority of the people who work in the sector are women, often lowly qualified, with low salaries and unstable employment contracts. For this reason, it is important that those procurement processes favour the professionalisation of these people and the improvement of their professional and employment situation, also taking into account aspects such as the balance between their personal, professional and family lives.

- 3) **The public agencies should develop policies and action plans which are not in the form of financial assistance to the family or the person requiring the service.** The aim of the financial aid measures that are established should be the contracting of



professional services by the beneficiary or tax relief in line with the cost of contracting those professional services.

It is evident that the granting of financial aid to the beneficiaries which is not linked to the provision of a professional service leads directly to a situation where the majority of the care and attention is provided by the relatives of the beneficiary (mainly women), or they are contracted in the informal economy, thereby impeding the process of regularisation and professionalisation of employment. Therefore, the main contribution to professionalisation, job creation, qualification of the workers and attention to the gender perspective, all of them key elements in this sector, is to relate the aid to a professional service, and that aid can be of different types: tax benefits through deductions, subsidies on care by means of service vouchers, or direct financial aid.

Likewise, the contracting of personal and household care workers by specialised companies should be facilitated, rather than being limited to the service users. The first option makes it possible to advance in the professionalisation of the sector, the improvement of the workers' employment conditions, the implementation of quality standards, etc., offering those services to potential users. On the other hand, the second option fragments the offer, with the risk of boosting the informal economy, and impedes the aforementioned processes, above all if there are situations of unfair competition.

- 4) **Recognition of the role of business organisations in structuring and professionalising the sector, providing support measures to those organisations so they can carry out consultancy and training activities.** Many of the professional services provided by the sector take place in the sphere of the social economy, promoted by groups of workers who set up small productive units



with the aim of providing the service more efficiently and thus enabling them to develop synergies in their business management.

In this regard, experience reveals that a decisive factor of success in the business development of the sector is the role of the business organisations, both in the social economy and specific sectoral ones, from two perspectives:

- On the one hand, through their information, training and company-creation arms, the business organisations facilitate the development of new collective self-employment business projects, advising unemployed people or workers in the informal economy about the possibilities of setting up a new company, the requirements (legal, economic, technical and managerial) and the methodology. The personalisation of these services is essential to improve their ability to truly support the people who need them.
- On the other hand, the business organisations play a decisive role in providing training and technical assistance to the people who form part of these new companies, not only at the time of their creation but throughout the lifetime of the company. The time of creation is critical, but so too are the first years of a new company, and the existence of a process of technical assistance and guidance during that period of time can help to reduce the rates of company mortality.

- 5) **Favour the creation of consortiums at both national and transnational level and support the processes of business cooperation and company growth.** It has been seen that many of the business projects in the sector arise at local level, under collective self-employment formulas, permitting the regularisation of informal employment, the main risks of these



projects being their management shortcomings and limited professionalisation.

Successful projects are consolidated through improvements in management, business growth and the development of economies of scale to enable these businesses to compete against the other players in the sector, mainly large service companies which can develop a larger number of lines of activity in the provision of services to people, maintenance of buildings, cleaning, etc.

At present, many of the public resources are managed through public invitations to tender to cover the care demands, the vast majority of which are not accessible to small companies because they do not meet the technical and financial solvency criteria which are imposed in those invitations to tender. Support to the creation of consortiums is fundamental in order to give these small companies the possibility of accessing new markets and so be able to embark on more solid growth processes.

Likewise, some companies which do manage to grow and strengthen their structures remain limited to operating within their home countries, because, in order to take part in public invitations to tender in other countries, they need to create unions of companies with other partners from different countries, and they do not have the capacity for that. Therefore, an essential element is the need to favour the growth of the companies in the sector and develop initiatives which facilitate business cooperation processes at both national and transnational level, demonstrating their efficacy as a management model in the creation of business consortiums with the aim of participating in major public invitations to tender.

**6) Favour innovation and its transferability.** Different good



practices have been identified in which one of the fundamental success factors has been their ability to develop innovative products and services which represent a considerable added value for their users and give competitive advantages to the companies that have developed these services and products compared to their competitors.

Though it is true that the sector is labour-intensive and the qualifications of its workers are decisive for the provision of the service, there are many technological developments (movement sensors, camera control, GPS, alerts, etc.), closely related to information and communication technologies, which represent a key element in the professional development of the sector.

Those advances are very often related to the quality of the service provided.

Therefore, we recommend that the public agencies incorporate measures which foster the technological development of the sector and, especially, which facilitate the transfer of results between innovative companies and the rest of the sector, favouring the collaboration of companies in the sector with other companies in the fields of engineering, applications and new information and communication technologies which can develop technical solutions to improve the services to people in their homes. The latter aspect is key, because the small companies in the sector are often able to detect and identify new needs of the people they serve, but they do not have the financial and technological resources, etc., to undertake technological developments to meet those needs.

- 7) **Promote the definition and implementation of quality standards in the provision of personal care services.** A distinctive hallmark of the sector should be the existence of certain quality standards for the provision of care services to the people who require them.



We must take into account that the fulfilment of those standards provides a guarantee to the people who receive those services and endorse the work of the companies and people who provide those services. In short, it is an aspect which would make it possible to improve the image of the sector, reinforcing the competitive capacity of the companies that fulfil them and fostering the professionalisation of the sector.

However, it is important that those standards be applied to both the companies which provide their services within the framework of a public contract and those which attend directly to the existing demand in the market.

For this purpose, it is necessary, on the one hand, to define certain quality standards in all the member states. Some states already have them, though there is no uniformity or similarity among the criteria in place in different countries. Therefore, it would be recommendable to advance in a process of standardisation, leveraging the existing experience and encompassing all those aspects which have been shown to be important. On the other hand, the definition of those standards must take place at state level, ensuring their coherence and application throughout the territory of each country. If that is not possible, then we must advance in that direction, even if it means introducing those standards at local level, i.e. the level at which the services are provided. Finally, the fulfilment of those standards must be included in the public procurement processes, at whatever level (national, regional, local).

- 8) **Facilitate the development, knowledge and transference of new models of company management.** One of the good practices selected refers to a social economy company which has developed comprehensive management software for home help services. Based on that management software, the company has

developed a business management model which it exploits under a system of franchises.

The management software supports extensive databases of both users, carers and employees which makes it possible, when requesting a service, to select the personnel with the most suitable profiles for the provision of that service, likewise facilitating the worker qualification processes and integrating those processes with the billing, personnel and accountancy systems.

In contrast to this successful experience, in general terms the sector shows considerable failings in business management and the professionalisation of the management models. It would therefore be extremely interesting to be able to disseminate and transfer new, already-proven management systems, as well as defining the possibility of managing companies of this kind under franchise systems, thus facilitating the creation of new, local companies and new jobs. The organisation of exchanges among companies, seminars and symposiums, etc., are key elements to facilitate this process of business improvement.

**9) Foster the participation of workers in the company and the creation of social economy companies as a factor in job creation.**

Another fundamental line of action that should be carried out is to favour the creation of social economy companies and foster the participation of workers both financially (as partners) and in the professional work and decision-making.

The analysis has shown that a considerable part of the structure of demand for services is generated at the local level, both as a result of the programmes implemented by the public agencies and by processes of aggregation of demand at the private level. These demands are being responded to by groups of workers who carry out their activities formally and informally and who decide



to take a professional leap through the creation of business projects of collective self-employment. For this reason, it is particularly interesting to publicise the advantages of the creation of a social economy company, from both the financial point of view and because of the values they contribute as a business model.

In this regard, the role of the social economy organisations is key, both to boost the processes of the creation of companies under one of the legal formulas of the social economy and to accompany, advise and support new and existing initiatives of this kind, helping to facilitate the creation and start-up processes and those of growth and consolidation.

- 10) **Implement professional qualification and training initiatives in the sector, in both company management and other areas related to the professional activities deriving from the provision of services.** The qualification and training of people is a key factor in the competitive capacity of companies. For this reason, we propose the development of training programmes which, on the one hand, help to improve the management abilities of the managerial teams of the companies in the sector, and, on the other hand, develop training programmes to equip the workers in the personal and household services sector with comprehensive skills and qualifications, professionalising their work, but also complementing their training in order to be able to expand their sphere of action to complementary work, which thus improves their employability.
- 11) **Promote specific action plans which favour the reincorporation of women into the labour market and their empowerment.** As was previously mentioned, some of the characteristics of the labour market in this sector are:
  - Informal economy.



- Care provided in the family and private sphere.
- Low levels of qualification.
- Work carried out mainly by women, in the above terms or with very limited labour conditions.

It is evident that women experience considerable negative factors which impede their real incorporation into the labour market in the sector. They find work which requires few qualifications, with low salaries and precarious employment conditions.

For this reason, it is considered vital that the public agencies should develop dissemination, information and training campaigns aimed specifically at women, to emphasise the value of the work done by women in the home, the labour rights of women in the sector, the need to professionalise their work and make it more visible, and to make women aware that this is a field of work which can permit regulated access to the labour market, improving the self-esteem of disadvantaged groups and dignifying and professionalising work in the sector.

One way to improve the situation of the women who work in the sector would be the inclusion of social clauses with gender perspectives in public procurement processes for the contracting of Home Care Services. In order to avoid problems of a legal nature, it is important to make explicit reference to this in the object of the contract. There could, for example, be “Administrative clauses which must govern the awarding of Home Care Services with gender perspectives”, and subsequently include in the chapters on technical solvency and/or evaluation one or more sections which give priority to the number of aspects or improvements related to this issue which will be taken into account in the execution of the contracted project.

## **12) Favour social dialogue and the role of the trade unions in the**



**structure of the sector.** The sector suffers from the existence of an informal, unstructured economy, within the family and with low levels of professionalisation, starting from labour activities without recognition or rights.

The defence of labour rights, awareness among the workers in this sector that they have the same rights and obligations as any other worker, would help to regularise informal employment and improve the efficiency of the sector. For this work in defence of labour rights, it is necessary to have the support of the workers' unions which facilitate this process, it therefore being necessary for the public agencies to secure their participation in the defence of the professionalisation and the recognition of the labour rights of the workers in the sector.

### 3. IMPLEMENTATION METHODOLOGY

A key aspect of this report is to propose a methodology which would facilitate the process of transference of good practices to other contexts, agencies, organisations, etc., from those in which they were initially carried out. This process is key in order to improve the conditions of the PHS sector and, consequently, to attend to the demands and needs of the users of these services more effectively and efficiently.

The transference of good practices is a complex, structured and systemised process of learning which is based on the exchange of knowledge, know-how, experiences and skills among institutions, organisations, entities, communities and people who face similar problems and situations. A practice becomes feasible and desirable when an organisation recognises that another organisation has successfully implemented a solution for a series of problems or issues to which the formers seeks a solution and it is willing to base its own actions on the lessons learnt from that success. This requires not only a willingness to learn and share, but also a willingness to undertake the necessary change based on the lessons learnt.

The experience of other transference processes makes it possible to draw a series of lessons of considerable interest for our methodology. In this regard, the following should be noted:

- The transfer of good practices can be successful if it is based on adequate work of information, research, education and



participation.

- The transference processes are flexible, not mechanical. They are dynamic processes insofar as they adapt to conditions and agents which are constantly evolving and transforming. Therefore, there is no single mechanism or methodology to guide them, and so a detailed analysis must be carried out in order to evaluate their feasibility and their adaptation to a different context.
- The transference processes are viable only when they are translated into a demonstrable, lasting improvement in the local conditions. It is necessary to underpin the social nature of transfers and make use of indicators to enable the process to be evaluated and constantly monitored, making its benefits visible.

Taking these general elements into account, the methodology for the implementation of a given good practice in a public or private entity, institution or organisation consists of the following steps<sup>6</sup>:

### 3.1 Motivation to change

Before being able to begin a process of transference of good practices, it is important to know whether the institution or organisation is ready for the change which that process entails. This is very important, as it avoids losses of time and frustrations.

To know whether that predisposition exists, it is advisable to ask and affirmatively answer the following questions:

- Is there a willingness to learn within the institution or organisation?

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<sup>6</sup> Ibero-American and Caribbean Forum for Best Practices (2005) "Guide for the Transfer of Good Practices in Latin America and the Caribbean", Draft Document. August 2005



- Does it recognise that there are external practices which are innovative and successful and which, if adequately contextualised, could be an alternative to provide a solution to the similar needs and/or problems that have been identified locally?
- Is there a disposition towards change in the organisational attitudes and certain cultural and/or institutional patterns of behaviour?
- Is it recognised that the best practices must use strategic alliances between the public and private sectors and civil society in an effective manner?
- Is it recognised or accepted that the best practices must have a positive impact on improving the quality of life and must be sustainable over time?

If the answer to all these questions is 'yes', or could be in the short term, it can be considered that there is a sufficient basis upon which to implement the transference process. If not, it will be necessary to work on the preparation of the process before continuing with the next steps.

The aim of that work would be to reduce any barriers or obstacles to learning from others which may exist. This can be done through group brainstorming sessions.

### **3.2 Identification of best practices with transference potential**

Once there is a clear and evident motivation for the transference, the institution or organisation must then identify the good practice or practices which are of interest to it. To carry out this process, the steps outlined below could be followed:

- Identification of the issue which is of interest to the institution or organisation (funding, procurement, social economy, professionalisation, quality, etc.).
- Presentation of the good practices which successfully address



- that issue in an innovative manner.
- Search for complementary information on the good practice of interest.

### ***Initial contact with the good practice***

Once the good practice has been selected, if the entity considers it necessary, an initial contact could be made with that practice by e-mail, skype, etc.

The purpose of this contact is to obtain more information about it and to establish a more direct relationship with those implementing that practice.

The main idea is to obtain as much information as possible about the practice, in addition to that which we already have (deriving from the initial search), on the socio-cultural, political, economic and environmental conditions in which it was developed, as well as the technical aspects, those of strategic alliances and resources, among others, inherent in the practice.

Depending on the interest and complexity of the practice you wish to transfer, two options, complementary to remote contact, could be considered, these being:

- A working visit in order to get to know the practice in situ and to gather more information and first-hand knowledge of relevant aspects of the practice.
- Invite the institution or organisation which offers the transference of the good practice to visit you, organising seminars, round tables, symposia, etc., in which the personnel of that institution or organisation can participate.

### ***Analysis of the viability of the transfer***

Once you have more detailed documentation, you must then explore the potential of acceptance of the transfer (in theory) among the future receivers of the project (public servants, community organisations, NGOs, private sector, etc.).

This initial socialisation process can be carried out by means of formal and informal meetings, workshops, etc. This process is fundamental in order to be able to answer the questions that will enable you to gauge the viability of the transfer and to identify the potential members of the cross-sector working team that it is necessary to create for the transfer of the practice or elements of it (if it is recognised as viable).

In this regard, the following questions must be answered:

#### **Techniques**

	Yes	No
Are the specific element or elements of the Good Practice that will be transferred clearly defined?		
Are the human resources sufficient, in term of quality and quantity, to successfully implement the transfer?		

#### **Social/Political**

	Yes	No
Does the transfer have the support of a broad sector of the base community? (What is its role?)		
Does the transfer have the support of key community leaders and local public servants? (What are their roles and responsibilities?)		
Does the transfer have the support of the central government? (What is its role?)		
In order for the transfer to take place, does it require changes in the institutional, legislative or policies framework?		
If political changes are envisaged, at whatever level, would they		



	Yes	No
affect the success of the transfer in the long term?		
Has the design/implementation of policies/laws been considered in order to ensure the continuity of the transfer over time?		
Has the incorporation of gender aspects within the transfer been considered?		

### Economic

	Yes	No
Have resources for the transfer been ensured?		
Have resources been ensured for the monitoring and long-term sustainability of the transfer?		
Are the funds and accountancy mechanisms transparent?		

### Environmental

	Yes	No
Are there special social, economic, geographical or environmental considerations which could hamper the transference?		
Are there potential environmental impacts as a result of the transference?		
If there are negative impacts, are there instruments to avoid, address or overcome them?		

### Cultural

	Yes	No
If there are administrative or technological systems involved in the transfer, are they appropriate for the local conditions?		

### *Study/learning in preparation for the transfer*

Once the viability of the transfer has been identified, it is necessary to begin the study/learning phase, which is composed of the following stages:

a) Selection of the type of study/learning for the transfer

In this phase, you must define the type of initial study/learning of the good practice that will be carried out, for example a study visit, exchange of personnel or technical cooperation agreement, among others.

We will now describe these, as we consider them to be the most relevant:

- **Study Visit:** study visits are a way of getting to know a practice, by going to the place where it has been implemented and interacting with those directly responsible for the process.  
The study visit may be composed of one or more people, depending on the agreement reached and, above all, the budgetary availability. However, a work team is always more advisable, composed of people with different responsibilities and technical visions, so that the visit has different analysis perspectives, which will permit greater richness in the contextualisation of the practice.  
This methodology can include guided visits, workshops, etc., led by people who have participated in the implementation of the good practice.  
One of the disadvantages of this kind of cooperation is that if it is not complemented by other kinds of actions, it ends up being a "tour" which does not have a definitive impact on the transfer of the practice, which thus becomes simply a poor adaptation of it.
- **Exchange of personnel:** this type of process means that one of the parties - the transferring organisation or the organisation that receives the transfer - travels to and remains for a certain time at the place where the practice to be transferred was carried out (in the case of the organisation which receives the transfer) or the place where the transfer is going to be made (or is already being implemented), as a "consultant", transferring their knowledge and/or providing support in the development of specific key

activities of the process (in the case of the organisation which transfers the practice).

This transmission of knowledge can be carried out by means of workshops, accompaniment in the workplace, among others.

The exchange of personnel can be a complement to the study visit or be independent of whether or not that visit is made.

- **Technical cooperation agreement:** it is a formal agreement process which can include the two types of cooperation described above, complemented by assistance from a technical team or expert personnel of the institution/organisation which carried out the good practice.

b) Design of the Financial and Resource-Securement Plan to carry out the study/learning

Once it has been decided what kind of methodological tool is going to be used for the transfer, a short-term financial plan must be drawn up, adapted to that decision. Of the three types of cooperation described in the previous section, the one which involves the greatest cost is the technical cooperation agreement. On the other hand, it is the most appropriate if the institution or organisation which receives the transfer does not have the technical or administrative capacities necessary to carry out the process, making closer cooperation necessary.

c) Creation of the Work Team for the Transfer

One very important aspect is the creation of the work team that will participate in the study phase of the transfer. For this reason, that selection must be made with great care, because a considerable part of the success of the transfer in its implementation phase depends on this selection. Some key aspects to be taken into account are the following:

- In the group, there must be, if possible, sufficient representation



of those affected locally (public servants, leaders of grassroots organisations, representatives of local NGOs and the private sector, among others).

- The work environment must be that of a "team", in which communication is fluid, any conflicts that arise are negotiated in an assertive manner and the knowledge and ideas of each one of its members are constantly and mutually enriched.
- Within the local representatives, there must be at least one with experience related to the issue that will be dealt with (this is particularly important if the practice that is to be transferred includes technical and/or administrative knowledge). Otherwise, experts must be on hand at all times.
- The work team must ensure certain stability over time. It is important that the team which begins the learning process can, in normal circumstances, ensure their continuity during the implementation of the transfer. If this is not possible, at the very least training of a new representative must be ensured.

#### d) Design of the Work Plan

Before embarking on the type of cooperation that has been chosen (study visit, exchange of personnel, etc.) for the learning of the best practice, the local work team must draw up a Work Plan with certain objectives, goals and indicators to facilitate the learning and subsequent multiplication of the knowledge, thus ensuring that the activity to be carried out does not become a simple field observation.

The work team (and, if possible, with a larger number of people involved) must carry out work sessions based on "brainstorming" about any doubts which remain after in-depth analysis of all the information on the practice gathered up to that time (prior to the study/learning). These questions

must be clarified to the extent possible during the cooperation for learning about the practice (and they must be reflected in the Work Plan). If they cannot be answered in this phase, they must be considered important aspects to be taken into account within the local contextualisation of the practice.

This Work Plan must be consulted with the responsible personnel of the institution or organisation which transfers the practice, in order to ensure that the expectations correspond to what the other party offers. If possible, it would be a good idea for both parties to prepare it jointly. In this way, it will be readily accepted by both parties and will not interfere in the specific work processes of each entity.

#### e) Contextualisation of the information

Once the study has been completed, the work team must prepare its report and present it as widely as possible. For this purpose, workshops, seminars, etc., can be used, and it can be supported by the presentation of films, photographs and other, complementary audiovisual elements to facilitate transmission of that information.

The comments made by those to whom the results of the initial study are presented must be systemised, as they are of great assistance to the transfer team. They are valuable inputs for the contextualisation and implementation of the transfer.

With this new feedback, the work team must start to design strategies for adaptation of the practice in the territory and design the Action Plan for its implementation, reaching agreement with the institution or organisation which carried out the good practice and is transferring it. Some important aspects which should be included in this Plan are:

- It is not, and should not, be simply a word-by-word copy of everything which was observed in the study phase. The activities must be flexible and adaptable to the environment, taking into account that the conditions will never be exactly the same as

those of the territory in which the good practice was developed, merely, in the best-case scenario, similar.

- If you are aware of other practices which address the same issue, it is a good idea to analyse them and use relevant aspects to enrich the process that will be carried out.
- It is necessary to specify the sources of funding and the financial plan in the short, medium and long term. The long-term financial plan must present strategies to ensure the resources for the sustainability of the process over time. It makes no sense to carry out this entire process, with the work it represents, if there is not some certainty that the process is or can be sustainable in the long term.
- Clearly define verification sources and indicators for the system of monitoring and evaluation. It is very important to carry out a process of evaluation and monitoring of the process in order to ensure that the envisaged objectives and results are achieved and to be able to introduce corrective measures if important deviations are observed.
- Make sure that the implementation activities are transparent and accessible to the people and entities involved. Transparency is a key element when different interlocutors participate and public resources are used.

### ***Implementation of the transfer***

Once the phases outlined above have been completed, you can begin the implementation of the transfer as such. For this purpose, it is necessary to take the following aspects into account:

- a) Securement of Resources for Implementation



The transfer process has a cost, which must be covered. To fund this process, in addition to the funds of the institution or organisation, alternative sources of funding may be considered, some of which may be suggested by the organisation or institution which is transferring the practice (sources which they themselves have used, etc.).

## b) Implementation

It is recommended, if possible, that the implementation process should have an initial pilot phase. The purpose of this pilot phase is to test out the project on a small scale, and then fully roll it out if that phase proves successful. If there are problems, this will enable you to seek solutions before the full implementation, which could mean considerable savings in terms of money, time and, above all, effort.

The transfer process must guarantee the greatest possible participation of all the agents involved in all its development phases. Training of the local personnel involved in the project is a key aspect. That training must be focussed in such a way that, in the medium and long term (especially once the project has been completed), it contributes to its autonomy, so it does not depend on the capacities of the organisation or institution which transfers the good practice, but rather, by means of the training acquired, your own capacities have been constructed which permit the sustainability of the project in terms of its human resources.

If the entity which transfers the good practice is not physically present during the implementation, you must ensure that there is constant communication by telephone, skype or email, in order to receive their feedback and advice if anything unforeseen occurs.

The systemisation of this process is a key aspect to give some solidity to the experience and to take on board the lessons learned, which will in turn feed back into both the institution or organisation which is

implementing the good practice and that which is transferring it.

### ***Monitoring and evaluation***

As indicated above, the Action Plan for the transference of the practice must include the monitoring and evaluation methodology. That methodology must establish the indicators to be taken into account, as well as the way of gathering the information which is necessary in order to be able to carry out the evaluation of the transfer.

The monitoring and evaluation process which is carried out during the process of implementation of the good practice must serve to determine whether the process is obtaining appropriate results in line with the established objectives or whether some of the actions should be modified in order to be able to achieve those results.

It is important that the greatest possible number of relevant people should participate in this activity, in order to ensure the existence of valuable information and contributions from all the parties regarding the problems encountered and their possible solutions.

The evaluation will, moreover, contribute to maintaining the transparency and sustainability of the process, as well as registering the lessons learnt from the process of transference of the good practice.

The difficulties observed and the way of overcoming them are valuable inputs that will permit the multiplication of the process. It is important to register the obstacles with the same detail as the successes, as we learn from both, and even, on occasions, failures are a greater source of learning than successes.

### ***Transfer of the lessons learnt***

The transfer process that is being carried out will give rise to a new



experience which differs from and transforms the initiative on which it was based. This new practice enriches the learning for both the institution or organisation which transferred the initial good practice (by giving it an external evaluation of its project) and for other potential institutions or organisations which may benefit from it at some time in the future.

The institution or organisation which received the transfer of the good practice now becomes a transferor of good practices, and thus a cycle of exchange and solidarity can continue, following the example of the previous transferring institution or organisation.

From the point of view of the institution or organisation which transfers the good practice, it is also necessary to determine a work methodology, to a great extent parallel to the previous one. Its participation and predisposition are key in order to ensure the success of the transfer process. The steps which should form part of that methodology are:

### ***Motivation of the transferor***

The benefits of the transference of a good practice are obvious for the institution or organisation which receives the transfer, but what are the real benefits for those which transfer them? A local government, a community organisation, a non-profit organisation, a private company, etc., also obtains benefits from transferring its good practice, because that type of initiative gives it feedback on its process (or elements of its process) and actions, while at the same time enhancing its social reputation.

In effect, its transference actions give it visibility at local level (validating the results obtained to the community), national level (presenting itself as a model) and international level (contributing to the processes of global development).

On the other hand, the processes in which the transferor demonstrates its ability to implement exemplary, transferable projects (with impact,

sustainability and strategic alliances) generate confidence among potential donors and increase the interest in funding new projects.

### ***Systemisation of the good practice***

Beyond the information contained in the good practices scorecard, in order to be able to carry out the transfer process, more information will be necessary, which must include adequate systemisation of the following aspects:

#### Profile of the practice implemented

Includes all the information required to identify the project and to contact the people responsible for it. It therefore includes aspects such as:

- Name of the practice
- Place where it was carried out (city/town/municipality - country - region)
- Address of the practice (including street, postcode, telephone number, fax, email, etc.)
- Contact (contact person or person responsible for the practice, with their address, phone number, etc.)
- Type of organisation (central government, local authority, private sector, non-governmental organisation, etc.)
- Associates (name of each associate institution, address, phone number, etc.)

#### Financial profile of the practice

It is necessary to give a general overview of the annual budget of the practice (in the last 3 or 5 years or during the time it has been in place). It must include a list with the names of each one of the partners, with their respective annual contributions (including percentage of the total budget) and the origin of the funds. This is a very important aspect, as it could be a considerable obstacle for the real transference of the good practice.

### Classification of the practice into categories and sub-themes

It determines the scope of action of the practice, so it is important to indicate all the fields in which it operates.

### Level of activity

It determines the scope of the practice, above all its territorial sphere: international, national, regional, provincial, metropolitan, city, neighbourhood, village, etc.

### Summary

It briefly presents the aim and the achievement of the initiative.

### Key dates in the development of the practice

It presents significant dates in the process and a short explanation of their importance and meaning within the practice.

### Narrative

It develops the different elements presented in the summary in greater depth. The narrative may contain the following points:

- Situation before the start of the initiative. This includes the main themes, tendencies and conditions of the area, specifying the most affected social groups (men, women, the elderly, people with disabilities, children, ethnic minorities etc.).
- Establishment of priorities. What the priorities were, how they were established and who was involved in defining them.
- Formulation of objectives and strategies. What are the objectives and strategies, how were they established and by whom (name



the specific gender strategies and objectives if any)?

- Mobilisation of resources. Description of where the financial, technical and human resources came from and how (including technical assistance if applicable). It is necessary to specify the key agents, organisations or institutions which were/are responsible for and can be entrusted with administering the resources.
- Process. Brief explanation of the initial problems, how they were overcome and, if applicable, which ones were not overcome.
- It is necessary to give details of what the participatory process was like, in the taking of decisions by the agents involved (community, organisations, institutions, etc.) and what their contributions were.
- Likewise, it is advisable to provide a summary of tools and methods and/or points of comparison which were used to access the programme and who is using it.
- Results achieved. This consists of an explanation of the degree of achievement of the proposed objectives, how those results (qualitative and quantitative) were measured, and who they benefited (improvement of living conditions, changes in local, regional or national policies and strategies, changes in the decision-making processes, changes in the use and assignment of human, technical and financial resources at local/national level, changes in the behaviours and attitudes of the population and in the roles of men and women, improvement in the quality of the service provided, etc.).
- Sustainability. Explanation of how you managed to integrate the following elements into the project: social (gender equality, social inclusion, social mobility, respect and consideration of other attitudes, patterns of behaviour and cultural heritage,



institutional aspects - legislation, regulatory standards, municipal ordinances, etc.); economic (economic mobility, use of financial resources - including the recouping of costs and payment of loans, where applicable); and environmental (reducing dependency on non-renewable resources - air, water, land, energy - changes in the patterns of production and consumption, technology).

- Lessons learnt. What were the lessons learnt from this practice and how have they been incorporated into other initiatives? How were the lessons learnt from other practices applied?
- It would also be a good idea to describe how these lessons learnt are being taken into account for the determination of future policies, action plans and strategies.
- Policies and legislation. What are the municipal or national policies or laws which underpin the practice? It is important to determine whether, as a result of this practice, new laws have been implemented or changes made to existing laws (if so, include a brief summary).
- Transfer. Indicate which examples, systems, methodologies, etc., were used to transfer the knowledge, if that process took place. And who has benefited or learnt from the initiative up to that time.
- You must explain how the overall initiative or elements of it have been adapted or replicated elsewhere, where, by whom and why (what motivated the receiver of the practice when it was transferred).
- You should describe the obstacles and difficulties encountered during the transference process and how they were tackled and/or overcome.



- Likewise, you should indicate which social, cultural, economic, political, legal, technological, geographical or physical conditions, among others, required particular consideration in the transfer process.
- You should clearly establish, in detail, what you would do if you had to support others in order to replicate the initiative (in those cases where it has not yet been transferred).
- Additional Material. It is always important to have complementary information which can help others to fully understand the practice described (photographic materials, videos, CD-Roms, DVDs, manuals, brochures, guides, etc.).

### ***Mass dissemination of the best practice with transference potential***

Once you have detailed documentation of the best practice and complementary audiovisual aids (videos, recordings, photos, manuals, software, etc.), they can be distributed using different mechanisms:

- Participation as exhibitors at events (forums, workshops, seminars, etc.) on good practices in sustainable urban development.
- Participation in competitions which recognise good practices at national, regional or international level (Dubai International Award: <http://www.bestpractices.org>, etc.).
- Website with online links (to other municipalities, NGOs, etc).
- Press releases and specialised articles in magazines, or use of other mass media.
- Workshops, seminars, chairs, among others, at universities and other academic spaces.



### ***Methodological planning of the type of study/learning for the transfer***

As already indicated, there are different study/learning methodologies which can be used in the transference process (study visit, exchange of personnel, technical cooperation agreement). The transferor must analyse, together with the receiver, which of them can be used as part of the cooperation process. For this purpose, the following variables must be taken into account:

- Time available
- Human resources available
- Facilities/infrastructure available
- Materials and/or equipment available
- Costs

### ***Negotiations with the receiver***

When you know what resources are available, the specific negotiations with the receiving institution or organisation can begin.

During the conversations, you should pay a great deal of attention to the needs and expectations expressed by the receiver and you must be clear about the real achievements of the practice to be transferred, so as not to create false expectations. This aspect is very important, as expectations which are not in line with reality can have a negative impact on the transfer process and limit its potential.

### ***Creation of the transferring work team***

The work team must be composed of qualified personnel who have precise knowledge of the practice, and, if possible, who were related to the process from the start. It should also include at least one beneficiary of the project who participated directly in the process.



It should be taken into account that, in a transfer, not only technical and/or administrative information is transmitted; the receiver also requires information on the process as such (for example, what the process of socialisation of the project was like, how the strategic alliances were built, how funding was sought, which system was used for monitoring and evaluation, how conflicts were dealt with, etc.).

If a study visit is made, for example, it is important to not only observe the physical infrastructure of the project; they should also have the opportunity to learn about and exchange ideas with different agents involved in the process, whether they are opponents or supporters of the practice (community leaders and politicians, private companies, NGOs, etc.).

It is important to ascertain not only the opinions of those who benefited from and value the practice, but also the opinions of those who may be critical of certain aspects, if there are any. This can help to avoid these problems and truly learn from the experience.

The transferring work team must have certain basic characteristics which facilitate the effective exploitation of the transfer:

- A real interest in sharing the knowledge acquired from the best practice.
- Motivation to teach and for feedback and learning (provided by the receiver).
- Skills and creativity for the transmission of knowledge (pedagogy).

### ***Accompaniment in the implementation of the transfer***

Accompaniment in the implementation of the transfer is another phase in the process which can be carried out in different ways:



- With a single visit by "experts" to the place of implementation.
- With periodic visits by "experts" (in the key phases of the implementation process).
- With permanent accompaniment, by one or more experts from the transferring institution or organisation, at the place of implementation of the transfer.
- With visits by the personnel of the receiving institution or organisation to the transferring entity (in the key phases of the implementation process).

The selection of one or more of these ways will depend on the type of project that is going to be carried out and the resources available to the receiver (its own or provided to it).

However, all of them must have a component of fluid communication (by telephone, email, etc.) between the transferring and receiving entities.

### ***Monitoring and evaluation***

Both the receiving and the transferring institution or organisation must have a clear idea of how the process will be monitored and evaluated. This is even more important if one of the initial motivations of the transferring entity was to have access to feedback on its good practice.

In this regard, it is important to evaluate not only whether the manner in which the transfer process was carried out was effective, but also whether, in the transfer, relevant contributions were made which could contribute to an improvement of the initial practice.



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# **APPENDIX:**

## **GOOD PRACTICES SCORECARDS**

## GOOD PRACTICES SCORECARD. SUPERCUIDADORES

IDENTIFICATION	
Name of the Good Practice	<b>Professionalization of the role of the caregiver for dependent people through ICT, as a means to cope with the existing employment needs and improve the quality of life of carers and dependent people.</b>
Country and Area (Region, City) where implemented	<b>Spain</b>
Territorial scope (is it implemented throughout the territory or in just one part of it?)	Throughout Spain and in the Spanish-speaking community
Period of execution	From May 2013 until the present time
CONTENTS	
<b>Description of the Good Practice</b>	
Professionalization of the role of the caregiver for dependent people through ICT, as a means to cope with the existing employment needs and improve the quality of life of caregivers themselves (both family carers and professional carers), and of dependent individuals, whether due to their age (elderly people, minors) or because they have some type of disability and/or illness.	
<b>General and specific objectives</b>	
There are currently 46.7 million people living in Spain, of which 8.4 million are aged over 65 years old and 2.4 million are aged over 80 years old. There are 4 million people with disabilities and 2 million dependent people, and therefore the elderly, people with disabilities and/or dependent people make up approximately 25% of the population of Spain. In less than 40 years, these figures will double, while overall population data will drop to 41.5 million, due to the low birth rate (currently 1.26 children per woman). Together, the increase in life expectancy (currently 82 years) and the growing rates of family breakdown will multiply the number of older people who will live alone in their old age. The employment dependency ratio is going to rise to 100%, which means that for each person of working age, there would be another who would not be of working age. Spain is going to suffer the “ageing of ageing” effect, which means that services aimed at older and dependent individuals will have to increase,	



especially when the public health services cannot and will not be able to assume the costs for assisting and caring for these sections of society. Companies and institutions have the opportunity to anticipate this need and stand out from the competition, by offering high-value services for these sectors, as a **general objective**. SUPER Cuidadores is a sustainable social company that provides information, training, online assistance-consultation services, a product recommender, services and interesting mobile apps, searches for professional carers and other services for families and for people with disabilities, dependent individuals and elderly people, thus improving family, personal and work-life balance, thereby improving absenteeism rates, employee productivity and the profitability of firms, in addition to training the people who work in the sector from a business perspective or on a private basis.

**The specific objective** of SUPER Cuidadores with this practice is to train carers by using ICT, thus optimizing both implementation (through the Internet) and the cost of training, so that they can look after the larger number of dependent people that we are going to have, mainly due to age, given the aging population.

#### Target groups

The sections of society that are made up by elderly people, people with disabilities and dependent people, which currently make up around 25% of the Spanish population. These figures, according to data from Spain's National Institute of Statistics (Instituto Nacional de Estadística, INE) and the Institute of Social Services and the Elderly (Instituto de Mayores y Servicios Sociales, IMSERSO), will double by the year 2050, and the employment dependency ratio will hit 100%, which means to say that for each person of working age, there would be another who would not be of working age.

#### BASE

##### Does the practice achieve the project's objectives?

Yes, it is professionalizing a sector which is going to experience strong demand, due to the aging population.

##### Does it contribute to the identification, creation and professionalization of employment in the personal assistance and home services sector?

Yes, both the role of the family caregiver and that of the worker who wishes to

work as a professional carer can be professionalized.
<b>RELEVANCE (APPROPRIATENESS)</b>
<b>Does the practice integrate the characteristics and needs of the people acting in the sector?</b>
Yes, the sector needs training. For this reason, the Spanish government has made it compulsory to demand professional competence certificates for the social-health care field, both for the people who wish to work in social-health care with dependent people in social institutions and for the people who care for dependent individuals at home.
<b>CONSISTENCY</b>
<b>Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?</b>
Yes, the professional competence certificates for the social-health care field, as they are official, aim to develop to the utmost the abilities and skills that these workers require to look after dependent people, thus improving their quality of life. The training courses and master classes at SUPER Cuidadores are given by professionals, and so they are specialized in order to achieve the same objectives.
<b>MATURITY</b>
<b>Has it had enough time to evolve in order for the results obtained to be stable?</b>
Yes. Training for carers and dependent people is going to increase continually, due to the need that is growing as time passes.
<b>EMPOWERMENT OF PLAYERS</b>
<b>Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take into account the good practice's know-how, methods and tools so that it can be automatically implemented?</b>
Yes. Our training and training methodology is accessible through the Internet, and therefore its use can be optimized.
<b>Has it been developed through alliances and collaborations between different public and/or private stakeholders?</b>
Yes, the professional competence certificates for the social-health care field are official and are regulated by the SEPE, an agency which is part of the Ministry of Employment.

SUPER Cuidadores has entered into more than 30 agreements to achieve the broadest and highest-quality training catalogue.

### EVALUATION AND MONITORING

#### Are monitoring mechanisms in place?

Yes. Over 90% of the people we train find work.

#### Are results regularly evaluated?

Yes. The satisfaction rate of the people who do their training with SUPER Cuidadores is 98%.

### TRANSFERABILITY

#### Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience?

Yes, the training services of SUPER Cuidadores can be replicated, and franchise systems or other collaboration agreements can be set up.

#### Has it been replicated with positive results in other organizations?

Access to training at other organizations is reproduced, but through the SUPER Cuidadores training platform.

### SUSTAINABILITY

#### Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?

Yes. SUPER Cuidadores has a stable infrastructure and team, as well as the support of a private university, UNIR, the online UNIVERSITY *par excellence*, where over 1,500 people work.

### INNOVATION

#### Has it created or adopted a new approach to the problem?

Yes, the focus is on quality online training, where a tutor accompanies the student throughout the learning process; this results in practically all students completing the training that they start.

#### Has it generated different alternatives to the traditional options for managing the problem?

Yes, the alternative of studying and learning, from wherever they want (as they only need an Internet connection) and when they can (training is accessible 24 hours a day, as they are mostly virtual classes, that is, video classes that have already been recorded) and having all the support materials at their disposal on the training platform in an easily accessible way.

#### GENDER IMPACT

**Please state the visible outcomes of the good practice in terms of transforming gender roles and improving the balance between professional and family life and personal aspects. In the case of public authorities, please state any deficiencies or risks in public policies, services and resources for employment that have been corrected.**

#### RESOURCES

- **Human Resources**  
The SUPER Cuidadores team is made up of eight people working full-time, the support of the UNIR University, and works in conjunction with numerous professionals, companies and institutions from the sector.
- **Financial resources (Public/Private)**  
The resources of the project total more than EUR 400,000 which have been privately invested.
- **Technological resources**  
The training platform is that of the UNIR University, an authorised platform which currently has 23,000 people from 79 countries studying there.

#### IMPACT

**Has the practice had a demonstrable impact?**

Yes, although the results are for private use, there are indicators that measure the impact.

**Does it help to solve the problem?**

Yes, the Spanish authorities themselves wish to professionalize the role of the carer through professional competence certificates.



**Do the results obtained indicate outcomes with a positive trend?**

Yes, more people are entering training all the time.

**Does the practice contribute to achieving the goals?**

Yes, it professionalizes the work of the caregiver, whether this is a family member or a professional, and it covers a social need, which is a demand for qualified personnel to care for dependent people.

*References:*

- *Web links. Bibliography*

<http://cuidadores.unir.net/>

- *Photos/YouTube, videos.*

See the YouTube channel for SUPER Cuidadores:

<https://www.youtube.com/user/UNIRCuidadores>

## GOOD PRACTICES SCORECARD. SERDOMAS SYSTEM S.L.L.

IDENTIFICATION	
Name of the Good Practice	<p><b>Servicio de Ayuda a Domicilio Serdomas Sistemas</b>, home care and personal care, through the expansion of a network of franchises throughout Spain.</p> <p>We have innovative management software, which can support extensive databases of both users and domestic workers; when we receive a request for a service, the software enables us to simultaneously select the most suitable domestic worker fitting the required profile to provide the service.</p>
Country and Area (Region, City) where implemented	<p>Autonomous region of Madrid (Spain)</p> <p>Expanding throughout Spain through all the autonomous regions.</p>
Territorial scope (is it implemented throughout the territory or in just one part of it?)	<p>Currently in the autonomous region of Madrid.</p>
Period of execution	<p>Since November 2004.</p> <p>There is a two-month development period from the signing of a franchise agreement until the franchise is up and running.</p>
CONTENTS	
<p><b>Description of the Good Practice</b></p> <p>Serdomas Sistemas, S.L.L., uses completely innovative proprietary management software called Aydara, which it holds the copyright to. This is encrypted; it has also been registered with the Spanish Data Protection Agency, as is obligatory. The software supports extensive databases of both users and domestic workers which contain all the essential information (personal details, availability, training, professional experience, etc.) so that when a request for a new personal assistance service is entered, the system simultaneously crosschecks the requirements against the details of its care workers by using the necessary filters: suitability, availability and proximity to the home. This enables the person with the most well-suited profile to be selected to provide the service.</p>	

This system makes it possible for worker professionalism to be improved by enabling workers to obtain skills and allocating appropriate personnel to each user of the service.

#### **General and specific objectives**

Providing assistance for people and homes by selecting the most suitable candidates, based on requirements, through proprietary management software. Domestic workers are registered through the software, including information on availability, training, professional experience and the location where they can work.

Since Serdomas Sistemas began operating in November 2004 and to date, we have provided care for a joint total of over **2,313 users** who have used our assistance services, whether for domestic help or for personal assistance services.

- Domestic service.
- Cooking service
- Washing and ironing service
- Service providing care for the elderly
- Childcare service, etc.

#### **Target groups**

Our services are aimed at providing assistance for people and their families in their own homes, while this is possible and advisable, by participating at a preventive, educational and assistance level and attempting to reestablish the physical, emotional and social wellbeing of the individuals being assisted. This being so, to assist our **2,313 users**, we have selected more than 667 professionals from the sector in their various occupational categories (household cleaning, cooking, ironing, care of the elderly, childcare, gardening, chauffeuring) and provided them with the most appropriate training so as to provide quality service.

At the current time, Serdomas Sistemas is providing services (through Spain's special regime for domestic workers) in more than 120 homes on a permanent basis (this accounts for 78% of our activities). The corresponding personnel have a working week of 27-36 hours per week, which equates to approximately three-quarters time. The collective bargaining agreement that regulates this sector stipulates a working week of 37 hours per week.

Workforce: At the present date (July 2015), Sedomas Sistemas, S.L.L., has an in-house workforce of over 31 employees in the various professional categories necessary to engage in our ordinary business activities. It also manages an external workforce of 90 domestic workers.

It aims for workers to get a full-time working week, with a triple objective: 1) To foster quality of service by attempting to reduce the effect of excessive turnover; 2) To turn them into true home help professionals; 3) To achieve a certain degree of loyalty towards the firm/hiring company.

In addition, it provides occasional or one-off services, such as domestic tasks and services where a companion is required (which amount to 15% of its activities) and childcare (7%).

#### BASE

**Does the practice achieve the project's objectives? Does it contribute to the identification, creation and professionalization of employment in the personal assistance and home services sector?**

- 1) First of all, a new company within the social economy has been created and registered.
- 2) It incorporates unemployed workers as associate workers, as well as training and incorporation of new employees, who will evidently be registered under the special general regime for domestic workers if they are providing assistance services for people as domestic workers and under the general regime in the case of home-based care assistants. Therefore, irrespective of providing better services due to proximity, the billing issued due to provision of these services will generate the corresponding VAT, as well as the personal income tax withholding for the workers.
- 3) The corresponding tax return will be generated.
- 4) It professionalizes the sector, through the attainment of the required certificates of professional competence, for its positioning in its professional group and/or category.
- 5) It creates a model of a business service and makes it possible for it to be applied in other geographical areas.

#### RELEVANCE (APPROPRIATENESS)

**Does the practice integrate the characteristics and needs of the people acting**



**in the sector?**

On the one hand, it enables non-professional carers to be trained. On the other hand, it enables women to join the labour market as it is possible for them to hire home care services and thus reconcile their professional and family lives, through having all their household needs met.

**CONSISTENCY**

**Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?**

Our management software is able to cover all the needs of a home nowadays as well as helping people who need somebody due to their physical or temporary health conditions. Each of the aforementioned services have schedule flexibility, where the user can choose between:

Live-in staff: Domestic workers who sleep at the client’s home whose employer is the client themselves in accordance with the domestic worker regime.

Continual external services: A domestic worker who carries out their work in a specified time distributed over various hours on a regular and continued basis.

Occasional external services: Occasional services lasting three hours or more.

When a user requires assistance, the management software provides us with the timetable and frequency for the service, automatically subtracting it from total availability, to be able to complete the hours requested by the domestic worker.

**MATURITY**

**Has it had enough time to evolve in order for the results obtained to be stable?**

Since 28 November 2004, the date of the launch of the home assistance services of Serdomas Sistemas, we have provided assistance to more than **2,313 users**, through our various care assistance services, performing our work with an unwavering vocation of service and providing CLARITY, FLEXIBILITY AND SAFETY/ASSURANCE/STABILITY/PEACE OF MIND for our users. This triple principle, the cornerstone of our work, ensures not only that our users are satisfied but also that we exceed their expectations.

In the 10 years we have been providing services, these have amounted to more than 12 million hours.



### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take into account the good practice's know-how, methods and tools so that it can be automatically implemented? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

There is currently a public-private collaboration through the social services network. Many different alliances are being entered into to improve comprehensive care for families by increasing the range of services covering all the needs that can arise in any home.

We actively collaborate with the following, in this order:

- The “Social Policies” Family and Social Affairs Department of the region of Madrid.
- The municipal boards (*Juntas Municipales*) for services to citizens
- The Madrid agency for the guardianship of adult persons (*Agencia Madrileña para la Tutela de Adultos*, AMTA)
- Institute of Social Services and the Elderly (*Instituto de Mayores y Servicios Sociales*, IMSERSO)
- Healthcare centres
- Chemists
- Pensioners' associations
- Foundations
- NGOs, etc.

In addition, to reduce costs and provide better quality services to families, agreements have been entered into with various partners, to have the most extensive range of services in order to provide comprehensive services:

- Prosegur (Profinder system for locating people with Alzheimer's)
- Vitalcare (remote care and location system)
- Securibath (specialising in changing from baths to showers)
- Ucalsa (service offering home-delivery of meals)
- Almuplaza (insecticide operations and disinfecting of homes), etc.

### EVALUATION AND MONITORING

#### **Are monitoring mechanisms in place? Are results regularly evaluated?**

We have been audited on our provision of services on an annual basis through the Family and Social Affairs Department for some time.

We also provide our users with the corresponding complaint forms.

The franchise central office has a monthly and annual monitoring system to oversee both indicators of the services rendered, carrying out on-site visits, and economic and profitability indicators.

Independently, a permanent evaluation is carried out on a monthly basis with users concerning performance, improvements, weaknesses and attitudes.

### TRANSFERABILITY

#### **Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

According to the aforementioned statistical data, the home-based personal assistance sector is used by 23.5% of the population. The importance of that sector for the economy and the social wellbeing of our homes has led to considerable advances to the benefit of how that sector is organized.

The legislative and business regulations of the personal assistance services sector allow the current needs of homes to be covered professionally and efficiently. At the present time, there are increasing numbers of different small enterprises and corporations which are trying to meet this demand by offering varied services that comply with the prevailing regulations and protect the interests of homes and of the workers who make up the personal assistance sector. At Serdomas Sistemas, S.L.L., we are fully aware of the limitations faced by the companies in the sector and we are working daily to offer a portfolio of services that make the daily lives of many homes easier and that are progressing in line with the current regulatory framework.

The model of Serdomas Sistemas is totally capable of being transferred to other territories and other entrepreneurial groups, given that it is designed as a franchise system, and thus the know-how and management technology which

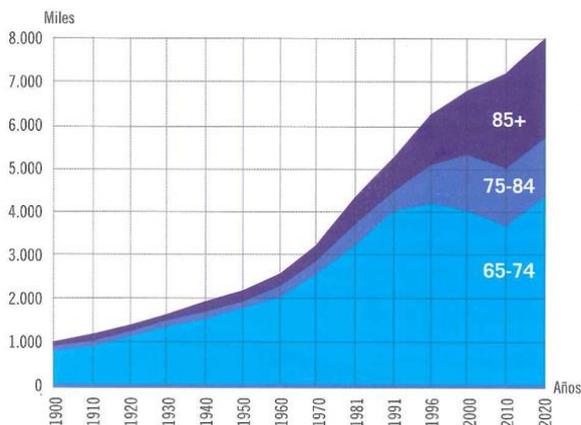
has been developed in the management software can be transferred.

### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

In 2020, Spain will have more than 8 million people aged over 65 years old

### Evolución de la población española de edad, 1900-2020 (miles)



As the graph shows, in 2020 Spain will have more than 8 million people aged over 65 years old, according to Spain's National Institute of Statistics (*Instituto Nacional de Estadística*, INE). Furthermore, according to the report "Health at a Glance - OECD Indicators 2007" (in Spanish, *Panorama de la Salud 2007 - LOS INDICATORS DE LA OCDE*), in 2050 Spain will be the country with oldest population of all the member states, with 35.7% of its population aged over 65 years old.

Experts calculate that population aging will become particularly intensive as from 2020, when the first generations of the famous baby boom, which began in Spain

at the end of the 1950s, start to swell the ranks of the elderly.

This is why it will be more necessary every day to provide personal assistance services and to reconcile professional and family lives. Therefore, in any locality where there are more than 50,000 inhabitants, it will be necessary for new companies specialising in the sector to be set up and/or created to be able to meet the demand.

This will result in the sector becoming professionalized and in new jobs being created and generated, in addition to the incorporation of new IT techniques in communication and of technology tailored to the wellbeing from the tertiary sector.

#### INNOVATION

**Has it created or adopted a new approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

1. The management software using extensive databases makes it possible to foster management oversight when providing the services both as regards monitoring and in relation to service quality.
2. We must highlight how convenient it is for workers to obtain, via the stated agreement with a university, their certificates of professional competence while they are based at the home where they provide the service, as they only need Internet access because the studies are completed online.

There is also the collaboration of all the stakeholders involved in the social services network: business associations such as CONFESAL, ASALMA, AESP, associations for the elderly, trade unions, local authorities, etc.

It would be necessary to modify the current law on the regime for domestic workers to a format similar to the Borloo Act which is being applied in France. This French law authorizes hiring through firms specialising in providing services; this would assert the dignity of the sector and the quality of the work, which would evolve from part-time and temporary employment to full-time, permanent contracts. Thus, the hiring which currently, and still in a large proportion of cases, is occurring in the undeclared economy would rise to the surface.

### GENDER IMPACT

Please state the visible outcomes of the good practice in terms of transforming gender roles and improving the balance between professional and family life and personal aspects. In the case of public authorities, please state any deficiencies or risks in public policies, services and resources for employment that have been corrected\*.

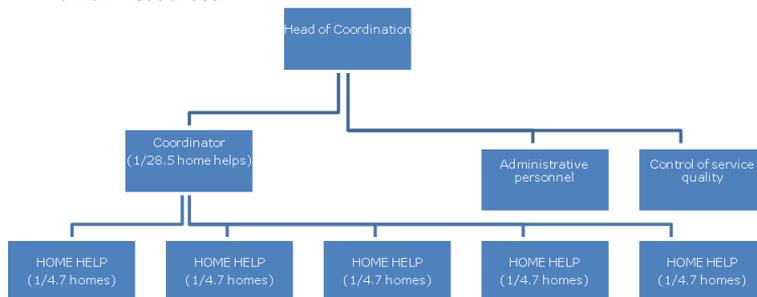
We continue not only to continually recommend and share with our domestic workers that it is necessary for credentials when obtaining certificates accrediting their skills in personal assistance and care work, but also to stress the benefits of ongoing training to improve the quality of the service and care provided to individuals.

Although, concerning gender impact, it is currently the case that more than 85% of the services are provided by women, the percentage of men joining the sector is slowly and gradually increasing. However, as we said, it does not exceed 15%, and our male workers are predominant in the multiservice area, including gardening, chauffeur duties, accompanying users to their doctors' appointments, etc.

This fact has led to a reflection on the use of the domestic service to discharge duties which are not part of their job and for which a higher-level qualification is necessary (at least as regards the formalities) such as caring for the elderly and associated tasks.

### RESOURCES

- Human Resources



As a company model, an average franchise can generate between 100 and 150 positions, between direct and indirect jobs, to serve a geographical area

containing around 400,000 inhabitants.

- Financial resources (Public/Private)

Estimate of initial investment: It would cost around EUR 50,000.00 to open and run a franchise with an initial team of four staff.

- Hardware, management program, corporate email, direct link [www.serdomas.es](http://www.serdomas.es). Initial operating material. Launch campaign.....EUR 17,500.00.
- Initial Fee: .....EUR 12,500.00.
- Acquisition of furniture, as well as having sufficient working capital to pay the fixed costs expected in the first six months of the business, until sufficient revenue is generated to meet the fixed operating costs:.....EUR 20,000.00

Public requirements:

The authorisation of the service cheque, which thanks to the management software and monitoring would lead to oversight of the services provided through having to

Private requirements:

At our organization, we have a maxim consisting of the THREE Ps: Passion, Perseverance and Patience.

In addition, the profile of the entrepreneur who aims to become a Serdomas Sistemas franchisee must be of somebody who, among other things:

- is motivated to launch a business activity independently while being able to work as part of a team;
- has an outlook involving changing their job status;
- has good interpersonal skills and a socially responsible attitude; and
- has specific academic training and/or experience in human resources or in managing people.

- Technological resources

**What can Serdomas Sistemas offer an entrepreneur?**

- An organization that makes it possible for you to develop a company through a recognized framework in an up-and-coming sector
- Proven experience in different markets
- Training, based on our know-how, so that you have sufficient know-how to facilitate your launch of a business
- Proprietary tools owned by Serdomas Sistemas and placed at your disposal to help you to manage the business
- All advisory support for processing the necessary legal requirements so that your service company is duly regulated in accordance with regulations in force
- Ongoing advisory support for the duration of the business relationship with Serdomas Sistemas
- Marketing activities aimed at raising brand awareness and therefore at hitting commercial targets too
- Management software that makes it possible to use extensive databases both of users and of employees, for the formalisation of contracts, billing, etc.

#### IMPACT

**Has the practice had a demonstrable impact? Does it help to solve the problem? Do the results obtained indicate outcomes with a positive trend? Does it contribute to achieving the goals?**

It has managed to encourage the social recognition of domestic staff as workers who fulfil a social function and occupy a significant and essential place in the way society, as we understand it nowadays, is organized.

It also promotes the reconciliation of the professional and family life of any family which needs to hire personal assistance services.

In those localities which do not have companies nearby which can provide the services, Serdomas Sistema SLL, is able to open a franchise in no more than two months, as we have stated before.

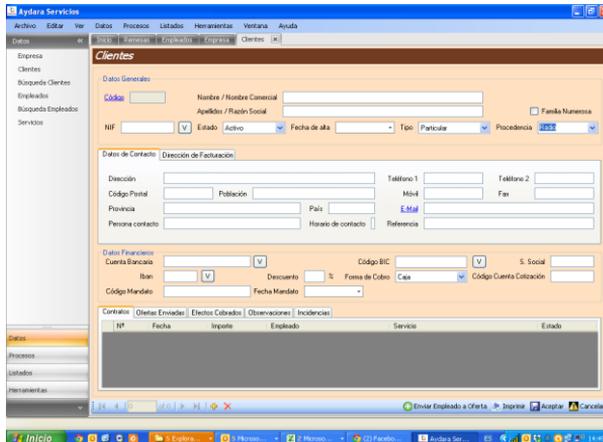
#### References:

- *Web links.*
- [www.serdomas.es](http://www.serdomas.es)
- [www.serhgoarsystemcom/madrid8](http://www.serhgoarsystemcom/madrid8)
- *Bibliography*
- Spain's Institute of Statistics

- Photos/YouTube, videos.

Link to video about Serdomas Sistemas, S.L.L.

<https://www.facebook.com/roberto.martinperez.9/videos/vob.100000291797293/366886879997702/?type=2&theater>



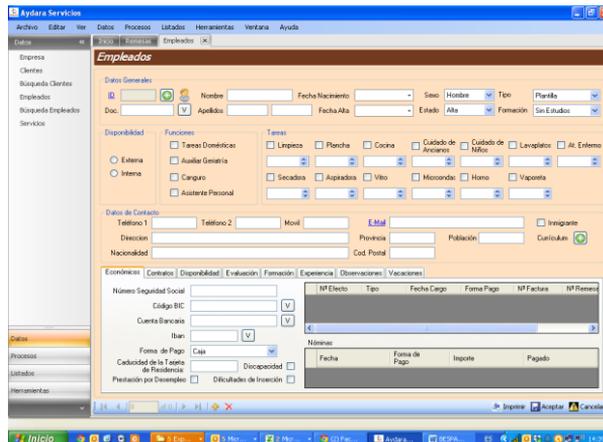
**Ayuda Servicios - Clientes**

**Datos Generales:**  
 Código: [ ] Nombre / Nombre Comercial: [ ] Familia Numerosa:   
 Apellidos / Razón Social: [ ]  
 NIF: [ ] Estado: Activo Fecha de alta: [ ] Tipo: Particular Procedencia: 2019

**Datos de Contacto (Dirección de Facturación):**  
 Dirección: [ ] Teléfono 1: [ ] Teléfono 2: [ ]  
 Código Postal: [ ] Población: [ ] Móvil: [ ] Fax: [ ]  
 Provincia: [ ] País: [ ] EMail: [ ]  
 Persona contacto: [ ] Horario de contacto: [ ] Referencia: [ ]

**Datos Financieros:**  
 Cuenta Bancaria: [ ] Código BIC: [ ] S. Social: [ ]  
 Iban: [ ] Descuento: [ ] Forma de Cobro: Caja Código Cuenta Cobranza: [ ]  
 Código Mandato: [ ] Fecha Mandato: [ ]

Nº	Fecha	Importe	Empleado	Servicio	Estado



**Ayuda Servicios - Empleados**

**Datos Generales:**  
 Nombre: [ ] Fecha Nacimiento: [ ] Sexo: Hombre Tipo: Planilla  
 Doc: [ ] Apellido: [ ] Fecha Alta: [ ] Estado: Alta Formación: Sin Estudios

**Disponibilidad:**  
 Funciones:  Tareas Domésticas  Limpieza  Plancha  Cocina  Cuidado de Ancianos  Cuidado de Niños  Lavaplatos  Al. Entero  
 Esterna  Ayuda General  Secados  Aspirador  Vitró  Miscelánea  Horno  Vajetas  
 Interna  Cargado  Asistente Personal

**Datos de Contacto:**  
 Teléfono 1: [ ] Teléfono 2: [ ] Móvil: [ ] EMail: [ ] Inmigrante:   
 Dirección: [ ] Provincia: [ ] Población: [ ] Currículum: [ ]  
 Nacionalidad: [ ] Cod. Postal: [ ]

**Económicos:** Cambios: [ ] Disponibilidad: [ ] Evaluación: [ ] Formación: [ ] Experiencia: [ ] Observaciones: [ ] Vacaciones: [ ]

Nº	Tipo	Fecha Cargo	Forma Pago	Nº Facturas	Nº Reservas

## GOOD PRACTICES SCORECARD. EMPRESA AYUDA A DOMICILIO DE MOLINA DE SEGURA SLL

IDENTIFICATION	
Name of the Good Practice	<b>AYUDA A DOMICILIO DE MOLINA DE SEGURA,S.L.L</b> This company has provided home assistance services to elderly people, care services for dependent individuals, people who are ill and people with disabilities, and support for families since 1989.
Country and Area (Region, City) where implemented	Spain, in the region of Murcia
Territorial scope (is it implemented throughout the territory or in just one part of it?)	The town of Molina de Segura.
Period of execution	The home help service (Servicio de Ayuda a Domicilio) has been provided since 1989 and is managed by the social services department of Molina de Segura town council.
CONTENTS	
<p>When users request the service, the request reaches the company either through the public Social Services system or directly from the user on a private basis. The request and the conditions and particular situation of the user are looked at in order to assign the right personnel to provide the service.</p> <p>The company has qualified staff members who are experts in home assistance due both to their training and to their experience in the sector.</p> <p><b><u>General and specific objectives:</u></b></p> <p>To cover the demand for the home help service which is generated through the social services area of the department in charge of social wellbeing in Molina de Segura Town Council (awarded in a public tender process and with a two-year agreement which can be extended for a further two years). This is in addition to users who directly request our assistance, on a private basis.</p> <p>The company has the appropriate infrastructure and personnel to perform these duties, which range from the simplest domestic assistance tasks such as cleaning</p>	

the residence, looking after the laundry, making meals and shopping for and providing food, to more complicated tasks such as organizing the home, in a wider sense. In cases with certain types of users, such as people with mental disabilities or children, the duties can include teaching how to complete domestic tasks and social skills.

Personal assistance tasks could include washing clients and helping them to wash themselves, personal care, feeding or helping with eating, accompanying clients when they go to medical appointments, shopping and other matters.

**Target groups**

Given that the aim of the service is to provide the necessary assistance to enable them to receive in their own surroundings a specialised service, both as regards assistance and in terms of prevention and education. This specialised assistance is essentially geared towards people who are elderly, ill, dependent and/or disabled and families, and also the family and carers of the people being assisted.

**BASE**

**Does the practice achieve the project's objectives? Does it contribute to the identification, creation and professionalization of employment in the personal assistance and home services sector?**

In order to optimize the development of the home help service, all our staff, numbering around 50 individuals, receive specific, ongoing training, to recycle and increase their knowledge and thus training these workers to provide a professional, quality service tailored to the individual needs of each user.

**RELEVANCE (APPROPRIATENESS)**

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

As the activity develops, it makes it possible, from the first point of contact, for the service to be constantly adapted to meet the needs of the individuals involved, because as this is a case of providing assistance to people, it is necessary to monitor closely how their condition is progressing in order to always carry out the work in accordance with users' present needs.

For the workers of the home help service, where 98% of the workforce are women, this job means they are able to pursue an occupation in a stable manner over an extended time, with a working week that ranges between 20 and 40

hours per week and enables them to balance work and family life.

### CONSISTENCY

**Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?**

Having an external person become involved in the domestic sphere allows carers and family members to alleviate some of the harmful aspects generated by caring for people who are ill and/or disabled, supporting disability situations and supporting families, and which have a negative impact on their development, on a social and emotional level and from an employment perspective. It makes it possible for the aforementioned family units to achieve normality to a greater extent.

At the same time, it strengthens the role of the professional carer as a more efficient answer in comparison to the traditional role of the non-professional carer whose performance of the carer role could be accompanied by negative aspects such as feelings of frustration, stress, the inability to go out to work and the loss and/or reduction of their social relationships, among others.

### MATURITY

**Has it had enough time to evolve in order for the results obtained to be stable?**

Over 25 years of experience in the sector attest to professionalism and maturity in carrying out this activity, while enabling stable results to be obtained based on quality of service.

### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take into account the good practice's know-how, methods and tools so that it can be automatically implemented? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

Performing this activity continuously for so long has caused a social network system which optimizes resources and the assistance provided to users to become established, as it can be obtained from various areas in a relational fashion.

For example, the Molina de Segura Town Council has a training centre which has



been collaborating with the service for years and relies on the company to provide the work experience sessions for students who are studying subjects related to the home help service. The same is true for the Fundación Radio ECCA, which is devoted to training adults.

Another case is the Murcia Region Social Economy Business Association (La Asociación de Empresas de Economía Social de la Región de Murcia, AMUSAL) of which Ayuda a Domicilio de Molina de Segura is a member.

Furthermore, regarding groups with particular difficulties, we collaborate with the Fundación Murciana para la Tutela, several healthcare centres, and various associations and NGOs in the Murcia region.

### EVALUATION AND MONITORING

#### **Are monitoring mechanisms in place? Are results regularly evaluated?**

The home help service uses different formulas to evaluate its results on a regular basis:

Based on the implementation of the UNE EN ISO 9001-2000 quality assurance system, users are visited on a monthly basis and are polled as to the different aspects of the service, while the work performed by the home help operative is supervised. In addition, every three months a report is drawn up on the service's activities.

The social services area of the department in charge of social wellbeing at the Molina de Segura Town Council carries out periodic monitoring of the cases, as well as assessing the intervention.

### TRANSFERABILITY

#### **Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

The professional experience and the work system acquired would make it possible to extrapolate the service provided to other geographical areas, as it would cover the same type of demand.

### SUSTAINABILITY

#### **Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

Many different studies indicate that in the next few years, the population will

increasingly age.

This fact, together with the need to strike a work-life balance, will in all likelihood lead to the growth and development of companies devoted to caring for people.

This development will trigger greater professionalization of the work, with the incorporation of much more technology supported basically by ICTs and interconnectivity.

#### INNOVATION

**Has it created or adopted a new approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

The development of telecommunications speeds up the discovery, in real time, of any situation that could arise with regard to users, while making it possible for relations with the various social players to be smoother, which makes it easier to monitor and control both users' condition and the work that is performed.

Obtaining certificates of professional competence, recycling the knowledge gained through experience and incorporating new knowledge through ongoing training of the home help operatives is increasingly accessible thanks to the agreements with AMUSAL, due both to the broad range of study options available in a single educational centre and to its geographical proximity.

#### GENDER IMPACT

Please state the visible outcomes of the good practice in terms of transforming gender roles and improving the balance between professional and family life and personal aspects. In the case of public authorities, please state any deficiencies or risks in public policies, services and resources for employment that have been corrected.

Despite the professionalization currently occurring in jobs involving caring for people, it is true that it is today an overwhelmingly female profession. However, given the increase in demand and the specialization of the job positions, it is expected that men will gradually join the profession until it balances out, as is already the case, for example, in the healthcare sector.

### RESOURCES

Ayuda a Domicilio de Molina, S.L.L has a workforce made up of 50 people, the majority of whom have over 15 years' experience in the sector.

In addition, all personnel have the appropriate attitudes, such as empathy, cooperation, responsibility and dedication to service.

In 2014, a significant allocation of technical assistance equipment was acquired; this was intended to meet the needs of users who due to an emergency or lack of financial resources did not have the equipment.

Therefore, the company has:

- CPR and life support kit: 70 units
- Smoke detector: 20 units
- Gas-flood detectors: 20 units
- Flood detector: 20 units
- Safety handgrip for the bath: 20 units
- Walking frame: 5 units
- Fold-up wheelchair: 4 units
- Pillbox 24hr/week: 30 units
- Inflatable hair wash basin: 6 units
- Electric articulated bed base: 3 units
- Healthcare-specific mattress: 3 units
- Pressure sore prevention mattress: 5 units
- Personal Protection Equipment: 500 units
- Emergency psychology service.
- Psychology service: 156 hr/year.
- Community education officer service: 260 hr/year.
- Podiatry service: 260 hr/year.
- Posture change and muscle stimulation service: 1560 hr/year.
- Physiotherapy service: 104 hours/year.
- Nutritionist service: 52 hr/year.

### IMPACT

**Has the practice had a demonstrable impact? Does it help to solve the problem? Do the results obtained indicate outcomes with a positive trend? Does it contribute to achieving the goals?**

The 25 years plus experience in the sector, together with quality management,



have managed to determine at a social level both the service being offered as a real alternative to the role of the non-professional carer and the guarantee of protecting users' independence, maintaining them in their own surroundings as opposed to placing them as inpatients in residential centres. At the same time, it facilitates work-family life balance in many cases, which is so important in current society.

Furthermore, the opportunity to work in a job that is socially recognised is also an incentive for home support assistants.

One example of this could be the awarding of the diploma for distinguished service to the community to the chair of Ayuda a Domicilio de Molina de Segura SLL, by the Molina de Segura Town Council in plenary session and with the three political groups present on the council acting unanimously.

*References:*

- *Web links. Bibliography*
- *Photos/YouTube, videos.*

## GOOD PRACTICES SCORECARD. HABISBEN SERVICES S.L.L.

IDENTIFICATION	
Name of the Good Practice	<b>Home maintenance and garden maintenance service. Meeting the needs of pensioners and elderly people in the Costa del Sol.</b>
Country and Area (Region, City) where implemented	Costa del Sol, Malaga, Spain.
Territorial scope (is it implemented throughout the territory or in just one part of it?)	The western area of the Costa del Sol (Marbella, San Pedro de Alcántara, etc.)
Period of execution	Since June 2007.
CONTENTS	
Description of the Good Practice	
<p>The main objective of the business model of this nature is to be able to include at an employment level workers, both male and female, who find it difficult to access the job market due to their age or limited qualifications. It also includes a prior training and qualification procedure as regards the duties of the company that meet the basic needs of certain groups (the elderly). Companies of this social economy type represent a good practice as they both meet the individual needs of these groups and make it possible to offer services with the same purpose to local authorities.</p>	
General and specific objectives	
<p>To demonstrate the usefulness of a social economy company as an answer to the needs of a community, in a way that can be replicated.</p>	
Target groups	
<p>Assistance in the home (home and garden maintenance) for people with very limited mobility.</p> <p>Offering services to local entities or other types of companies which need these services in the environment.</p>	
BASE	
<p><b>Does the practice achieve the project's objectives? Does it contribute to the identification, creation and professionalization of employment in the personal</b></p>	

**assistance and home services sector?**

- 1) First of all, a new company within the social economy has been created and registered.
- 2) It incorporates unemployed workers as worker-owners, as well as training and including new employees under the general regime. All billing for the services rendered generates the corresponding VAT, as well as income tax withholdings for the workers.
- 3) The corresponding tax return will be generated.
- 4) It professionalizes the sector, through the attainment of the required certificates of professional competence, for its positioning in its professional group and/or category.
- 5) It creates a model of a business service and enables it to be applied in other geographical areas.

**RELEVANCE (APPROPRIATENESS)**

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

It makes it possible to train the workers joining the company in the specialist professional areas where the company provides services (gardening, maintenance, electrical jobs).

It also enables women to join the labour market as it is possible for them to work part-time and thus reconcile their professional and family lives, through having all their household needs met.

**CONSISTENCY**

**Does it have a methodological approach, relating the processes and instruments it uses to the aims and outcomes of the action?**

The professional management of the services being offered by the company is based on meeting users' daily needs; therefore, it is a service (maintenance of homes and their surroundings) which will be in constant demand by users. In addition, as the population in the area ages and the number of elderly people from other countries also increases, demand will keep on growing.

**MATURITY**

**Has it had enough time to evolve in order for the results obtained to be stable?**

Since 28 June 2007, the date of the launch of the home and garden maintenance

services, we have provided assistance to more than 800 users through our various maintenance services. We have done our work with an unwavering vocation of service and provided CLARITY, FLEXIBILITY AND PEACE OF MIND for our users. This triple principle, the cornerstone of our work, ensures not only that our users are satisfied but also that we exceed their expectations.

In the eight years that we have been providing services, these have amounted to more than 3 million hours.

#### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take into account the good practice's know-how, methods and tools so that it can be automatically implemented? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

There is currently a collaboration endeavour with pensioners' associations, NGOs and local authorities which is broadening the range of services that cover all the needs that could arise in any home.

#### EVALUATION AND MONITORING

**Are monitoring mechanisms in place? Are results regularly evaluated?**

The company has an internal quality and after-sales monitoring system concerning the services rendered to clients.

#### TRANSFERABILITY

**Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

This model of a company specializing in services for this population group (due to the increase in the elderly population which was stated earlier) will be in high demand and will be capable of being replicated in other areas as it is a model which can be implemented in many other places where the population structure is experiencing the same trend.

### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

The company has demonstrated that its model is sustainable and can be replicated, and that the trend is that there will be increasing demand for this type of service. As can be seen in the graph below (the study by Mapfre), the projection shows the Spanish aging population is clearly growing. To this must be added the effect, which is particularly strong in coastal areas, of EU citizens aged over 55 retiring to Spain on a permanent or temporary basis, attracted by the better climate, lower costs and good social benefits. The number of foreign residents from the EU rose from 86,000 in 1996 to 436,000 in 2011.



### INNOVATION

**Has it created or adopted a new approach to the problem? ? Has it generated different alternatives to the traditional options for managing the problem?**

When providing this service, workers can rely on the most innovative tools that enable them to carry out all the maintenance tasks they offer successfully.

### GENDER IMPACT

Please state the visible outcomes of the good practice in terms of transforming gender roles and improving the balance between professional and family life and personal aspects. In the case of public authorities, please state any deficiencies or risks in public policies, services and resources for employment that have been corrected.

The company values the importance of training, especially in electricity, installation and maintenance, and conveys this to workers. The gender impact is, however, limited and the number of women joining the team is becoming more balanced.

### RESOURCES

- Human Resources  
The company is made up of five owner-partners (40% women), all of whom are worker-owners, with experience of between 15 and 25 years. It also has seven workers with permanent contracts and five employees with temporary contracts.
- Financial resources (Public/Private)  
The company has share capital of EUR 3,007. It has no debts, no loans and no financial problems, which places it in a very favourable situation as regards possible investments, because it has adopted a policy of self-financing and of independence from financial institutions.
- Technological resources  
The company has the appropriate resources and tools to manage the services it provides properly.

### IMPACT

**Has the practice had a demonstrable impact? Does it help to solve the problem? Do the results obtained indicate outcomes with a positive trend? Does it contribute to achieving the goals?**

It has been demonstrated that the services provided make the lives of pensioners and elderly people easier, both for local people and for foreigners. In addition, it is a model that can clearly be replicated and that encourages the employability of workers who have difficulty accessing the job market due to their age or limited qualifications.

*References:*

- *Population projection for the Spanish population prepared by Mapfre.*
- *Foreign population from the EU, according to Funcas (Fundación de las Cajas de Ahorros).*

## GOOD PRACTICES SCORECARD. ASIM FUND

IDENTIFICATION	
Name	<b>ASIM Fund - Fund for the supplementary health assistance dedicated to employees of Cleaning, Integrated Services/Multi-services enterprises</b>
Country and area (Region, City...) of implementation	<b>ITALY</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>Entire Italian territory</b>
Period of execution	<i>(2011 formal start)</i> 2014 start delivering health services to the employees – ongoing
CONTENT	
<p>- Description of the good practice</p> <p>The ASIM fund intends to ensure to workers (employed through the National Collective Bargain for Cleaning Services and integrated services/multi-services) supplementary health care treatments - personal and household services included – in addition to the ones delivered by the National Health Service.</p>	
<p>- General and specific goals</p> <p>The goal of the ASIM Fund is to enlarge the set of health services that workers can obtain through the National Collective Bargain.</p>	
<p>-Targeted groups</p> <p>The target groups of the ASIM Fund are:</p> <ul style="list-style-type: none"> <li>- the workers, employed through the National Collective Bargain for Cleaning Services;</li> <li>- the enterprises registered to the ASIM Fund;</li> <li>- the accredited Health Care Facilities</li> <li>- the whole National Health Service (NHS)</li> </ul>	

FOUNDATION
<p><b>Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?</b></p> <p>ASIM Fund contributes to the creation of a network of professionals, facilities, associations and other actors that represent the demand side of the personal and household services. Leading the supply side, the Fund led to:</p> <ul style="list-style-type: none"> <li>- a progressive improvement of the offered services</li> <li>- a real benefit to become an accredited structure</li> </ul>
RELEVANCE
<p><b>Does the practice integrate the characteristics and needs of the people acting in the sector?</b></p> <p>Yes, the ASIM Fund integrates the characteristics and needs of the people acting in the PHS:</p> <ul style="list-style-type: none"> <li>- specifying the PHS supply side it contributes to the professionalisation of workers involved</li> <li>- enlarging the set of health available services</li> </ul>
CONSISTENCY
<p><b>Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?</b></p> <p>The methodological approach of integrative health funds shifts the responsibility for the health service's request from Public side to the final user and beneficiary of the service itself. Thus, final users are more aware of the available services. In addition, the organisations delivering the health services are stimulated to offer performances always more in line with the market needs. This process will indirectly led to a specialization of the workers in the sector, both organisations delivering services and final users.</p>
MATURITY
<p><b>Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?</b></p> <p>Even if the supplementary assistance in the health sector has had enough time to evolve (starting from 1992 until now), ASIM Fund is a relatively new entity and it's the first attempt to aggregate the supply side of PHS services for a high number of beneficiaries.</p>

### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

Due to the launch of ASIM Fund, some enterprises and organisations delivering PHSs started both accreditation and training processes for their workers, thus increasing their competitiveness.

### EVALUATION AND MONITORING

**Are monitoring mechanisms in place? Are its results regularly evaluated?**

As for the other supplementary health funds, the Ministry of Health monitors and evaluates the ASIM Fund performances at national level.

In particular, the Ministry has founded:

- An official registry of integrative Funds (in charge of verifying the balance sheets, too)
- An observatory for supplementary health funds

In addition, there is also a private observatory for the supplementary health services reports data and collect relevant information.

### TRANSFERABILITY

**Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

As first example of supplementary health fund linked with the National Collective Bargain, ASIM fund is the first attempt to aggregate the supply side in PHS for a high number of beneficiaries. Thus, it constitutes a model for future similar projects.

### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

There is a solid set of legislative rules related to the supplementary health funds,

for example the Dgls n°502/1992, Decree 31/03/2008 “Ambiti di intervento delle prestazioni sanitarie e socio-sanitarie erogate dai Fondi sanitari integrative del Servizio Sanitario Nazionale e da enti e casse aventi esclusivamente fini assistenziali” (Intervention areas of social and health care services provided by Health Funds’ completing NHS and by bodies with exclusively charitable purposes).

The ASIM Fund also enjoys the support of several social partners, such as:

- FILCAMS CGIL
- FISASCAT
- UIL TRASPORTI
- FISE ANIP
- CONFCOOPERATIVE
- LEGACOOP SERVIZI
- AGCI SERVIZI
- UNIONSERVIZI CONFAPI

#### INNOVATION

**Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

ASIM Fund is an example of the supply PHS reorganisation’s processes in relation to the progressive reduction of Public funds in the sector. In this process, the National Collective Bargain is used as an instrument to hold the supply side in PHS delivering.

#### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The data shows that more than 70% of the PHS workers in Italy are women. Thus, due to the link with the National Collective Bargain, ASIM Fund contributes to an automatic improvement in the balance between professional, family and personal aspects of life.

### RESOURCES

- human
- economic (public/ private): At this time, the annual turnover of ASIM Fund is around 1M EUR
- technological

### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

The practice produced a demonstrable impact, with more than 100.000 registered workers and more than 1.000 registered enterprises. Thus, ASIM Fund helps to afford the progressive reduction of public source of financing for health services, showing outcomes with a positive trend (the number of registered enterprises and the set of health services are constantly growing) and contributing to achieve the goals.

#### References:

- *Web links and bibliography*
  - Official website of ASIM Fund <http://www.fondoasim.it/>
  - A.ppt presentation about the ASIM Fund with some data and graphics [https://drive.google.com/file/d/0Byhtl\\_0EUHh9aUFoLWNmZ2g0SFU/view](https://drive.google.com/file/d/0Byhtl_0EUHh9aUFoLWNmZ2g0SFU/view)
  - Registry of integrative health funds at national level (Minister of Health) [http://www.salute.gov.it/portale/ministro/p4\\_8\\_0.jsp?lingua=italiano&label=ser\\_vizionline&idMat=FS&idAmb=AFSI&idSrv=01&flag=P](http://www.salute.gov.it/portale/ministro/p4_8_0.jsp?lingua=italiano&label=ser_vizionline&idMat=FS&idAmb=AFSI&idSrv=01&flag=P)
  - Observatory for integrative health services – funds included – Valore Srl [http://www.valoresrl.it/?page\\_id=10969](http://www.valoresrl.it/?page_id=10969)
- *Photos/Youtube videos, etc.*

## GOOD PRACTICES SCORECARD. AsSap Project

IDENTIFICATION	
Name	<b>Azione di Sistema per lo sviluppo di sistemi integrati di Servizi alla Persona project – AsSaP project</b>
Country and area (Region, City...) of implementation	<b>ITALY – 4 Regions: Campania, Apulia, Calabria and Sicily</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>Regional coverage</b> (above mentioned Italian Regions)
Period of execution	2007 - 2013
CONTENT	
- Description of the good practice	<p>The AsSaP project aims to implement active policies for employment as well as vocational training in the field of cleaning and personal care services notably for dependent people. The national law framework, entitles workers to being hired under the so-called “colf-badanti” contract and enables users to deduct from their income tax up to a maximum of €2000 per year of their expenses related to household cleaners and family assistants.</p>
- General and specific goals	<ul style="list-style-type: none"> <li>- create an efficient regional network of intermediation services of labour demand and supply for household cleaners and family assistants, as well as to promote the reduction of undeclared work, particularly for third countries nationals,</li> <li>- promote - through national and local intermediation agencies and Labour market services - the professional qualification of PHS workers, and introduce a certified recognition process of informal skills,</li> <li>- facilitate families' access to PHS services, thanks to intermediation agencies' services. In addition, some Regions decide to grant money transfers to families hiring workers who have participated in the AsSaP project and have completed their training courses.</li> </ul>
-Targeted groups	<p>The project targets</p>

-unemployed and/or  
-inactive people, and  
-poorly skilled workers, who are or could be employed in personal and household services as cleaners and caregivers.

PHS' users can either be private families or entrepreneurs, as long as they want to hire PHS workers through permanent or fixed terms contracts for a minimum duration of twelve months.

#### FOUNDATION

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

Yes, the practice responds to the aims of the project, contributing - through **national and local intermediation agencies and Labour market services** - to the creation and professionalization of workers in the PHS sector. It is forecasted a **professional qualification of PHS workers**, and the introduction of a **certified recognition process of informal skills**.

In particular, to promote professional qualification in PHS, the AsSaP project has implemented a **training voucher**. These vouchers are allocated to **trainees and potential workers** in order to ensure them access to jobs offered by the intermediation agencies involved in the project. The training vouchers are paid to the intermediation agency only if the worker has completed the course and has signed a permanent or a fixed term contract for a minimum duration of twelve months. In addition, the project helps to transform the **undeclared work** into regular employment.

#### RELEVANCE

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

Yes, the AsSaP project integrates the characteristics and need of the people acting (and people that want to enter) in the sector:

- **poorly skilled workers** that need to improve their knowledge and increase the skills to react effectively and promptly to the market's requests;
- **PHS workers** that need a recognition of their informal, formal and non-formal skills' acquisition
- **potential workers** (unemployed and unactive people) that want to enter in the

labour market;  
 - **workers experiencing undeclared work**, creating an efficient regional network of intermediation services of labour demand and supply  
 - **families** that need a better and easier access to PH services, through the intermediation agencies’.

### CONSISTENCY

**Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?**

The AsSaP project is defined as a pilot action, a ‘start-up’ of Systemic Actions related to PH services in the four involved Italian Regions. As a result, the SWOT analysis carried out after the project end showed that the mixed approach (i.e. public/private stakeholders; on-line/on-site tools; connection among end users/workers, intermediary organisations and employers) laying down the project has successfully contributed to achieve the expected results.

### MATURITY

**Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?**

Yes, the AsSaP project has been active **from 2007 to 2013** and so having enough time to evolve and stabilise the processes and the obtained results.

### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice’s know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

The AsSaP project represent an example of **alliance among different stakeholders**: it has been promoted and financed by public institution (Italian Labour Ministry) also thanks to European funds; it has been realized under the general coordination of Italia Lavoro (an enterprise totally owned by the public institutions) and through intermediate Agencies as well as recognized private organisation.

The strategy took in place by AsSaP project is characterized by a **blended approach**, mixing on line (i.e. to be accredited as intermediary organisations) and on site procedures (i.e. the supporting activities of the AsSaP desks). This mixed

<p>approach allows the empowering of the actors at different level.</p>
<p><b>EVALUATION AND MONITORING</b></p>
<p>Are monitoring mechanisms in place? Are its results regularly evaluated?</p> <p>As for the ESF projects, monitoring mechanisms were applied as well as results' evaluation. The final relation of the AsSaP project (in Italian language) is available on line.</p>
<p><b>TRANSFERABILITY</b></p>
<p><b>Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?</b></p> <p>The model and the processes of AsSaP project are <b>easily transferable</b> to other territorial contexts. As a result of its success, the project should be expanded in other Italian Regions in the coming months – even if this transfer has not yet been started.</p>
<p><b>SUSTAINABILITY</b></p>
<p><b>Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?</b></p> <p>Promoted and financed by the <b>Ministry of Labour and Social Policies</b>, the AsSaP project surely enjoy the political conditions to ensure its continuity over time. AsSaP project was launched within the framework of the <b>2007-2013 European Social Fund</b> and it is possible that a new edition of the project will be promoted within the new framework of the 2014-2020 ESF.</p>
<p><b>INNOVATION</b></p>
<p><b>Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?</b></p> <p>Surely, AsSaP project has created a novel approach to the afforded problems, generating alternatives to the traditional options for managing them. In particular:</p> <ul style="list-style-type: none"> <li>• The vouchers institution has provided a <b>flexible training structure</b> aimed to enhance the skills acquired in formal and non-formal contexts;</li> <li>• A combination of Vouchers and Standard Costs implied a mechanism to <b>simplifying financial and administrative accounting</b>;</li> <li>• The involvement of intermediating agencies has implied the <b>activation of</b></li> </ul>

internal **networks** among the involved associations as well as between public and private key actors.

### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects.

In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

A relevant part of the AsSaP target group is constituted by the so called “colf-badanti” (i.e. caregivers for elderly and/or people affected by chronic diseases) that is mainly composed by **women**. Furthermore, third countries national workers constitute a significant part of the “colf-badanti” group.

These data are confirmed by the final relation of the AsSaP project, quoting that **women** are **83%** and **men** are **17%** of the trained and employee workers.

### RESOURCES

- human  
**435 “AsSaP” desks** (i.e. personal and household services desks) have been opened, **employing 647 desks operators**
- economic (public/ private)  
**Promoted and financed by the public Ministry of Labour and Social Policies, the project is implemented by Italia Lavoro SpA. The total cost of the action is EUR 19million and 757 thousands.**
- technological  
The desks operators were trained to access to an interactive platform, called **Wiki for self-training**. This platform was created and is managed by Italia Lavoro, and it is coordinated by a central contact center, providing an email helpdesk service.

### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**



Yes, the AsSaP project has produced a demonstrable impacts:

- a new network of **81 intermediation agencies** able to match supply and demand in personal and household services has been developed in the four Regions;
- total of **4682 people have participated in training courses**;
- **3726 have signed work contracts** with private stakeholders, co-operatives societies and other users;
- **435 “AsSaP” desks** (i.e. personal and household services desks) **have been opened, employing 584 desks operators**, trained to access to an interactive platform, called *Wiki for self-training*;

Creating a solid network among actors involved in the PHS delivering, the AsSaP project has contributed to the solution of several problems: matching of demand and supply sides; professionalization of workers, creation of new jobs.

*References:*

- *Web links and bibliography*
  - <http://www.italialavoro.it/wps/wcm/connect/197ddc804fa3bd69acb2afe5dd4ce668/Relazione+sintetica+risultati+AsSaP.pdf?MOD=AJPERES> (final evaluation of AsSaP project)
  - <http://www.italialavoro.it/wps/portal/assap> (AsSaP project website)
  - [http://www.efsi-europe.eu/fileadmin/MEDIA/Event/5th\\_European\\_Conference/White\\_book\\_final\\_december\\_2013.pdf](http://www.efsi-europe.eu/fileadmin/MEDIA/Event/5th_European_Conference/White_book_final_december_2013.pdf) (White Book on PHS in ten member States – quoting for Italy even the AsSaP project)
- *Photos/Youtube videos, etc.*
  - <https://www.youtube.com/watch?v=mebzwq6IGhY> (Youtube video in Italian language by TeleCosenza – Italian Regional TV – explaining the ration of the AsSaP project)

## GOOD PRACTICES SCORECARD. COMUNITÀ ATTIVA

IDENTIFICATION	
Name	<b>Comunità Attiva – community interest cooperative (Cooperativa di comunità)</b>
Country and area (Region, City...) of implementation	<b>ITALY</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>Regional Scope (Regione Umbria)</b>
Period of execution	2014 – ongoing
CONTENT	
<p>- Description of the good practice</p> <p>Comunità Attiva is the first Umbrian community interest cooperative, an innovative model of cooperative through which citizens can engage in projects and delivering services in order to serve the common interests of the community.</p> <p>The “community interest cooperative” model allows citizens to be both partners-consumer users of the delivered services, and working members, as their expertise will be functional to the services that the cooperative provides. Among other services, Comunità Attiva delivers:</p> <ul style="list-style-type: none"> <li>• Health services (mainly for elderly, long-term patients, disabled)</li> <li>• Social services (such as baby-sitting, educational support, pet care, repairs, gardening but also clown-therapy and running of a web TV dedicated to the represented community)</li> <li>• Environmental protection services (promotion of the recycling culture through different services, set up and running of renewable energies community facilities, integrated energy services, consulting)</li> </ul>	
<p>- General and specific goals</p> <p>The general goal of Comunità Attiva is to produce benefits for the whole territory through an innovative entrepreneurial cooperative model. The specific objectives are:</p> <ul style="list-style-type: none"> <li>• recovery of traditional products and territorial old trades,</li> </ul>	

- recovery of environmental goods and monumental, valuing cultural traditions, encouraging the development of tourism;
- deliver to the community a set of services strongly needed (such as PH services, gardening, cleaning, repairs and so on)
- create and maintain job opportunities for young and disadvantaged people

-Targeted groups

- citizens themselves, both as workers and as final user of the delivered services
- people that needs assistance in several fields (health assistance, educational services, household services, catering services, ecc)
- families
- local community/group of people

**FOUNDATION**

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

For sure the practice respond to the aims of the BESPAT project: Comunità Attiva contributes to the identification, creation and also professionalization of employment in the personal care and home services sector.

Thanks to the close link among several actors in the territory, Comunità Attiva is able to identify the needs of the citizens and to allocate the right working resources within the territory itself.

**RELEVANCE**

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

In the “community interest cooperative” model, citizens can be both consumer users and working members, so their expertise is instrumental to the services that the cooperative provides, with the goal of producing benefits in favor of the whole territory. Following this model, the characteristics and needs of the people acting in the sector are identified and well integrated.



### CONSISTENCY

**Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?**

The methodological approach lays down the running of Comunità Attiva is to be close to the territory and pursuing a social scope but acting as an enterprise. So, despite the natural economic goals and the goal to create new job opportunities, it is important to emphasize that the cooperative wants to be a subject, active and responsible, which set up projects and processes starting from the desire of the locals to unite their efforts and in order to meet common needs.

### MATURITY

**Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?**

Comunità Attiva is a new entity in the Regional panorama, due to the fact that is the first “community interest cooperative” in the territory.

In addition, also the “community interest cooperative” model is a relatively new one in Italy. Despite the novelty, in the Italian territory there are some positive experiences (i.e. the Melpignano municipality experience; or the community interest cooperatives already set up in the North of Italy mostly for the electric energy production) that have led to the activation of a legislative process in the Apulia Region regarding the “Community Interest cooperative”.

### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice’s know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

The alliances and collaborations put in place for the running of Comunità Attiva are mainly among local community (in terms of individuals, associations, informal groups and so on), other organisations carrying out similar services (other cooperatives, foundations, social enterprises) regional/national aggregators (i.e. Legacoop Umbria, National Legacoop; local fair trade association such as Monimbò) and public authorities (Perugia and Città di Castello municipalities) so there is a wide range of actors that contribute at different level to the scope of the cooperative.

All the information regarding the projects, activities and active collaborations are public and constantly updated through the website of the cooperative. Other stakeholders, public ones included, could easily adopt the positive experiences.

### EVALUATION AND MONITORING

#### **Are monitoring mechanisms in place? Are its results regularly evaluated?**

As for the other cooperatives, there are internal events to evaluate the work done (such as the members Assembly) as lay down in the Statute.

The monitoring mechanisms, due to the territorial scope of the community interest cooperative, are de facto put in place by the citizens themselves that are both beneficiaries and sometimes workers delivering the services.

### TRANSFERABILITY

#### **Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

Comunità Attiva is always open to new collaborations and to join networks in order to make available its know how and experiences. Furthermore, thanks to the support of national Legacoop, there is a national project for the information, guidance, assistance and technical and financial support for the experiences already made in different areas of the country.

### SUSTAINABILITY

#### **Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

Set up as cooperative, Comunità Attiva experiences financial independence. The human condition to ensure its continuity over time are assured by the territorial scope of the cooperative that can act as incubator for beneficiaries and workers' needs. The political support is assured by the national umbrella Legacoop through its above-mentioned project and by the will to set up even in Umbria (following the experience of Apulia) a new set of rules for the "community interest cooperatives".

### INNOVATION

**Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

The model of “community interest cooperative”, adopted by Comunità Attiva, is an innovative one that generates different alternative to the traditional option available to deliver personal and household services – among others.

The cooperative has innovative features, as born from the desire of its founders to develop an entrepreneurial activity but deeply linked to the territory and respectful of local traditions and culture. It originates from the idea that the leading role of citizens and companies, in a partnership, is crucial for the development of the territory and for the solution of common problems, and this comes as an organization open to new members and collaborations.

Totally oriented to the wellbeing of the local community and supported by a national project carried out by Legacoop (<http://www.legacoop.coop/cooperative-di-comunita/cosa-sono-le-cooperative-di-comunita/>) the “community interest cooperative” surely can bring benefits to the services sector as a whole.

In addition, the Comunità Attiva enlarges the set of services traditionally delivered by such a kind of cooperatives, exploring other needs in addition to the environmental and touristic ones and namely the PH services.

### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

Due to the kind of delivered services, such as personal and household services (included health assistance services) there is a high participation of women in the delivering processes. To be at the same time the final user and workers contributes to the improvement of the balance between professional, family and personal aspects.

RESOURCES
<ul style="list-style-type: none"> <li>- human 35 members</li> <li>- economic (public/ private) private financing through the members' quotes</li> <li>- technological               <ul style="list-style-type: none"> <li>- constantly updated website</li> <li>- community web TV</li> </ul> </li> </ul>
IMPACTS
<p>Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?</p> <p>Due to its new foundation, Comunità Attiva community interest cooperative has not yet demonstrated a solid impact, even if the attention of the local community is high and the support of national representative body such as Legacoop is an important indicator to evaluate the positive trend of the phenomena as a whole.</p> <p>Surely Comunità Attiva contributes to achieve the goal of increase employment and detect the needs of the local community, it contributes also to the delivering of personal and household services in an integrated perspective.</p>

*References:*

- *Web links and bibliography*

<http://www.comunita-attiva.com/> (official website of Comunità Attiva)

<http://www.legacoop.coop/cooperative-di-comunita/cosa-sono-le-cooperative-di-comunita/> (official Legacoop website showing the project supporting the Italian 'community interest cooperative')

<http://www.legacoopumbria.coop/comunita-attiva-la-prima-cooperativa-di-comunita-del-territorio-umbro/> (regional Legacoop Umbria news regarding the foundation of Comunità Attiva as the first community interest cooperative in the regional territory)

[http://www.regione.puglia.it/web/files/lavoro/cooperazione/legge\\_cooper\\_comunit.pdf](http://www.regione.puglia.it/web/files/lavoro/cooperazione/legge_cooper_comunit.pdf) (Apulia regional law for the community interest cooperatives, a benchmark for the other Italian regions)

- *Photos/Youtube videos, etc.*

<https://www.youtube.com/watch?v=8jzFNsvhI5s> (Mr. Alessandro Fava, President of Comunità Attiva, introduces the scopes and activities of the community interest cooperative)

## GOOD PRACTICES SCORECARD. SANICOOP

IDENTIFICATION	
Name	<b>Sanicoop - Federazione tra Cooperative di medici e di operatori sanitari (Federation among cooperatives representing doctors and health workers)</b>
Country and area (Region, City...) of implementation	<b>Sanicoop is located in Rome ITALY</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>National scope</b>
Period of execution	14 February 2012 – ongoing
CONTENT	
<p>- Description of the good practice</p> <p>Sanicoop is a federation of cooperatives representing doctors and health workers and covers the entire Italian territory.</p> <p>Set up in 2012, it counts more than 50 cooperatives representing 15 Italian Regions. Sanicoop aims to reorganize the medical services (included PH services) supply that were traditionally purchased by Public sector.</p>	
<p>- General and specific goals</p> <p>The general scope of Sanicoop is to enhance the subsidiary role of cooperation in relation to the National Health Service (NHS) as part of welfare reform, needed due to the reduction of public dedicated funds and to the increased needs of citizens.</p> <p>With this cooperative project as innovative, inter-sectoral process, Sanicoop intends to:</p> <ul style="list-style-type: none"> <li>- participate in the development of useful proposals within the in progress debate on the reorganization of the social, health and welfare Italian systems, trying to make a special contribution to the development of a local and territorial welfare;</li> <li>- seize the opportunity of each cooperative sector, also through other collaborations and synergies, to generate a bid system that qualifies and extends the cooperative offer in the health services delivering</li> </ul>	



- to become a solid player in the promotion of reorganization and integration of Personal and Household Services in Italy  
 - promote the definition of managing tools exploiting the advantages of the cooperative asset.

-Targeted groups

The targeted groups are:

- doctors
- health workers
- member cooperatives and their stakeholders
- final users
- the whole NHS

#### FOUNDATION

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

Surely Sanicoop led to a specialiaization of the delivered services from a technical point of view, and this allow to the professionalization of employment in the PHS sector. In addition, a Federation aviods the fragmentation of the supply side, helping to aggregate the services and contributing to identify and create employment in the sector.

#### RELEVANCE

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

The Sanicoop's characteristic is the capability to aggregate the actors playing in the PHS' supply, thus increasing the number and kind of available medical services.

Sanicoop:

- integrates the characteristics and needs of the doctors, health workers and operators directly involved in the delivering of the services;
- offers a complete set of services to be delivered integrating the needs of the final users
- represents an incubator for new mechanisms and processes, thus contributing to improve the know-how of the member cooperatives



### CONSISTENCY

**Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?**

Sanicoop acts as a national entity promoting cooperative model to enlarge the quality and the number of health services delivered, with the aim to support the reorganisation of the NHS.

The processes and instruments it uses are aimed to support the development and the shared management of this reorganisation.

### MATURITY

**Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?**

Sanicoop is a relatively new Federation (set up in 2012) and so it has not had enough time to evolve so as to stabilize the processes involved. However, this is the first attempt to aggregate the supply of health, personal and household services exploiting the cooperative's values and methodologies.

### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

One of the specific objective of Sanicoop federation is to allows the members cooperatives and their network to participate in the public debate and process related to the reorganization of the NHS. Thus, some member cooperatives have started to carry out updating and improvement processes.

Sanicoop was set up thanks to an alliance among private, public and social partners.

### EVALUATION AND MONITORING

**Are monitoring mechanisms in place? Are its results regularly evaluated?**

As Federation, there is a first and binding monitoring level represented by the internal Bodies of the Federation.

In addition, the monitoring and evaluation of the delivered services is centralized



at national level.
<b>TRANSFERABILITY</b>
<b>Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?</b>
<p>The foundation of Sanicoop is part of the “Health project”, promoted by Legacoop, and aimed at activate a network of personal and health services to be delivered within the territory, and following the new “community welfare” structure.</p> <p>Promoting the cooperative model and the “community welfare” structure, Legacoop is undertaking a time-constante informative process that surely enable other organisations to adopt the positive results already reached.</p>
<b>SUSTAINABILITY</b>
<b>Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?</b>
<p>Under the umbrella of Legacoop and with several active agreements with different actors (i.e. Unipol Assicurazioni), Sanicoop surely enjoys the political, technical, human and financial conditions to ensure its continuity over time.</p>
<b>INNOVATION</b>
<b>Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?</b>
<p>Sanicoop is an innovative model to afford the partial reduction of public fund in the Health Services Sector, activating new processes and synergies aimed to reorganize and aggregate the supply side of health services.</p>
<b>GENDER IMPACT</b>
<p>Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects.</p> <p>In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.</p>

## RESOURCES

- human  
more than 50 associated cooperatives in 15 Italian Regions  
more than 1800 between doctors and health workers involved
- economic (public/ private)  
Sanicoop is financed through the quotes of the federated cooperatives
- technological

## IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

From its foundation until now, the members of Sanicoop Federation are increased and the informative actions carried out by Sanicoop itself and its network show a positive trend, with new signed agreements and an effective dialogue with all the relevant stakeholders.

### References:

- *Web links and bibliography*  
Official website of Sanicoop <http://www.federazione-sanicoop.coop/>  
“Health project” promoted by Legacoop  
<http://www.legacoop.coop/attivita/progetti/legacoop-salute/>
- *Photos/Youtube videos, etc.*

## GOOD PRACTICES SCORECARD. BADAMI PROJECT

IDENTIFICATION	
Name	<b>“Badami” Project, “Take care of me” Project</b>
Country and area (Region, City...) of implementation	<b>Italy, Emilia Romagna, Ravenna, Cervia</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	The activity involves the Municipalities of Ravenna, Cervia together with the towns of Faenza and Massa Lombarda (thanks to a pre-determined time range funding from May 2013 to December 2014)
Period of execution	Starting from 2009 till now
CONTENT	
<p>- Description of the good practice</p> <p>The project "Badami", managed by the Cooperative Libra, was born in 2009 (in agreement with the Municipality of Ravenna and the Consortium of Social Services, which later became the ASP) to provide support to families and elder people no longer self sufficient who choose to keep the elders at their home, ensuring integration with the network of services.</p> <p>The usefulness of providing a public service, like Badami, in a market where there are similar services provided by private organization, is evident and remarkable in the full, tight connection that the service can boast with all the other public Institutions that, at different levels in the area, take care of non self-sufficient elders.</p> <p>The work-in-the-net between the Badami Service operator and the Elders Area social workers (the ASP and the local health authorities), facilitates the exchange of information about the people to look after and their families. As a result, it facilitates the targeted understanding of the real families’ needs, allowing the counseling of the family in reading their own needs and finding the most suitable, possible solutions, properly.</p> <p>Furthermore, regarding the family assistant profile, the Service Badami can facilitate a gradual integration in its role in the service network, in an attempt to contrast irregularities and illegal situations of care work. The Service provides practical support to caregivers both through the research activities of the work and the provision of advisory guidance about profession peculiarities.</p>	

On a time range, the service has physiologically evolved and currently, it deals with the implementation of several activities:

- caregivers office and database;
- skills assessment and career guidance;
- vocational training and caregivers register;
- observatory on territorial dynamics about demand for home care for elderly no longer self-sufficient (r for Insights see. Innovation paragraph);
- Memorandum of Understanding between the actors in the network of care.

Finally, the Service Badami as a whole, dedicated initially to foreign women, has seen a change over the years related to social conditions, which led to a return of many Italian women to care work. For this reason it was decided to take into considerations also their demands, putting them in the database and training courses.

- General and specific goals

The project "Badami" aims to test an integrated model of "reorganization and strengthening of services in support of home care" in the direction to qualify private carework. The scope is to develop a "place" to bring together and catalyze efforts to bring the work of care towards a more accessible, qualified and protected system.

The target groups are the frail elderly, their families and caregivers.

The project has the following general and specific objectives.

General objectives:

1. Enhance and qualify the care work of family assistants, supporting their entry and stay in the workforce, and promoting the growth of a regular labor market.
2. Facilitate the matching supply / demand work through careful selection processes of assistants in relation to the family who need care services and thanks to the network organization to be able to provide concrete answers to the needs of users (caregivers and families).

Specific objectives:

1. reducing the rate of irregularities in the work of private care;
2. creating easier access to the regulated market of private home care;

3. facilitation meeting demand / supply;
4. Development of an integrated network of services that collaborate with the territorial service;
5. establishment of a Register of caregivers to improve the quality of care provided to the elderly and to their families;
6. professional development of care-operators registered into the database through specific training.

-Target groups

The project Badami has the following target groups:

1. Family care giver,
2. The frail elderly,
3. The caregivers who work at their clients.

#### FOUNDATION

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

The Badami project aims to qualify the primary care work to the elder no longer self-sufficient's domicile. It aims to improve the quality of services offered at home and to ensure the necessary care to improve the quality of life of the assisted, limiting the elder no longer self-sufficient and their families process of isolation.

Through personalized interviews, the service meets host families and caregivers and listen to their needs. The interviews are aimed to identify the real needs of the assisted care and the actual caregivers knowledge.

At that meeting, the operator provides:

- **Information to the families about:**

1. The services offered by Badami
2. Existing services in the territory for elderly totally or partially no longer self-sufficient
3. The home care operators protections
4. The care allowance and other economic benefits that can get the elder no longer self-sufficient
5. Legality, as support for families who wish to regularize the family caregivers

**- Information to caregivers about:**

1. Training opportunities through courses, e-learning, training with mentoring by qualified personnel
2. Opportunity to qualify their professional background
3. Protection related to care work

These interviews also aim to raise the availability of family caregivers trained through courses or lessons learned in the field to join in the register of carers. This register is intended to reconstruct the professional experiences of assistants and make a distinction between workers trained through recognized courses and assistants who have not made courses, but that have experience.

The minimum requirements to be enrolled in the register are: be in compliance with the required documents in the Italian territory, have a good knowledge of the Italian language, have at least six months of work experience certified or not. To be enrolled in the register "carers trained" must have attended an approved training course in the Italian territory, and have the appropriate certification, or possess a qualification of OSS, nurse, or doctor, if the qualification was obtained abroad It should have made the recognition of the certificate held. This register is constantly updated and is shared across multiple Badami offices being only one database at provincial level. This allows caregivers to be constantly helped to improve their skills and their professional position. In addition, the families are less abandoned in their care giver role.

**RELEVANCE**

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

The project Badami is a support to ensure the protection of workers' rights, the quality, adequacy and continuity of care for the elderly, representing an effective support for families in need of assistance, but also to caregivers offering work.

The privileged instrument of the operator to understand and recognize the needs of operators who work in the field, is the personalized interview with caregivers who provide jobs and with families in need of an assistant.

1. The interview aimed to enrollment in the database of family caregivers:  
The interview helps the operator to understand the experience and talents of people who wish to enroll in the database, allows us to understand and explore

in depth, the personal and professional experience (duties and responsibilities), degree of knowledge of Italian, hourly availability and mobility in the territory.

2. the interview as a tool to meet the demands of families

Through the interview, the operator is able to understand the needs of the assisted (problems / diseases, or time commitment required, possibility to host an assistant). It also provides a range of essential information to families for the maintenance of the elderly at home, such information range from the request for the check of care, the provision of information on contracts and tariffs, rules governing the coexistence of the assistant, the request aids, etc...

From the interviews carried out rise the care giver desire to acquire the basics to ensure a good level of professionalism and to join the Italian territory in which they live and work, and by families to have an assistant trained and reliable.

To meet the needs of carers and families, the project Badami integrates the characteristics and needs of family caregivers who provide jobs and families looking for an assistant through the implementation of specific training courses for carers.

The training represents a key part of the project, as it ensures the caregiver with the knowledge necessary to work in a professional and safe, and ensures the family, looking for an assistant, skills and the security of a proper action on assisted.

The operator of the Badami Office, during the interview, check availability of family caregivers to attend training courses and offers them the most suitable course according to the work experience possessed.

The training given by the service Badami uses two different methods of teaching: the first consists of classroom lectures with the teacher and the class group, the second uses a methodology e-learning through DVDs single issue regarding the care work.

The educational content of the training courses are:

1. The Italian language and keywords to the care and support of the elderly;
2. The orientation of the participants under the care work frame within the family, developing the concept of responsibility, ethics, relationships with family

- and ensuring the knowledge of the principal services;
3. The development of the needs understanding in the relationship with the elderly and families;
  4. The acquisition of correct methods of direct care of the elderly is not self-sufficient and or adult with disabilities.

The teaching units provided are 6:

1. Network services;
2. The relationship
3. The health and safety of the environment and related to the person
4. Assist the elder person in the movement;
5. Feeding: help during meals;
6. Safety at work.

Between 2009 and 2012 10 training courses we were made in Ravenna and Cervia with a total of 111 family caregivers formed and then enrolled the register of assistants trained Database Badami. These courses were carried out by the Consortium-ASP Asscor- School Arts and Crafts Angelo Pescarini.

From May 2013 until June 2015 18 training courses were carried out in the Municipalities of Ravenna, Cervia, Massa Lombarda, Bagnacavallo, Fusignano and Faenza with a total of 244 family caregivers formed. These courses were carried out by the School of Arts and Crafts Angelo Pescarini.

#### CONSISTENCY

**Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?**

The services provided by the Badami Office do not require certification by DNV (Det Norske Veritas). However, in order to offer a repeatable, systematic and measurable quality, such services are provided in accordance with ISO 9001: 2008 (certification of the Cooperative Libra). The methodological approach used by the operators, aimed to enroll the family assistant in the database, culminate in the compilation of a file with predefined fields. This database is then published on-line for consultation by the social workers of the municipalities of Ravenna and Cervia. While the demands of families who need an assistant family are recorded in a special file in which are recorded, in addition to the personal data of the person in need of assistance, the type of disease or problems present and the time commitment required to family assistant. It also recorded other

secondary information, useful for the activities of the Provincial Observatory of care work, the way in which the family became aware of the service Badami, any social worker who follows the patient, if the assisted has already had an assistant at home, if they have ever used the service of a OSS, or a nurse, or a physical therapist at home, if it is beneficiary of check care, or the Caregiver contribution.

Each semester is assessed the service provided (Caregivers direct contact number, Caregivers telephone contact number, Families Contact Number, Families Telephone Contact Number, Total new Carers entered in a database, Total requests Families, Total Family Assistants selected for training).

The method of the service Badami is the following:

**- Towards the family assistant:**

During the hours of the front office in contact with the user:

1. Care giver meeting
2. Personalized interview
3. Family assistant assessment for registration in the Database
4. If the family assistant meets the requirements she is recorded in the database
5. If the family assistant has already been made the training courses, the certificates are viewed and we proceed to a further entry in the “register of trained assistant”, if she wants, she is addressed in specific courses to continue into more advanced training
6. If the family assistant does not have training, the operator checks for available to attend them, and then re-contacts the family assistant, normally 15 days before the training course start
7. If the family assistant does not meet the requirements to be included in the database, the operator makes a career guidance and directs the person to other existing services in the province
8. In follow-up interviews and phone we also updates the assistant file
9. Twice a year, the caregivers fill satisfaction questionnaires to check their satisfaction with the service received and if they have established a working relationship by the service.

During the hours of Back not in contact with the user:

1. The operator, received a request for assistance from a family, carries out the activities between demand and supply, and select 4 caregivers, according to the requests of the family, experience and family assistant availability
2. The operator calls the caregivers selected and offers them the kind of family's request and verifies the effective availability for work.



3. The operator subsequently transmits to the family the names of the four assistants who gave their availability for work (the family will choose the assistant).

**- Toward families care giver:**

During the hours of Front not in contact with the user:

1. Meeting the family
2. Personalized interview with the family
3. Guidance to local services for not self-sufficient people
4. Completing the Request Families file.

During the hours of Back Office not in contact with the user:

1. Study of the family demands
2. Enquiring the database to choose the most suitable family assistant
3. The operator provides 4 names of caregivers, after verification of their availability (if there is urgency the names are provided within 4 days from the date of request).
4. Follow up phone call to all families to check their satisfaction with the service offered by Badami (in that case it is checked whether they were established labor relations with the staff proposed by Badami). Usually questionnaires are filled two times a year.

The Service Coordinator, during the back office hours, edits the following documents:

Annual service planning, Annual Users Report, Annual service consumptive, Annual family satisfaction report and Annual family assistant satisfaction report. These documents are useful to the coordinator and operators to maintain an effective response to the needs of families and caregivers.

Even the activities of Provincial Observatory on the work of care is provided during the hours of Back Office.

**MATURITY**

**Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?**

Yes. Methods and processes have reached a level of maturity that do not require changes in their application or in their development. These processes may be subject to adjustment if the demands of the public body make this necessary.

The project Badami was born in 2009, with the municipalities of Ravenna and Cervia intent to try to regulate the phenomenon of care in the private residence, which presented many aspects unknown. The aim of the project Badami, had and has right now, the dual purpose of creating a database of caregivers reliable and easily accessible by the families for free along with training of caregivers themselves.

To ensure quality of service, it has been used an online database to collect and store the curriculum of family caregivers; using a format data sheet unchanged over time.

However, to collect systematically the demands of families, there is a form called "Request for families", which is periodically adjusted according to the needs of the service and the customer Municipality.

Other tools that have helped to stabilize the processes of service delivery were the Planning, the Service Consumptive and the Users Report, They are edited annually and delivered to the city of Ravenna.

To create a service that would meet constantly the needs of families and caregivers the suggestions of families and carers were collected respectively in Annual family satisfaction report and Annual family assistant satisfaction report.

Since 2014, by the establishment of an Observatory, following a request from the City of Ravenna,

The service Badami is also a source of study of family caregivers world evolution. The studies and research, undertaken by the Observatory, help Badami operators to ensure a service that can meet the needs of families and caregivers. The Observatory is also a valuable aid to the municipal authorities to plan their social policies.

#### **EMPOWERMENT OF PLAYERS**

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously?**

**Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

The project Badami, to provide operators of all offices the ability to acquire and adopt the good practice the knowledge, methods and tools in a uniform and shared way, foresees a period of initial training given to new operators. Training is conducted and evaluated by the Service Coordinator following the procedures set by the Quality System of the cooperative. It is a unique training to ensure the preparation of the operators both in the way of welcome and explanation of the interview aimed to be enrolled in the Database, and for the use of the database online.

This training also includes periods of mentoring by the coordinator and the provision of a documentation with technical instructions for the operation of the online tool. Also operators and coordinator meet regularly in meetings of "Technical Unit" meetings that allow the comparison between operators located across the region in a way that ensures the user answers consistent and unambiguous. Such meetings are also aimed at revision of the tools used in the service, in order to constantly maintain the quality of the service offered.

Another important aspect to ensure the use of best practices of the service is the constant contact with others in the network, public and private, that spin around the care work. One of the strengths of the Badami Office consists in networking with other entities (the City of Ravenna, City of Cervia, Social Workers, Union Associations, Training Institutions, private associations of migrants or support to care givers, ausl, INPS). This aspect helps families, but also the caregivers to move in the network services, breaking the isolation process where often the subject of the triangle of care gravitate (Elder, Family, Assistant).

**EVALUATION AND MONITORING**

**Are monitoring mechanisms in place? Are its results regularly evaluated?**

The project Badami, since it has been started, foresees a monitoring activity and a periodic evaluation of the results through the application of the Quality System of Cooperative LIBRA. This is a fundamental tool to meet and achieve the objectives of quality that are at the base of the Badami activities, in accordance

with ISO 9001: 2008.

The territorial Office process two different types of monitoring: the user and the user's satisfaction both on the side of family assistants, and on the family by the preparation and the use of appropriate forms, with planned timelines and milestones.

The monitoring of users is a working tool essential, because, allows the service that applies it, to understand analytically, the characteristics and the needs of users, who use, routinely and / or occasionally the structure.

Specifically, knowing the type of users that are turning once or more to Badami Offices, can provide a more specific response, which meets the needs of both families and the caregivers in the area.

With a six-month intervals, the service also provides for the monitoring of user satisfaction.

During such times both care givers and families are given an ad hoc questionnaire to assess the efficiency of the work done by Badami Offices and to program any adjustments in management.

The constitution within the "Badami" project of a permanent Observatory on territorial dynamics related to the request process for home care, from 2014, has allowed, then, to expand the monitoring and evaluation of the data collected, reaching knowledge about the historical and social evolution of the professional assistant family in Ravenna.

This was done by the analysis of the entries made in the database and collecting the need from families received at the Service.

The project manager, finally, produces an annual planning documents and final activity report, supporting the Observatory in the organization of its activities and identifying the main variables that characterize the phenomenon of carework.

#### TRANSFERABILITY

**Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

The service Badami was born in the municipalities of Ravenna and Cervia, but from May 2013 until December 2014 were activated two other Badami Offices in the towns of Massa Lombarda and Faenza with access to the common and shared database. (Badami Office in Massa Lombarda was dedicated to the 9 municipalities Union of Lower Romagna, while the Faenza Badami Office to the 6 municipalities Union of Romagna Faenza).

In the period 2013-2014 the 4 Badami Offices supported directly or indirectly resident families in 17 municipalities in the province of Ravenna.

The training of new operators of additional Badami Offices was common, the database used was the same, as well as the form "Requests Families", and forms used for monitoring. Using the same tools and the same method of service delivery, combined with the networking between the 4 Badami Offices and other subjects of the service network, it has made sure that the experience already in place and tested in the municipalities Ravenna and Cervia, was replicated in the municipalities of Massa Lombarda and Faenza.

The implementation of the service was made possible thanks to a funding in time, as result of a draft submitted by the training School of Arts and Crafts "Angelo Pescarini" entitled "Measures to improve the quality of personal and professional life of Women, also migrants, who are employed in care work".

#### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

Since 2009 the service Badami has been taking benefit from public funding, which decreased over the time, because of cutting transfers to municipalities by the Government. Despite the difficulties related to the decrease in such transfers, the municipalities of Ravenna and Cervia continued to believe in the strategic importance of the project Badami and tried to allocate all possible resources, to continue to provide the service in both locations. From May 2013 to December 2014, due to an additional public funding, obtained through the project presented by the "School of Arts and Crafts" Angelo Pescarini, was possible to increase the hours of opening of Ravenna and Cervia Badami Offices and were

able to open others two Badami Offices located in Massa Lombarda and Faenza Municipalities.

The two fundings allow to provide the following hours amount: Ravenna Badami Office, including coordination and maintenance of the database: 1008.5 h., Cervia Badami Office and Observatory 504.5, Massa Lombarda Badami Office 198, and for Faenza Badami Office: 206.

The practice has the following conditions that guarantee its continuity over time:

- Convention With the Municipality of Ravenna, Cervia and Consortium of Social Services, which later became the ASP,
- Agreement Protocol with "School of Arts and Crafts" Angelo Pescarini for the implementation of the project entitled "Measures to improve the quality of personal and professional life of women, including migrants, who are employed in care work", signed by the representatives Legal entities of the partnership network as a response to the program objective in 2011 of the Ministry of Labour and Social Policy.

#### INNOVATION

**Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

The project Badami has some innovative features such as the technology applied to guarantee the use of a unique online database shared across multiple municipalities in the province, the free services offered and the guarantee of seriousness and professionalism of the names provided, thanks to relationship and constant contact with the public body which acts as a guarantor in synergy with the Quality System of Cooperative Libra. Other innovative aspects underlying the project is the creation of the network of services that operate around the work of home care (Some subjects of the network are: the City of Ravenna, City of Cervia, Union of Municipalities of Lower Romagna, the Municipality of Faenza, Association Line Rosa NGO, SOS Women NGO, Association Demeter women in aid NGO, Association of Romanian-Moldovan "Romania Mare", Libra Cooperative Research and Intervention, trade unions CGIL, CISL and UIL, Councillor of equality of the Province of Ravenna- All those Organizations have signed the Agreement Protocol with the "School of Arts and Crafts" Angelo Pescarini). The creation and the implementation of the network assured that families have moved from a situation where the only possibility to have an assistant was by "word of mouth" and not regulated, to a situation in

which choosing an assistant they find a network of services and institutions. The final innovative aspect is related to the creation in 2014 of the Observatory on territorial dynamics related to the process of looking for home care.

Currently the Observatory is the only reality present at the provincial level. It performs a vital function: to collect, process and disseminate useful knowledge to guide and support the choices of the local programs, based on objective data and information resulting from the analysis of the entries made in the database and by the demands of the families that meet the service.

The Observatory is a privileged source that can bring out, at local level, a deep analysis of care work, and update it periodically as a tool not only statistical, but can read the dynamics, the change phenomenon as a whole and understand how it and its components evolve.

Badami users can be divided into two categories: the first includes the carers who come to the service for job search and subsequent inclusion in the database; the second is identified with the families residing in the territory who need assistance at home.

The Observatory performs monitoring and analysis by providing a variety of indications in both directions.

### **Caregivers**

With regard to family caregivers you can monitor several elements needed to define the

type of user who accesses the service:

- caregivers direct and telephone total contacts;
- Total registered in the Database;
- Total registered in database selected to participate in training courses linked to the offices;
- Total registered in database who have completed the training courses;
- Total registered in database divided by gender;
- Total registered in database split by mode of sending / knowledge of the Service;
- Total registered in database divided by age groups;

- Total registered in database divided by level of education;
- Total registered in database divided for graduation study in Italy or abroad;
- Total registered in database that pursued a degree abroad divided for recognition or not of the same;
- Total registered in database divided by nationality;
- Total registered in database divided by grade level training;
- Total registered in database split by type of training;
- Total registered in database with external training divided by type of qualification;
- Total registered in database split by type of professional experience in the field;
- Total registered in database split by level of experience certified;
- Total registered in database that found at least once / never have found a job thanks to the support of Badami Service;
- Total registered in database that found at least once a job thanks to the support of the Service Badami divided for different types of contract signed;
- Total registered in database that have turned / not have turned to other services for the work research;
- Total registered in database who have turned to other facilities for work research divided for different types of channels used.

### **Families**

About the families, the Observatory can provide a number of elements that identify the type of subject involved and their needs.

Up to now, we consider the aspects as follow:

- Direct and telephone families total contacts;
- Total requests filled and unfilled from families, number of families involved;
- Total number of persons for which it was dealt a request for assistance;
- Total families requests divided by family unit composition;
- Total requests divide by hour coverage and duration of the assignment;
- Total requests divided by send method/ knowledge of the Service;
- Total requests divided by specific professions;
- Total number deficit / diseases present in the assisted people;
- Total families requests who have / have ever had an assistant family
- Total families requests benefiting / benefited of care check;
- Total families requests benefiting / caregivers have benefited from the

additional contribution;

- Total families requests who use / have benefited from the OSS service at home;
- Total families requests who use / have benefited from the Nursing Service at home;
- Total families requests who use / have benefited from the Physiotherapy Service at home;
- Total families interested in a period of training on job by the family assistant;
- Total labor relations undertaken with staff enrolled in the Badami database.

#### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The impact assessment of the project Badami by gender must be seized by analyzing two different aspects, but strongly interconnected because they are the flip side of the same coin: on one hand the implications gender-related families that are looking for a family assistant; on the other, the significance about the kind of people who intend to carry out the role of the family assistant.

Regarding the first aspect has emerged from an analysis of family members that come to service, which are mainly women in difficulty in the management of a ménage "interlocking" among family of origin, current family unit and employment status. In many of these situations, the decision to place a family assistant to look after a loved elder, it is the fastest and less emotionally stressful way to reconcile times of life and work of women, supporting a balance of personal and professional needs.

About the second point of analysis, The studies conducted by the Observatory, showed that professions of caregivers and domestic workers are generally the prerogative of foreign people and women, with an interesting distinction that shows an increasing of male and Italian the category domestic workers. On the nationality variable was then detected, at the provincial level, in line with the a new trend at national level, the increasing of Italian women.

It is due to the lower opportunities in traditional labor market that addressed women to take care of the needs and sufferings of other women and men.

All the above considerations lead us to argue that the current division of labor by gender is a barrier to labor market flexibility and restricts the number of potential candidates to cover the offers of jobs. With the current demographic trend of an aging population and greater participation of women in the labor force employment opportunities in the care sector (child, elderly and other dependent care) are likely to increase.

Encouragement of male participation in the care sector, could help to meet the growing demand for labor in this field. This could offer new job opportunities for base-skilled men while promoting a more equitable distribution of labor between the sexes.

Analyzing the response of the Public Administration to the families, it can be said that the project Badami has improved over the years, the welfare policies, Badami supplies answers to the families that face the aging of a relative, entering at this delicate stage of the their lives. The Badami Office, with the network of services connected to it, is a valuable support to families to limit their loneliness and isolation that sometimes they find, having to choose a private assistant.

If you look at the side of the family assistants, the response of the public administration, made by Badami, it is about many areas: orientation to territorial Services, learning the Italian language, qualification of their profession through recognized training courses, creation of new in order job opportunities. (The families who come to Badami Offices, being it a public service, they are more likely to establish a working relationship obeying the rules).

#### RESOURCES

- human

In 2015 a service coordinator and two operators (one makes substitutions)

- economic (public/ private)

Municipalities of Ravenna and Cervia and School "Arts and Crafts" Angelo Pescarini (public funds)

- technological

Database online and computers and furniture. All the technology and furnishings are provided by the public Institutions which supplies the logistic as well (office).

## IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

The Badami project has, in fact, read and responded in recent years to a current trend in our country: the caregivers are, beyond the family, the source of help by far the most used by the elderly population in fragile and not self-sufficiency situation.

A pillar request for assistance, family resources and shrinking government intervention limited in responding only to situations of greater weakness, are all factors that have led to a gradual acceptance, in Italian families, the "caretaker" as a physiological response to the care problems of a member in difficulty.

The front office activity showed that the work of private care is a field of relations crossed by different interests. For employers (families) it is important to have a reliable help, continuity of care, cost containment. For workers (the caregivers) the interest is more uneven: can relate to the maximization of profit, rights protection, vocational skills, chances of interaction with compatriots. Then there are converging interests, in particular with regard to an appropriate "matching" to their expectations and support so that they do not leave people at the mercy of themselves.

Thanks to the activity of the Observatory in 2014, including direct contacts and telephone, 433 families have turned into Badami Office to receive information and be oriented, these as much as 50% (214) subsequently filled a request for names of qualified family assistants. About the duration of the tasks and the hour coverage, the demands of families have been oriented, in one case out of two, for assistance 24 hours a day and on permanent employment. The working relationships established with personnel selected by the service accounted for 56% of total requests: which means that more than half of the families, who received the names, have used them. The families questionnaires results analysis, showed a satisfaction level of 98% for the Ravenna Badami Office and 100% for Cervia Badami Office.

About the caregivers, the contacts, including direct and telephone, were 3,301. In 2014, the number of new members was 479; 182, 38% of the total, have been



selected to attend ad hoc training courses, 96.2% are women, with a medium-high education, who for two-thirds are aged between 40 and 55 years. The most represented nationalities were, in descending order, Rumanians (21.7%), Italian (19.4%), Moldova (14.2%), Ukraine (12.9%), which together reach 68.2%.

A point worth of highlighted, it that in Italy the second nationality with the highest number of subscribers is Italian which support a data that is being consolidated.

In these last few years, many Italian women are going to practice a a profession that only ten years ago was totally made by foreigners. It is the same at the national level, partly due the crisis affecting the Italian labor market,

Finally, about the effectiveness and impact of the project, considering the professional placement of caregivers, it found that 61.7% of them claims to have found a job, thanks to the Service, at least once since they have joined, (These data are collected by Family Assistants satisfaction questionnaire).

*References:*

- *Web links and bibliography*
- *Photos/Youtube videos, etc.*

## GOOD PRACTICES SCORECARD. BOTTEGA DEI SERVIZI (FAENZA/RAVENNA, ITALY)

IDENTIFICATION	
<b>NAME:</b>	<b>Bottega dei Servizi (Faenza/Ravenna, Italy)</b>
<b>territorial scope</b>	(Sub-)regional
<b>Period of Reference</b>	2012-ongoing
CONTENT	
<p>The "Bottega dei Servizi" was established in 2012 in the Province of Ravenna (Emilia-Romagna, North of Italy).</p> <p>The Consortium brings together 12 cooperatives operating in different areas - mainly in social and health services, but also in service areas such as (social) housing, cleaning, catering or repair.</p> <p><b>MAIN OBJECTIVES</b> are:</p> <ul style="list-style-type: none"> <li>- to promote and offer a broad range of services of cooperatives to families (in the broad sense of this term) through a unique one-stop shop;</li> <li>- to respond, through cooperation between service providers in different service areas, to the complexity of needs a family might have;</li> <li>- to make families themselves become the protagonists and give them the opportunity to co-conceive the service offer that would respond to their specific needs;</li> <li>- to promote a commercial brand that reflects the values and the offer of the participating cooperatives and that valorizes the inter-sectoral approach of the cooperative movement;</li> <li>- to provide a system able to guarantee the legality (acting against the black market!) and quality of the services, their (financial) accessibility and sustainability</li> <li>- to facilitate and promote the creation of new and innovative services.</li> </ul> <p>Among the services offered figure mainly:</p> <ol style="list-style-type: none"> <li>1. Care Services: homecare for elderly, people with a handicap, babysitter etc.), night assistance at home or at the hospital, food delivery, psychological assistance for families etc.;</li> <li>2. Domestic Services: Cleaning, moves/relocation, gardening, repair services,</li> </ol>	

maintenance of electrical installations.

The “Bottega dei Servizi” operates through two “shops” (situated in Ravenna and Faenza) and through a website.

It seems worth to highlight the double role fulfilled by the Consortium: Next to the services provided for families it also acts as an ‘Observatory’ for cooperatives: It helps them to better define the (changing) needs of the families and, based on this, to review and further develop their offer in cooperation with other cooperatives.

#### FOUNDATION

The Consortium contributes

- a) to the professionalization and reinforcement of social service provider structures through cooperation between service providers that are active in different fields whilst respecting the same values and principles (related to the social economy where profit is not an end in itself, but just the instrument to carry out activities serving the human being);
- b) to a better structuration of the sector in Ravenna/Faenza, responding better to the needs of the local population;
- c) to boost innovation capacity of service providers that are able, within the Consortium, to jointly respond to the multiple and sometimes rapidly changing needs of individuals by developing new services,
- d) to provide service beneficiaries and their families with the opportunity to express their needs and take part in designing the service adapted to these needs ;
- e) to enhancing service quality (due to the capacity to better take into account the different needs of service beneficiaries and their families),
- f) to counteracting illegal employment by giving the different professions a better image and by making the added value of employment within the cooperatives better visible.

#### RELEVANCE

The Consortium is the result of an analysis of needs of women working in the co-operative sector (including cooperatives active in the care and domestic service field). Its initial objective was thus above all to better serve the needs of employees which are at the same time potential beneficiaries of the different services.

Today services of the “Bottega dei Servizi” are co-constructed with persons in need and their families – be they co-operators or not, giving beneficiaries thus the opportunity to have an overview of the diversity of possible services on offer, to determine themselves the type of service (combination) he/she would need, to re-shape service features according to his/her specific needs, to propose/ask for new services etc.

### CONSISTENCY

The “methodology” of the Bottega dei Servizi lies in the **cooperation** of different service providers which belong to the **social economy**.

Cooperation enables the service providers not only to make the service offer better visible and known, but also to better structure and develop the service offer, to mutualise resources (including knowledge), to foster innovation and to strengthen capacities of the different member structures through peer learning. This contributes to an improvement of service quality.

The social economy values and principles the member cooperatives of the Consortium adhere to (e.g. the primacy of the human being; limited profit-distribution/re-investment of profits into the activities and therewith an improvement of their quality; solidarity; participation and involvement of different type of stakeholder etc.) are a guarantee for service beneficiaries that are directly involved into the design and the organisation of the different services.

### MATURITY

Even though the Consortium is fairly young, its creation is one of the results of a process of deep research and discussion in the framework of the study "Famiglia - Impresa - Lavoro" carried out from 2009 to 2011 by Confcooperative, Fondosviluppo and RicerAzione. The study had the objective to analyse the different challenges that in particular women are facing when trying to reconcile work and family life and to outline the solutions cooperatives (could) provide.

Another element which contributes to a certain maturity of this good practice is the fact that cooperatives involved are active in the field of domestic services since years and on the same territory – many of them have knew each other before and some of them already worked together to a certain extent.

### EMPOWERMENT OF PLAYERS

The Consortium was in its initial stage (during its conception) a means in particular for female co-operators to solve daily problems related also to reconciliation of work and family life and to have directly a say when it comes to designing and organising the type of service (combination) they would really need.

However, also other parts of the population (that are not co-operators) have access to the Service of the Bottega.

The Consortium recently further strengthened the capacities of families to organize themselves in order to claim and get better access to enjoying basic rights by setting up a consumer cooperative in the field of electricity and water etc.

Also other cooperatives have the possibility to join the Consortium.

Furthermore, Bottega dei Servizi organises or contributes to the organisation of public events aiming to raise the awareness of citizens in general on different rights of citizens and possibilities offered by the cooperative sector, but also to discuss challenges and needs of the local population..

### EVALUATION AND MONITORING

Monitoring and evaluation of the activities of the Consortium are carried out on a regular basis in the framework of board meetings and the general assembly.

Moreover, each member of the Consortium has its own instruments of impact assessment, evaluation and monitoring (based, for instance, on the Carta dei Servizi and social balance sheets).

### TRANSFERABILITY

- Other co-operatives (and other service providers?) that are active in the field of care and domestic services have the opportunity to become members of the Consortium (membership of the “Bottega dei Servizi” increased, in-between 2012 and 2015, from 9 to 12).

Conditions for a replication of the experience in other territories are related to aspects such as

- existence of overarching values and principles linked to cooperation (as a basis for a common vision and project);

- capacity to co-operate and existing cooperation (or not) between different service providers on a territory;
- willingness of service providers to mutualise and jointly restructure resources, knowledge, strategies;
- ...

#### SUSTAINABILITY

The initiative did for the moment not receive any major support by public authorities.

This could also be seen as a proof of the capacity of the Consortium to be self-sustaining. A main advantage here is certainly the fact that most of the members of the Bottega dei Servizi do already know each other and did already cooperate with each other before. The "Bottega dei Servizi" is an opportunity to further reinforce already existing capacities.

#### INNOVATION

- No involvement of public authorities so far. Professionalisation of the sector and improvement of the service offer happens on the initiative of the service providers.

- The Consortium allows for cooperation between providers of services going beyond the traditional health and care service-combination, including also other household services, education and training of dependent persons at home, social housing, organisation of relocation services etc. The needs of a beneficiaries of care services are analysed from the perspective of their whole "project of life".

#### GENDER IMPACT

The Consortium is the result of a study/project aiming to identify and promote better opportunities for women (and families in general) to reconcile family and work life.

It was thus conceived as a tool for the improvement of services to the benefit of (female) service users, but also of (female) cooperators that might at the same time work in the field of home care/domestic services.

#### RESOURCES

**Human resources:**

The "Bottega dei Servizi" is run by the Consortium on the basis of staff coming from the different member cooperatives.

**Economic resources:**

The “Bottega dei Servizi” is currently not co-financed by public authorities. All costs are carried by the cooperatives and – partially - by service users. In the case of certain services beneficiaries have the possibility to deduct costs from taxes.

**Technological resources:** [Website](#)

#### IMPACTS

- QUANTITATIVE: No information so far
- DEGREE OF GOAL FULFILMENT

## GOOD PRACTICES SCORECARD. TITRE SERVICES

IDENTIFICATION	
Name	<b>Titre Service</b>
Country and area (Region, City...) of implementation	<b>Belgium</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>Yes</b>
Period of execution	Since 2004
CONTENT	
<p>- Description of the good practice</p> <p>The Service Voucher system is a wage subsidy for labour-intensive, low-skilled domestic work introduced in Belgium in 2004 with the aim of promoting the development of services and proximity employment and combating the black market.</p> <p>Vouchers are sold to people who require house-hold services. Each person residing in Belgium with an ID card and SIS card is entitled to a quota of 500 service vouchers a year, with the first 400 service vouchers sold at a rate of 9 EUR each, and remaining 100 service vouchers sold at a rate of 10 EUR. In addition, each household has a quota of maximum 1000 service vouchers, with exceptions given to single parents and people with disabilities, who may be entitled to 2000 service vouchers, depending on the circumstances. Mothers who have just given birth, are also entitled to 105 extra service vouchers for a certain period of time.</p> <p>This subsidy scheme allows for domestic workers to be declared and benefit from a legal salary, health insurance, paid holidays, and a pension; benefits that were not all possible when working on the black market. For each service voucher, a domestic servant receives a salary of 22.05 EUR, paid by both the customer and the state. In addition, tax breaks are also given to each service voucher, creating another incentive to purchase these services.</p> <p>The list of activities covered by the voucher services system is strictly defined by the federal law and includes:</p> <ul style="list-style-type: none"> <li>- Cleaning</li> </ul>	



- Laundry
- Ironing
- Small sewing works;
- Cooking
- Grocery shopping;
- Transportation of people with restricted mobility.

The system is financed by: the issuing company, users, employers, workers and the Federal Unemployment Benefit Agency. The unit cost of a titres-services voucher is 9€.

The system has also fiscal advantages for the users as the cost of the voucher is partially tax-deductible: the service voucher scheme entitles its users to deduct 30% of their spending on vouchers from their taxable earnings.

- General and specific goals

- Create new jobs, particularly for low-skilled workers.
- Create a market combating the black market: provide an incentive to move from undeclared work to a regular job in economic sectors where undeclared work is common;
- offer certain categories of unemployed persons who perform service jobs for the local employment agency (ALE/PWA workers) the opportunity to move towards a regular employee status;
- Development of services: improve the work-life balance of service users by making it easier to outsource domestic work.

-Targeted groups

- Unemployed
- People providing such services but operating in the black market
- Persons looking for household services

#### FOUNDATION

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

This practice fully corresponds to the aim of the project as the Belgian voucher system aims at supporting and regulating labour-intensive, low-skilled domestic work.

It is possible to say that it contributes to the identification, creation and professionalisation of employment in the home service. However, surveys and studies pointed out that only a small percentage of the workers receive training before or during their service employment.

#### RELEVANCE

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

Yes

#### MATURITY

**Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?**

Yes. The voucher system has been introduced in 2004 as a development the “Local employment agencies”, the first attempt to transfer some household services into the labour market. The system has been monitored through the years and modifications have been made.

#### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice’s know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

The Belgian voucher system has been set up by law and is monitored at national level.

The system sees different players acting together: The services are performed by workers engaged in enterprises specifically authorized under the service voucher system and that get an accreditation by the federal state. Accreditation requests should be addressed to the specific Commission for approval of service vouchers.

These enterprises can be commercial enterprises, temporary work agencies as ASBL, FTAs, mutual societies, CPAS, social purpose companies.

The vouchers, that can be also electronic, are provided by Sodexo.

From the Federal Government, the authority in charge is the ONEM (Office

Nationale de l'Emploi), the national agency for employment.

### EVALUATION AND MONITORING

#### **Are monitoring mechanisms in place? Are its results regularly evaluated?**

According to the *Law 20 JUILLET 2001 - Loi visant à favoriser le développement de services et d'emplois de proximité*, the voucher system is evaluated every year by the Ministry of the Employment (the report is then transmitted to the Speaker of the House of Representatives and the Council of Ministers) in order to assess:

- The effects on employment of the system;
- Gross and net total cost of the measure with special attention for returning effects especially in terms of unemployment benefits;
- Wage and working conditions applicable.

### TRANSFERABILITY

#### **Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

The voucher system implemented in Belgium can be replicated in every Country that share the same values and principles. The system was mentioned and received attention in the Mutual Learning Programme under the 2007 European Employment Strategy.

The adoption of this system requires an active participation of the Government as it needs important public investment. The Economic crises that hit many EU countries went against its transfer in other Member State.

### SUSTAINABILITY

#### **Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

The service voucher system was introduced in 2004 and so far has been proved to be a good tool to combat black market creating a new market. The system enjoys political support and users welcome it. From the financial point of view the system needs The system needs financial support from the federal government. In particular, while the cost of each voucher is 9 euros, the workers are paid €22.04 for each service voucher. The difference between this amount and the worker's earnings (€13.04 or €12.04 per voucher) is paid by the Federal

Unemployment Benefit Agency to the issuing agency.								
<b>INNOVATION</b>								
<b>Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?</b>								
<p>The Belgian voucher system was introduced to create new job opportunities while providing incentives to move from undeclared work to a regular job in a new economic sectors. In this sense it provided a new approach to tackle undeclared work and provide qualification to workers.</p>								
<b>GENDER IMPACT</b>								
<p>Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.</p> <p>In 2013 (last report available), the voucher system market counted 149.782 workers, 97,4% were women. In the previous years the percentage of was similar, confirming that the majority of service voucher workers are women</p>								
<b>RESOURCES</b>								
<p>- human</p> <p>In 2013 the workers employed in the sector were 149.782 and in 2012 151.137. The following chart (taken from the 2013 evaluation report) shows the evolution of the n of workers in the period 2006-2013.</p>								
	2006	2007	2008	2009	2010	2011	2012	2013
■ Nombre de travailleurs au courant de l'année	61.759	87.152	103.437	120.324	136.915	149.827	151.137	149.782
<p>According to the European Monitoring Centre on Change, even though the number of workers employed in the sector is considerable, it appears that the majority of</p> <p>the service voucher companies complain about an insufficient supply of adequate candidate workers. The Centre pointed out that according to the service voucher companies, the possible causes for the labour shortage are a lack of work motivation among potential workers, the limited mobility of candidate workers (and a lack of required skills.</p> <p>- economic (public/ private)</p> <p>The system is financed by: the issuing company, users, employers, workers and</p>								



the Federal Unemployment Benefit Agency. The unit cost of a titres-services voucher is 9€ and the workers are paid €22.04 for each service voucher. The difference between this amount and the worker's earnings (€13.04 or €12.04 per voucher) is paid by the Federal Unemployment Benefit Agency to the issuing agency. The system has also fiscal advantages for the users as the cost of the voucher is partially tax-deductible: the service voucher scheme entitles its users to deduct 30% of their spending on vouchers from their taxable earnings.

- technological

### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

Yes, the results produced by the practice are empirical and analysed every year by the Ministry of the Employment.

The practice can be considered an effective reply to the problem it aims to tackle.

#### References:

- *Web links and bibliography*
  - Law 20 JUILLET 2001 - Loi visant à favoriser le développement de services et d'emplois de proximité,  
[http://www.ejustice.just.fgov.be/cgi\\_loi/change\\_lg.pl?language=fr&la=F&table\\_n\\_ame=loi&cn=2001072037](http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&table_n_ame=loi&cn=2001072037)
  - *Rapport d'évaluation du système des titres-services – année 2013* :  
<http://www.emploi.belgique.be/defaultNews.aspx?id=43110>
  - *Service Publique Fédérale Emploi Concertation Sociale, Système titre-services*  
[http://www.emploi.belgique.be/detailA\\_Z.aspx?id=1040#](http://www.emploi.belgique.be/detailA_Z.aspx?id=1040#)
  - *European Monitoring Centre Report: Service Vouchers, Belgium*  
<https://www.eurofound.europa.eu/observatories/emcc/case-studies/tackling-undeclared-work-in-europe/service-vouchers-belgium>
- *Photos/Youtube videos, etc.*

## GOOD PRACTICES SCORECARD. DOMIPHONE APPLICATION

IDENTIFICATION	
Name	<b>Domiphone application</b>
Country and area (Region, City...) of implementation	<b>France</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>Entire territory</b>
Period of execution	As from October 2014
CONTENT	
<p>- Description of the good practice</p> <p>The Domiphone telemanagement solution has been developed in 2000 on request of several French public authorities to complement Edenred's solution Ticket CESU®. The latter has been launched in the context of the French Borloo plan to intensify job creation in the personal and household services sector.</p> <p>Domiphone is a tool explicitly dedicated to public authorities and services providers to ease their management of PHS. This IT system helps them to better follow the activities provided, to collect data and to avoid administrative burden (for instance by suppressing the need for presence sheets and by generating planning alerts directly addressed to their employees). Domiphone is notably used by public authorities to increase transparency in the management of public funds dedicated to personal and household services (in particular long-term care to elderly and disabled people) and to simplify administrative task and follow-up on care provision.</p> <p>Domiphone comprises of :</p> <ul style="list-style-type: none"> <li>- An Interactive Voice Response (IVR), to register hours provided by social and domestic workers</li> <li>- A database, in which all these hours are stored</li> <li>- Several websites, to provide access to these data and to generate invoices to services providers.</li> </ul> <p>Edenred has developed and launched (end of 2014) a new component to the Domiphone solution: a mobile application to facilitate the implementation of an</p>	

<p>integrated approach of personal and household services.</p> <p>The mobile application is based on an android smartphone through Near Field Communication technologies (NFC). A NFC sticker is made available in the house of each beneficiary of personal and household services.</p>
<p>- General and specific goals</p> <p>The goal of the mobile application is to facilitate the implementation of an integrated approach of personal and household services.</p> <p>On the one hand, it constitutes a tool easing the work of the domestic worker through different features such as an interactive planning, a clear list of activities to be done and achieved, a geolocalisation and assistance to join the beneficiary of its services and a simple access to different means of communication to contact him. It is also a tool to connect domestic workers, who are often isolated and working alone in a private place (the house of the beneficiary). The application therefore proposes for example a feature to trigger an alarm in case of work accident.</p> <p>On the other hand, the mobile application is synchronized with an internet platform allowing both relatives of the beneficiary and the funding entity to follow the domestic services provided (number of hours, exact timing of the provision, type of activities provided, etc.). It therefore ensures a transparent treatment of such services.</p>
<p>-Target groups</p> <ul style="list-style-type: none"> <li>- PHS workers and the entity they work for (NGOs, private company, public social services...)</li> <li>- All people benefiting of the services and their relatives</li> <li>- Funding entities of the system (local public authorities, social services, health insurances, private company,...)</li> </ul>
<p><b>FOUNDATION</b></p>
<p>Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?</p> <p>The practice eases the job of PHS workers, and therefore contributes to improve</p>

the efficiency of the provision of services. It contributes to the modernization of the PHS sector.

It provides the worker with an easy to use interactive planning, a clear list of activities to be done and achieved, a geolocalisation and assistance to join the beneficiary of its services.

Being a transparent tool, it also lists the range of activities provided at the beneficiary's place and therefore creates continuity in the services provided. If the beneficiary benefits from different services provided by multiple workers, this tool becomes really useful to provide a clear view of what have been done by colleagues, not to repeat the same activities, becoming an instrument to maximise coordination between workers. It optimizes the continuity of the provision of services and also the organization of workers rounds. It helps services providers to simplify tours and agenda of workers.

It is also a way to implement a person-centred service, with a specific and adapted care.

#### RELEVANCE

##### **Does the practice integrate the characteristics and needs of the people acting in the sector?**

The practice has been developed on request and with local public authorities. It is an adaptation of the Domiphone telemanagement solution implemented as from 2000 in France. Therefore, the Domiphone mobile application has been created according to feedbacks from users (workers, beneficiaries of the services and funding entities) of the previous Domiphone telemanagement solution. This background has contributed to design a solution answering:

- the specific needs of workers while delivering their services,
- Funding entities (as local public authorities) requesting for more transparency in the deliverance of services,
- Beneficiaries of the services and their relatives who pledge for more personalized approaches.

It is also worth noting that it is an easy-to-use application not requiring any IT competences.

### MATURITY

**Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?**

The Domiphone mobile application is a new tool added to the Domiphone telemanagement solution. It is brand-new (launch in October 2014) but the Domiphone solution has proved its efficiency as from 2000. The mobile application is therefore the result of the evolution of the sector and of existing solutions. It is a more technologic version of the Domiphone telemanagement solution. The mobile application is today considered as pretty achieved but it will obviously be adapted if needed in the future, according to the sector's demand and expectations.

### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

As previously mentioned, the adaptation of the Domiphone telemanagement solution has been made according to the market changes and expectations during a long process of dialogue with stakeholders of the system (be they local public authorities, services providers, beneficiaries of services, etc.). A meeting with a group of users has also been organized once to gather feedbacks and questions, and an option would be to institutionalize such a practice.

The solution is at the disposal of all stakeholders on request and on the basis of a commercial agreement. But the solution contributes to the evolution of the sector as a whole.

### EVALUATION AND MONITORING

**Are monitoring mechanisms in place? Are its results regularly evaluated?**

A satisfaction survey led by an independent structure is held annually to evaluate feelings and requests of users of the solution.

### TRANSFERABILITY

**Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

The Domiphone solution is an adaptable solution which is tailored made according to the needs of the funding entity. It comprises of a set of different features that can be customized.

It is currently used by different public local authorities within various contexts (rural, urban, with more or less elderly people, etc.) which proves its flexibility.

#### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

In France, the financial context (especially public finance) and the demographic challenges are really strong and heavy. Solutions to ease the outsourcing of personal and household services are more and more requested (notably for elderly and disabled people in need of long-term care). Such solutions, that facilitate the monitoring of public spending and increase the transparency of public money use, are warmly requested by public authorities.

#### INNOVATION

**Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

The solution relies on new technologies and items adapted to the everyday work on PHS. It gives access to features that ease the provision of such services and ensure their seamless management: it ensures transparency about the provision. Each stakeholder (worker, beneficiary and its relatives, the funding and management entities) has access to the precise agenda of PHS deliverance. It is a more dynamic and clear way of managing such services which ensures a follow-up and a continuity in the services provided.

#### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The solution contributes to a professionalization of the sector which competencies are currently suffering from a lack of recognition. It also contributes to shrink workers' isolation reinforcing confidence and well-being of workers. It ensures that a greater value is attached to PHS. As the sector is highly



dominated by working women, the solution is therefore directly embedded in the process of transformation of women recognition and image at work.

#### IMPACTS

Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?

Funding entities and providers of services need tools to facilitate their work. It is a way to limit their administrative charges and costs. The Domiphone application is an instrument at their services to ease their provision of services and to shrink the time consumption related to management and organization.

#### References:

- *Web links and bibliography*

<http://www.edenred.fr/besoin/gestion-des-programmes-sociaux-publics/produit/domiphone/>

<https://play.google.com/store/apps/details?id=com.penbase.domiphone.store>

- *Photos/Youtube videos, etc.*

<https://www.youtube.com/watch?v=iRUj3ScuDKA>

## GOOD PRACTICES SCORECARD. "TREMPLEIN SOLIDARITÉS"

IDENTIFICATION	
<b>NAME:</b>	<b>Franche-Comté Region: Programme "Support for jobs in the social and solidarity economy/Part 2: Consolidate and professionalize employment in associations operating in the field of domestic services - "Tremplin Solidarités"</b>
<b>territorial scope</b>	<b>Regional</b>
<b>Period of Reference</b>	2005-today
CONTENT	
<p><b>- Description of the good practice</b></p> <p>Since 2005, the programme "Tremplin Solidarités" of the region Franche-Comté seeks to enhance quality employment within not-for-profit organisations providing home care services specifically for elderly persons or persons with disabilities.</p> <p>The objectives of the initiative are multi-fold, as it aims to professionalize at the same time persons (working for service providers), the structure of the service provider and the sector (not-for-profit organisations providing home care services).</p> <p>Eligible are not-for-profit enterprises that</p> <ol style="list-style-type: none"> <li>a) provide domestic services/home care services to elderly and other persons dependent on assistance/care;</li> <li>b) are a member of one of the recognised national federations of domestic service/home care providers (ADESSA, UNA, ADMR) and therewith of the "Collectif Franc-Comtois d'Aide à Domicile" (composed of these three unions) and respect all relevant collective agreements in the sector.</li> </ol> <p>Persons whose employment and professionalisation is supported have to be employed by the above mentioned structures and have to find themselves in at least one of the following groups:</p> <ul style="list-style-type: none"> <li>- under 26 years old;</li> <li>- worker with disabilities;</li> <li>- 50 years +;</li> <li>- single parents;</li> </ul>	



- persons living in a rural zone that is undergoing a process of revitalization or in a disadvantaged neighbourhood;
- long-term unemployed;
- beneficiaries of the RSA (Revenu de Solidarité Active).

The eligible type of activity are home care services for elderly or other persons dependent on assistance/care (persons with disabilities, persons suffering from illnesses,...).

The structures benefitting from the financial support commit themselves to respect three criteria:

- Work integration: employment of persons belonging to the above mentioned groups (and thus partnership with intermediary organisations working, for example, in the field of work integration);
- Qualification/Professionalisation of employment: Maintenance or increase of the proportion of qualified employment (with the aim to reduce the proportion of low-qualified or unqualified employees within each beneficiary association by 10% each year in order to reach a reduction of low-qualified employment of at least 40%)
- Consolidation of employment: maintenance or increase of average working time

Moreover, beneficiary associations engage to employ trainees of the regional training programme in the sector of home care and form tutors able to accompany these trainees.

The agreement with each beneficiary association is based on a specific "Plan for Professionalisation", which takes account of the specific socio-economic situation and strategy of the association. Among the actions realised with the support of the region figure employment and training, purchase of relevant equipment or counselling services, certain communication activities, the employment of trainees etc. Associations are also strongly encouraged to improve the organisation of working time and to work on the improvement of working conditions together with their employees (increasing participation).

Since 2013, the Franche-Comté region also formalized its partnership with the Collectif Franc-Comtois d'aide à domicile in order to support cooperation and mutualisation between not-for-profit structures working in the field of personal

care and domestic services. Associations receiving financial support in the framework of Tremplin Solidarité have to use training instruments that are recognised by this platform. Therefore, the Franche-Comté Region examines each "Plan for Professionalisation" together with the Collectif Franc-Comtois d'aide à domicile.

**- General and specific goals:**

General objective: - Professionalisation and structuration of the employment of non-qualified (non-certified) assistants in the field of domestic services provided to elderly or other persons dependent on assistance/care.

- Improvement of working conditions of employees in the field of home care and therewith promoting a more positive image of the profession of a caregiver.

- Professionalisation of service provider organisations and of the sector in general.

- Promotion of cooperation between different service providers.

**FOUNDATION**

The programme contributes to a model which fosters, in particular:

a) a better qualification of carers/persons working in personal care and domestic services and therewith also

b) better work conditions (counteracting precarious work that is still widespread in the sector) and

c) a better recognition and image of professions linked to personal care and domestic services and better opportunities for employees to develop their career path;

d) the development and professionalisation of social economy enterprises/organisations and the recognition of the added value these enterprises/organisations are able to produce in comparison with other private service providers;

e) an improvement of the quality of care services;

f) a regularisation of work that might otherwise partially be delivered in an illegal way.

**RELEVANCE**

The programme responds, first of all, to the needs of employees in the personal care and domestic service sector inasmuch as it encourages employers to provide their employees with training opportunities leading to an improvement of qualifications (and their maintenance). Employees - in this sector often women



belonging to disadvantaged groups - are thus given better opportunities to develop their capacities and therewith career opportunities.

(Training opportunities in the care and domestic service sector still seem to be rather underdeveloped or employees might not be able to make use of them.)

Moreover, the improvement of qualifications also means the improvement of salaries (counteracting precarious work conditions).

At the same time, service providers are encouraged also to *maintain* qualified employment (therewith also counteracting a misuse of the programme by associations employing mainly under-qualified persons) and to improve working hours (offering more full-time employment etc.).

Through the improvement of qualifications of employees the initiative also stimulates a higher recognition and greater attractiveness of the profession as such.

With its focus on the social economy, the initiative gives a clear political signal, highlighting the importance of the sector and its added value and contributing to its further development.

Last but not least the improvement of qualifications of persons working in personal care and domestic services should also lead to a significant improvement of the service quality.

#### CONSISTENCY

The financing is provided to organisations

- a) responding to specific eligibility criteria (linked to principles and characteristics such as not-for-profit, respect of inter-branch-agreements);
- b) employing a specific type of person (namely those in unemployment or at risk of finding themselves in precarious work conditions, including illegal work);
- c) having established and implementing a specific "Plan for Professionalisation" which includes work integration initiatives, specific training measures for staff (aiming to improve their qualifications) and a commitment to increase or at least maintain the number of qualified staff.

Methodology and instruments are thus directly linked to the objective of the initiative.

### MATURITY

The initiative is in place since 2005. Since then it has been continuously reviewed and adapted.

Evaluation meetings take place on a regular basis, involving the public authorities and service providers (Collectif Franc-Comtois d'Aide à Domicile).

In 2013 the region further strengthened its cooperation with relevant social economy service providers by formalising its partnership with the main platform of social economy employers in the personal care and domestic service sector (the Collectif Franc-Comtois de l'aide à domicile).

Since 2005, the public envelope spent for the initiative increased significantly (from approx. 800 000 EUR to nearly 2 million EUR).

### EMPOWERMENT OF PLAYERS

- The initiative empowers above all employees (of social economy enterprises) by providing them with the opportunity to increase their qualifications and leave the vicious circles of precarious employment including low salaries, high working hours and lack of time for training.

- Persons finding themselves on a work integration path (and that have been in illegal work as caregivers before), are given a major chance to find their way back into the labour market as enterprises are specifically encouraged to take them on board.

- With the support *of* and the cooperation *with* the Collectif Franc-Comtois de l'Aide à Domicile the Franche-Comté region also promotes cooperation and mutualisation processes between different (platforms of) service providers that are supposed to strengthen the sector as such.

### EVALUATION AND MONITORING

An evaluation of the programme was carried out in 2012 in cooperation with FACT (Franche-Comté Amélioration des Conditions de Travail), a public agency focusing on the improvement of working conditions.

After this evaluation, the objectives of the programme were slightly modified by placing a higher focus on the raising of working hours and on the consolidation/further increase of qualified work within the organisation. Reason for this was a perceived risk that the concentration on professionalisation alone could also turn the financial support by the region into a "bonus for non-qualification" - encouraging associations to employ a high number of low-qualified persons with the aim to benefit from the initiative.

Evaluation meetings take place on a regular basis."

### TRANSFERABILITY

- A number of different organisations/enterprises may have access to the financing, as far as they fulfil the aforementioned eligibility criteria.
- Transferability of this practice to other regions/cities depends on aspects such as:
  - ⇒ availability of (public) budget and (political) willingness to allocate budget to this type of action and actors;
  - ⇒ existence of platforms of (social economy) service providers in a region, degree of cooperation between these platforms and degree of their cooperation with public authorities;
  - ⇒ existence of appropriate and recognised training instruments for the sector,
  - ....

### SUSTAINABILITY

Since 2005, the budget foreseen for the initiative doubled (from approx. 800 000 EUR to nearly 2 million EUR). The Franche-Comté region seems to clearly consider the initiative as a success. The conviction of the usefulness of investing into the sector is reinforced by outcomes of studies such as a study on the positive economic impact of supported homecare as opposed to costly hospitalisation (researchers calculated savings of 500 000 EUR for 925 analysed cases).

Sustainability of quality employment within social economy service provider structures is ensured the following way:

- Enterprises and organisations that were able to benefit from the financing provided by the region now profit from a reinforcement and better qualification of their workforce and professionalisation of their structures in general. This should strengthen them for the future (stronger capacities to provide quality services; to participate in public procurement procedures etc.).
- The reinforcement of cooperation and processes of mutualisation between the different enterprises/organisations belonging to the Collectif Franc-Comtois d'Aide à Domicile, the platform of not-for-profit service providers, strengthens the sector as such (e.g. possibilities to maintain jobs by forming an association of employers/alliance of employers and to adapt to changing situations within single enterprises by 'exchanging' qualified employees; joint organisation of training; joint participation in public procurement procedures etc.)...

Nevertheless, through a permanent dialogue with the beneficiary organisations and the service provider platform the region is also aware of and seeks to tackle challenges social economy service providers continue to experience (due, for

example, to their general interest mission and "exposure" within a competitive market).

### INNOVATION

According to the regional administration, a main factor of innovation (if compared to other territories in France) is the participative way in which the initiative has been conceived and is implemented, i.e. the deep cooperation with the employer organisations (Collectif Franc-Comtois d'Aide à Domicile). The latter is involved not only in the review and evaluation of the measures taken, but also in their preparation (i.e. the examination of each individual "plan for professionalisation" of applicant associations; the identification of training measures that are considered eligible etc.).

Also the main focus on professionalization in the broadest sense (professionalization of employees, of structures and of the sector) instead of a pure financing of work places, and the promotion of cooperation between different kind of associations can be considered as a particularity.

Moreover, the Franche-Comté region seems to place the dialogue around professionalisation into a broader debate on the context in which social economy service providers work and on the general challenges they are facing on a daily basis (i.e. public service mission versus competition on an open market).

### GENDER IMPACT

- Qualification: The initiative opens new ways for further (professional) development to women (as it is mostly them working in domestic and care services). A sector with predominantly female employees, (home) care services have for a long time been the ground for precarious employment (under-qualification, bad pay, part-time employment or high amount of working hours). With "Tremplin Solidarités" women are given the opportunity to receive training at the work place, increase their qualifications, improve their salaries, adapt working hours to their needs and develop career opportunities.

- Also in particular the increase of working hours (from mini to full-time jobs) renders jobs linked to care less precarious (which they have been for a long time and this especially for women, as it is above all women working in this sector).

- Women (but also men) working in the "grey/black employment market" might never be able/have the time to follow qualification processes and therefore also risk to find themselves in a vicious circle forcing them to remain in illegal work (which also means low quality work). The initiative offers an alternative and

encourages social economy to help these persons finding their way into legal quality employment.

#### RESOURCES

- **HUMAN RESOURCES:**
- **ECONOMIC RESOURCES:**
  - Total amount of financial support: approximately 2 million EUR/year
- **TECHNOLOGICAL RESOURCES: /**

#### IMPACTS

- **QUANTITATIVE:**

In 2014 approximately 2 million EUR were spent to finance 754 full-time equivalents temps in 13 not-for profit associations providing home care services.

  - The objective of reducing the proportion of low or not-qualified employees was nearly achieved already in 2010 (still at 75% in 2004 this percentage reached 48% in 2010).
  - Moreover, the initiative of the Franche-Comté region also stimulated the conclusion of further interbranch agreements (e.g. on working time).
- **DEGREE OF GOAL FULFILMENT: High**

## GOOD PRACTICES SCORECARD. CAISSE NATIONALE DE SOLIDARITÉ POUR L'AUTONOMIE (CNSA)

IDENTIFICATION	
Name	Caisse nationale de solidarité pour l'autonomie (CNSA)
Country and area (Region, City...) of implementation	<b>France</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>National</b>
Period of execution	June 2004 - Still running
CONTENT	
<p>- Description of the good practice</p> <p>La Caisse nationale de solidarité pour l'autonomie (CNSA) is a public institution created by the law of the 30th of May of 2004. La CNSA is, at the same time, a « fund » in charge of allocating financial resources and an « agency » for technical support. CNSA is responsible for financing aid for elderly and disabled people, ensuring equal treatment throughout the territory.</p> <p>CNSA provides financial support and funding for services to persons who have lost their independence. These services, in addition to daily needs, provide specific solutions to different people:</p> <ul style="list-style-type: none"> <li>• children: the provision of education and/or professional training;</li> <li>• Adults: assistance with professional and/or social integration (centres for professional re-education, social and medical support, care homes, etc.);</li> <li>• The elderly: by providing care and health services.</li> </ul> <p>Those services can be delivered at home or in specialized residences.</p>	
<p>- General and specific goals</p> <p>CSNA main goals are</p> <ul style="list-style-type: none"> <li>- financing the assistance for older people in loss of autonomy and people with disabilities,</li> </ul>	

<ul style="list-style-type: none"> <li>- guaranteeing the equality of treatments on all the territory and for every disable person,</li> <li>- Ensuring the information and animation of the network, covering a role of expertise,</li> <li>- Researching on the issues linked to the access to autonomy, no matter the age and the origin of the person with disability.</li> </ul>
<p>-Targeted groups</p> <ul style="list-style-type: none"> <li>• Elderly people and people with disabilities ;</li> <li>• Different actors in the sector (training organisations, departments, home care services providers or employers)</li> </ul>
<b>FOUNDATION</b>
<p><b>Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?</b></p> <p>The CNSA is responsible for providing financial support and funding of support services to persons who have lost their independence. Through its local agencies, CNSA provides credit for social care structure that provide assistance to elderly and disabled people.</p>
<b>RELEVANCE</b>
<p><b>Does the practice integrate the characteristics and needs of the people acting in the sector?</b></p> <p>CNSA provides financial support for services for people that have lost their independence. In this sense it offer a service of support that integrate the characteristics and needs of the sector;</p>
<b>CONSISTENCY</b>
<p><b>Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?</b></p> <p>CNSA action is based on equal treatment, so its resources are organised accordingly.</p>
<b>MATURITY</b>
<p><b>Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?</b></p> <p>The CNSA was created in France in 2004 following the events linked to the 2003</p>

heat wave and in connection with the new disability bill, voted in 2005.

### EMPOWERMENT OF PLAYERS

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

The CNSA has three major goals in leading social-care policies:

- funding services and residences for people with autonomy loss (19.2 billions euros) and contribute to local authorities' expenses for special allowances (2.35 billions euros) ;
- equal treatment for everybody in the whole territory : the CNSA distributes its funds to reduce disparities between regions ;
- a role of expertise and information towards its partners : in particular, the CNSA has a role of expertise towards MDPH network.

### EVALUATION AND MONITORING

**Are monitoring mechanisms in place? Are its results regularly evaluated?**

The activities of the CNSA are annually reported in the annual report. This document shows the state of activity of the Caisse and its services during the year in its financial functions, network entertainment, center of technical expertise, research and guarantee the responsible agency equal treatment throughout the territory.

### TRANSFERABILITY

**Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

This practice has public origins and can be replicated by all the Countries that share the same values and principles and want to support services for people that have lost their independence.



SUSTAINABILITY
<p><b>Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?</b></p> <p>Yes, but as it is based on the national legislation it can be modified by a political majority that intends to change its destination or suppress it. It doesn't seem the case though.</p>
INNOVATION
<p><b>Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?</b></p>
GENDER IMPACT
<p>Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.</p> <p>The 2003 heat-wave highlighted the need for the elderly and disabled people for modern social and medical residential facilities and support services which require increased funding. CNSA was set up to provide such funding.</p>
RESOURCES
<ul style="list-style-type: none"> <li>- human In 2014 CNSA employed 114 people, 66% of whom were women.</li>   <li>- economic (public/ private) The total CNSA budget in 2014 was 21.6 billion euros. The funds come principally from employer social contributions but also from taxes and reached 17.5 billion euros in 2014. 0.058% of the "General Solidarity Contribution": a tax similar to social contributions (= 725 million euros of the CNSA budget). The "Solidarity &amp; Autonomy Contribution": this tax aims to contribute to the financing and modernisation of services and benefits for the elderly and disabled. It corresponds to 0.3% of a company's total revenue (all employees in french companies donate a day's wage "by working for free"), which represented 2,4 billion euros in 2014. Another tax was created in 2013, the "Additional Solidarity &amp; Autonomy Contribution": this tax represents 684 million euros in 2014.</li> </ul>



### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

The impact of the CNSA activity is demonstrable and it contributes to respond to the need of resources to provide services to elderly people and disable people.

*References:*

- *Web links and bibliography*  
<http://www.cnsa.fr/>
- *Photos/Youtube videos, etc.*

## GOOD PRACTICES SCORECARD. MOBILE LEARNING SOLUTIONS

IDENTIFICATION	
Name	<b>Mobile Learning Solutions</b>
Country and area (Region, City...) of implementation	<b>Northern Ireland, UK</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>The programme operates across the entire region of Northern Ireland</b>
Period of execution	<b>October 2013 - On going</b>
CONTENT	
<p>- Description of the good practice</p> <p>The Northern Ireland Social Care Council has developed (in partnership with an e- learning solutions company called Learning Pool, the Department of Health and social Services, two universities, training colleges and key employers in the statutory and independent sector), a suite of mobile apps that have a particular relevance to the Social Care workforce. The apps include a Child Development series, 0-6, 7-12, 13-18 years; an app for child minders (who care for children in their own home) and an app on good practice for Domiciliary Care Workers and home workers (who provide care mostly for older people).</p> <p>The apps are free of charge, easy to access and are designed to support workforce learning and development. The apps have been developed to help careworkers' learning in practice by providing succinct, bite size information at their fingertips, as and when they need it. The apps also provide links and gateways to more detailed theoretical information to allow for greater reflection and learning towards accredited training and qualifications.</p> <p>Link to NISCC apps:</p> <p><a href="http://www.niscc.info/index.php/14-employers/236-mobile-apps-all-niscc-apps">http://www.niscc.info/index.php/14-employers/236-mobile-apps-all-niscc-apps</a></p>	
<p>- General and specific goals</p> <p>The goal of the apps is to provide free, easy access to information on good practice that would aid on the job learning. It is a practical approach to practice development that can be used, both as a real time tool and a reflective tool, by</p>	

the individual in supervision with managers, in peer group sessions with work colleagues and as part of a training programme.

-Target groups

Target groups are all those who work directly in caring for children and adults across all programmes of care.

### FOUNDATION

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

It responds in particular to the professionalisation of employment in the personal care and home care sector. It gives easy access to high quality, up to date practice information for on the job learning. It also provides a gateway to more detailed information with built in links to papers, journals and other sources of information. It follows content over areas such as, child development, values and behaviours, safeguarding and protection, administration of medications and health and wellbeing and so on.

### RELEVANCE

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

The apps integrate the characteristics and needs of the people acting in the sector in that it is designed to be a mobile learning tool that can be useful to the individual to look at real time, specific, information. It can also be used by a peer group to reflect on practice and to learn from one another as well as in a traditional classroom setting. As this group of workers tend to be mobile, it allows them to work on their own and have support for formal training with a tool that is designed to respond to their particular needs.

It is available at their fingertips, to them as an individual. It is also written in an accessible language and designed to capture key concepts and deliver quick, practical advice. A good deal of time and discussion in the design phase was spent

on ensuring the apps would be usable and accessible for the specific needs of the mobile workforce with potentially limited formal training in their area of care.

### CONSISTENCY

**Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?**

The apps have been designed as a suite of apps which follow a consistent approach in terms of design and content. The partner for the apps design is Learning Pool and the partners for the apps content consultants are the two universities in Northern Ireland (Queens University, Belfast and Ulster University). The content and access advisory partners are the key employers, the local training colleges in the sector, and the systems regulator in social care in Northern Ireland, (RQIA). NISCC is the regulatory body for the social care workforce in Northern Ireland and also has a lead role in workforce development. NISCC are currently in the process of completing the compulsory registration of home care workers in Northern Ireland which will make Northern Ireland the first country in Europe to register and regulate the home care workforce. The home care workforce will be required to work to standards of conduct and practice. The mobile app is consistent with the standards of conduct and practice and in line with regulation requirements.

The Child Development apps and Child minder apps are designed to be accessible not just to workers but also to parents so that formal and informal carers of children can be informed and share a common language.

### MATURITY

**Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?**

The first app- Child Development 0-6 years, was released in October 2013. The other apps have been developed on an on-going basis since then with constant review and refinement of design and function. For example, the third Child Development app includes for the first time, a feedback link to the NISCC website- this allows us to capture feedback on the app from users so we can continue to improve its function and design. To date almost 40,000 people have

used the apps and the numbers continue to grow. We are working now on a framework of maintenance to ensure the apps remain up to date with relevant information as well as exploring the further development of new apps.

#### **EMPOWERMENT OF PLAYERS**

**Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?**

The app has been developed in partnership with the two universities in Northern Ireland, key employers in the public and private sectors, key training organisations and e-learning solution partners, Learning Pool, the systems regulator in Northern Ireland (RQIA), the Department of Health & Social Services and a number of community based organisations. Key to the development of the apps has been the nature of collaboration and partnership working across the government department, regulators, employers in the statutory and private sector, community based groups who advocate for service users, training providers, and the universities. The methods for development and design of the apps are held within the partnership but could be replicated or translated with support from NISCC.

It is a free app available through iPlayer and Google and has been publicised widely and shared with the key umbrella organisations, IHCP and UKHCA.

#### **EVALUATION AND MONITORING**

**Are monitoring mechanisms in place? Are its results regularly evaluated?**

Monitoring at this stage is largely through usage and analysis of the app downloads. Plans are in place to evaluate impact through the development of learning focus groups. A feedback tool has now been developed and applied to all the apps which is providing useful monitoring information from users.

### TRANSFERABILITY

**Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

The basic design and method used to develop the app has been applied to the development of all the apps. While the apps themselves are freely available and are being used by a number of organisations and individuals, the design features and content management belong to NISCC. We have plans for the development of apps in Dementia and End of Life Care. All the apps are in English and use UK policy and legislation. Opportunities for translation and importing policy and legislation from other countries can be explored and should be possible with minimal cost and resource implications.

### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

The on-going development and maintenance of the app will be carried out by NISCC with support from its partners. The app is embedded with a suite of mobile solutions that is a key activity for NISCC. An on-going contract is in place with Learning Pool to ensure technical and design consistency is maintained and the apps continue to receive policy support from all the providers across the region.

### INNOVATION

**Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

The app is novel in itself for the sector as there is no similar tool currently available. It has opened up a wide range of possible blended learning opportunities and open badge approaches to accreditation for learning. E-learning is not a key feature in this sector in Northern Ireland. This app has pointed the way towards the potential of such an approach and is being used as a learning, practice development and training tool. Feedback from the sector has been very positive and all stakeholders in the sector continue to support the further development of apps as key learning tools.

### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

The care workforce in Northern Ireland is predominantly female, low skill and low paid. This is a practical and accessible approach to learning for women who can use the app, at a time and place convenient for them, to improve their knowledge and skills and potentially setting them on the road to qualifications in health and social care and Childhood studies. The nature of this mobile solution is that people can use it in a way which opens up new possibilities for learning and development, in a way that allows a balance between family life and professional development. The overall impact on this area has not been tested yet but could be an interesting part of the evaluation process.

### RESOURCES

- human - **Content and maintenance**  
NISCC and partners time and expertise
- **economic** (public/ private) - Cost of developing the app, the technical and contract costs are the key resource areas
- **technological** - Challenges of app design to ensure easy use and access

### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

Over 40,000 people have used the apps to date. Feedback suggest the apps are very useful tools for learning and provide effective mobile solutions for people working in care. No formal evaluation of the programme for apps has taken place as yet- this is currently being planned to give us a clearer idea of the impact.

**References:**

Web links and bibliography:

<http://www.niscc.info/index.php/14-employers/236-mobile-apps-all-niscc-apps>

## GOOD PRACTICES SCORECARD. CASA CARE AND SHARE ASSOCIATES

IDENTIFICATION	
Name	<b>CASA Care and Share Associates</b>
Country and area (Region, City...) of implementation	<b>UK</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>Knowsley, Leeds, Halifax, North Tyneside, Newcastle and Manchester</b>
Period of execution	<b>2004-NOW</b>
CONTENT	
<p><i>- Description of the good practice</i></p> <p>Care and Share Associates (CASA) is a UK's leading employee-owned home care social enterprise. CASA is a social enterprise which develops franchise companies in which the workforce are the owners. Employees are able to participate in the decisions that affect their working lives.</p> <p>With its founder organisation Sunderland Home Care Associates (SHCA), was awarded Social Enterprise of the year in 2006. With four CASA units in operation, and providing over 7000 hours of care per week, CASA is viewed by the Department of Health and others as a trail-blazer in health/home care social enterprise franchising replication.</p> <p>The CASA Group supports people to live in their own homes, in the way they choose, with as much independence as possible. In particular, their services are directed to older persons considering getting help with care and support and disabled persons who need additional care and support.</p> <p>CASA provides 24/7 support for disabled adults who wish to live in their own homes. Its Franchise Companies can offer people assistance with personal care, including:</p> <ul style="list-style-type: none"> <li>- Washing, bathing and showering</li> <li>- Getting up and going to bed</li> <li>- Changing bed linen</li> <li>- Using the toilet and maintenance of continence</li> </ul>	

- Assistance with moving and transfers
- Help during the night
- Support to carers
- Enabling
- Assistance with the prompting of prescribed medicines

CASA also provide support with domestic tasks, such as:

- Preparing meals and washing up
- Shopping and running errands
- Domestic and household tasks
- Sitting service

*- General and specific goals*

CASA is a social enterprise whose purpose is not to maximise profit but to provide high quality care and support. Its main commitment is to the communities we serve. This means creating better jobs, supporting employees' professional development and offering a high quality, flexible service to those individuals who rely on us for their care needs.

CASA's approach to workforce planning is therefore about more than recruiting and training staff, it also means defining a positive workplace culture. Social care providers are now required to offer a range of support options beyond the traditional boundaries of residential, day and home care. CASA longer term strategic vision is to continue to expand and make a real difference in the social care sector.

CASA's mission is to democratise home-care in the UK, greatly enhancing the 'social enterprise take' of the UK's Health and Social Care market through robust competition with the private sector, and close collaboration with the public sector. This will be achieved through the replication of successful social enterprise models working within the health and social care sector.

*- Targeted groups*

- Older people considering getting help with care and support for themselves;
- Family members, carers or people having Power of Attorney of somebody needing care;



<ul style="list-style-type: none"> <li>- Disabled people who need additional care and support;             <ul style="list-style-type: none"> <li>- Parent of an adult son or daughter who is disabled.</li> </ul> </li> </ul>
<b>FOUNDATION</b>
<p><b>Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?</b></p> <p>CASA has succeeded in forging a model of ownership and management that rewards the loyalty and professionalism of the whole staff team. For them, employee ownership means a commitment both to the service and to the people receiving care.</p>
<b>RELEVANCE</b>
<p><b>Does the practice integrate the characteristics and needs of the people acting in the sector?</b></p> <p>CASA has established a ‘panel’ whereby all units get the chance to share experiences, get involved in training and professional development. The panel also has the function of electing two of its own members to represent the units on CASA’s board of directors. The panel is the way in which the CASA’s Group really articulates its voice to policy-makers and the outside world- to become the democratising force of the home-care sector.</p>
<b>MATURITY</b>
<p><b>Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?</b></p> <p>CASA was set up in 2004, but the way they work is based on the pioneering and award winning social enterprise, Sunderland Home Care Associates, which has been providing care and support since 1993.</p>
<b>EMPOWERMENT OF PLAYERS</b>
<p><b>Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice’s know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?</b></p> <p>Care and Share Associates Ltd (CASA) is led by an experienced Board and backed by Bridges Ventures, a private investment company, which aims to achieve dedicated social and/or environmental goals through its support.</p>



CASA maintains close relationships with all of its franchise companies and owns a minority stake in each. Each franchise company has at least one CASA Board member on its Board.

CASA holds up to 26% of shares in all its Franchise Companies. The remainder of the Franchise Companies' shares are held in Employee Benefit Trusts (EBTs), which allocate shares to employees in accordance with the rules laid out in the Share Incentive Plan (SIP).

CASA franchise companies support each other in many different ways, including sharing resources, learning from each other and offering moral support when things are difficult. They are actively growing and developing new employee owned social enterprises, not just so that as many areas as possible can benefit from the model and way of working, but also because we know that together we're stronger.

#### EVALUATION AND MONITORING

##### **Are monitoring mechanisms in place? Are its results regularly evaluated?**

Their Quality Management System consists of a robust and comprehensive set of policies that meet the statutory requirements for running and delivering a domiciliary care service including, all aspects of managing and staffing the service, the care of our Service Users, health and safety legislation etc. All CASA policies are reviewed regularly to ensure they are current and continue to meet all statutory, regulatory and legislative requirements.

The CASA Group employs a full-time Quality Manager, who has overall responsibility for the implementation of our Quality Management System.

#### TRANSFERABILITY

##### **Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

CASA offers a range of consultancy services to Local Authority and NHS clients, as well as social enterprises and voluntary sector organisations.

This service includes:

- Service design and improvement
- Workforce planning and remodelling
- Assistance with preparation of pre qualification questionnaires

- Assistance with tender preparation and submission
- Supply of systems compliant with the Care Quality Commission
- Business planning service
- Mentoring
- Introducing employee ownership and share schemes
- Mutualisation
- Support in assisting disabled people and those that support them explore self employment and small business opportunities through Red CIC

The structure and the range of services offered can be replicated by other organisations.

#### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

Core funding for CASA in its early stages has been provided by the European EQUAL-funded project IN SPIRE, while each new business requires an initial investment of around £ 90000 from local funders and a commitment from the local authority to purchase a specified number of hours once the company is established. In addition CASA has an ongoing relationship with Co-operative and Community Finance, a social finance provider, who have made loan agreements to each new unit to contribute towards working capital.

CASA is also about providing value for money. It has always worked in close partnership with Local Authorities, PCTs and other commissioning organisations to help them make better use of finite resources. Employees of CASA franchise companies are trained and encouraged to help reduce people's dependency on more expensive and intrusive services, which not only contributes to their quality of life but also saves money. Partnership working also means being transparent about our structures, finances and policies.

#### INNOVATION

**Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

CASA Group approach is to support people to live in their own homes, in the way they choose, with as much independence as possible. In this sense CASA's approach is innovative compared to the classic residential care system.

In developing innovative services CASA recognises that social care providers are now required to offer a range of support options beyond the traditional boundaries of residential, day and home care. As levels of demand for care and support continue to increase, CASA is determined to look ahead to new models of provision which will achieve cost savings whilst ensuring choice, control and dignity for individuals who use services. They have recently invested in additional capacity in quality management so that they can ensure a consistent approach to quality and outcomes across the whole group.

#### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

#### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

The activities carried out by CASA Group show that this practice produces positive impact that contribute support people in need of support services.

#### References:

- *Web links and bibliography*  
<http://www.casaltd.com/>  
<http://www.casaltd.com/uploads/CASA%20Case%20Study%20pdf.pdf>
- *Photos/Youtube videos, etc.*

## GOOD PRACTICES SCORECARD.GIL COOPERATIVE GOTHENBURG

IDENTIFICATION	
<b>NAME:</b>	<b>Personal assistance and the GIL Cooperative Gothenburg</b>
<b>territorial scope</b>	<b>Personal assistance: national scheme; cooperatives replicated in different cities all over Sweden</b>
<b>Period of Reference</b>	1983/1985 - today
CONTENT	
<p><b>- Description of the good practice:</b></p> <p>GIL cooperative in Stockholm emerged out of the Independent Living Movement and its definition of “personal assistance” following which the end user of the service decides “who is to work, with which tasks, at which times, where and how”.</p> <p>The cooperative was set up as a project in 1989 by several persons with a handicap.</p> <p>It now operates based on a model of personal assistance which was made possible through a national law adopted in 1994 - a law making direct payment for personal assistance to persons with a high degree of disability possible: Based on a biannual assessment of the assistance needs (in hours) of each beneficiary, the latter receives directly a certain amount of money. With this budget he/she is entitled to contract one or several assistants directly, or to use the services of public or private organizations providing assistance.</p> <p>In the case of the GIL cooperative of which only assistance users can be a member (and board members), the monthly benefits paid by the authorities (either the municipality or the National Social Insurance Agency) to the person are</p>	

transferred to the cooperative and the subaccount of the respective member.<sup>7</sup> Each member of the cooperative is accountable for his/her budget which is used to cover the salary costs of the personal assistant, administrative costs and some extraordinary expenses (e.g. travel of the assistant when accompanying the beneficiary etc.).

GIL signs the employment contract and acts thus formally as the employer of the personal assistants which are, however, recruited, trained and supervised by the members of the cooperatives individually following their specific needs.

The services delivered by the cooperative include advice; administration and accountancy; training of beneficiaries and assistants; legal counselling (representation of individual members in legal disputes etc.) and communication (disseminating information on the movement etc.).

Moreover, GIL also acts as an advocacy organisation aiming to change the public perception of people with disabilities and to make society for the latter as accessible as it is for any other part of the population.

Before entering GIL cooperative as a member and starting to recruit their personal assistant, potential members have to take part in training sessions aiming to convey the necessary skills and knowledge on recruitment, supervision, training of assistants etc. Moreover, peer support sessions are organized on a regular basis to provide cooperators with the opportunity to exchange information and experiences on relevant topics.

Assistants are principally not shared between different members.

Members of the cooperative do not live together, but in different places all around the city and county.

Each beneficiary of personal assistance benefits has to diligently report on and prove the use of the budget he/she received.

**- General and specific goals:**

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<sup>7</sup> For each member, the cooperatives concludes a contract either with the municipality or the National Social Insurance Agency (depending on which institution is paying the personal assistance benefits of the respective person).

The General Goal of the (Swedish) Independent Living Movement and GIL cooperative is to maximise each person's control over personal assistance at the least administrative costs.

More specifically, the initiative aims to equip the assistance users with all necessary knowledge and advise making it possible for them to take their own decisions regarding the specific character of the assistance. This, in turn, is supposed to enable the beneficiaries to exercise their roles in society and in their family (going to work, raising children, participating in household keeping, having social relations, following out leisure activities etc.).

#### FOUNDATION

Practice contributes to a model which fosters:

- a) the empowerment of beneficiaries enabling them to have a life according to their individual potential and wishes (not making their life dependent on 'care standards', limited availability of care staff etc.);
- b) direct control of the quality of the service by the service user;
- c) a greater independence of other household members/family members that are able to work, share responsibilities (household keeping, children etc.) with the assistance user etc.;
- d) a regularisation of work that would otherwise partially be delivered in an illegal way...;
- e) a certain room of manoeuvre regarding the engagement of assistants (with a certain flexibility regarding working hours etc.).

Moreover, as it is based on a universal rate per service hour, the personal assistance model counteracts a price dumping in social services such as it might happen in the framework public procurement and related contracting between local authorities and certain type of service providers.

Cooperatives such as STIL and GIL, in turn, further enhance the positive effects by:

- a) allowing their members to acquire the necessary competences enabling them to recruit, train and supervise their assistants;
- b) organisation of training sessions also for assistants (in cooperation with the members);
- c) diminishing administrative costs and providing legal advice;
- d) promoting cooperation between different personal assistance beneficiaries;
- e) carrying out actions aiming to change the public perception of persons with



disabilities and increase accessibility of the latter within society.

### RELEVANCE

The GIL example can be seen as an alternative to traditional care solutions (in particular homes and day care centres) that might often somehow impose a unique way and rhythm of live on the persons in need of assistance (dependent on the availability of staff and service hours)- due to economic constraints or even "profit-seeking", or even due to a certain conception of "care" and related standards that does not take into account the needs and empowerment of the individual beneficiary.

The danger of local/regional authorities contracting out such services on the basis of the "lowest cost" criterion does also not exist, as the payment of individual assistance benefits is linked to a universal calculation based not only on physical care (washing, feeding etc.), but also needs related to the different roles of the individual in society and his/her family.

On the part of carers, personal assistance such as it is practiced in GIL is also a means to establish a human relationship with the beneficiary (which does not seem the case in many traditional care institutions where staff often deplores not to have enough time to interact with the beneficiary and satisfy specific needs of the person, as the large number of patients to be served allows to follow a minimum care standard only).

### CONSISTENCY

The possibility for the assistance user to directly receive the assistance benefit - calculated on the basis of the analysis of *individual* needs, to administrate this budget himself/herself and be the employer of her/his own assistants is meant to ensure the greatest possible self-determination of the person in need of care. Training and peer-support organised by the cooperative further contribute to the process of empowerment of the beneficiaries.

### MATURITY

The Personal Assistance Model has been (and still is) promoted and disseminated in Sweden by the Independent Living Movement since the 1980s. After successful pilot projects carried out in the 1980s often in cooperation with municipalities (e.g. Stockholm and Gothenburg), the model finally found support in a national law adopted in 1994. This law gives each person with a specific degree of disability to benefit from personal assistance and the related financial benefits.

Different studies were conducted since then and were able to prove the

usefulness and success of the model in social and economic terms.

Moreover, the model has been replicated in a similar form in several other European countries (Norway, Finland, Denmark,...) and is being tested in others.

### **EMPOWERMENT OF PLAYERS**

Following the example of the STIL cooperative in Stockholm or GIL in Gothenburg, a number of similar cooperatives emerged all over Sweden (and similar experiences now exist also in other European countries), supported by the Independent Living Movement.

Empowerment of different stakeholders through personal assistance:

Persons with disabilities: A large government survey proved that 16% of persons (assistance beneficiaries) were able, through personal assistance, to have a job enabling them to earn their lives.

Family: A high number of family members of the persons enjoying personal assistance could take up work again (or was never forced to stop working).

Assistants: Work places were/are created for a number of persons, including persons belonging to groups that would otherwise rely very much on social benefits (such as students, persons with a migration background and others). They are thus given the opportunity to integrate into the labour market, but also into society in general.

*However, assistants are not member of the cooperative (they do not have any voting right)!*

### **EVALUATION AND MONITORING**

An evaluation of the Personal Assistance Scheme as such was carried out by the National Social Insurance Agency, but also by institutions such as Stockholm University (see "Impact").

GIL evaluates the services delivered annually with each member in the framework of the establishment of his/her individual assistance plan.

### TRANSFERABILITY

- The transferability of the model depends very much on the willingness of national governments and public authorities to adapt national social security schemes and then subcontract with such kind of cooperatives and other initiatives.
- So far, similar approaches seem to be developed in a few other EU Member States (among them Scotland, Slovenia and...?). In other countries, however, the model met more or less strong resistance also by Welfare Associations (running many of the more traditional homes and services for persons with disabilities).

### SUSTAINABILITY

The sustainability of the model is based on its link to the national Personal Assistance Scheme.

Practice and studies showed its success.

- A study conducted by Stockholm University showed that the Personal Assistance Model - compared with community-based municipal services - had led to savings of more than 3 billion crowns in-between 1994 and 2006.
- It has been proven that over 50% of public payments for Personal Assistance go back into public funds as income tax or social security contribution.
- A large number of regularized jobs have been created (and a part of the beneficiaries are themselves enabled to work).

...

### INNOVATION

- Few examples seem to exist in Europe where empowerment has reached this stage and where the final beneficiary (here person with disabilities) has such a direct influence on the quality of a service and the conditions in which the service is delivered. Decisions on how to use the care budget are made directly by the final beneficiary. This means that the latter has direct control over the service, choosing himself/herself his/her assistant and defining the (daily) activities this assistant will help him with (in the framework of the total of daily assistance hours fixed by the national social insurance agency for the beneficiary on a biannual basis).
- Price for care services: "Neediness" is calculated not just on the basis of the degree of impairment, but regarding the different roles the beneficiary fulfills/could potentially fulfill within society and economy: employee/work; family etc.
- The cooperative serves as an instrument to enhance the degree of

independence for the final beneficiary by providing training and peer-to-peer exchange regarding recruitment of and employment relationship with the assistant.

Moreover, it allows personal assistance users to mutualise means in order to diminish administrative costs.

#### GENDER IMPACT

- The model promotes burden-sharing within families of the assistance user in as far as also the role of the beneficiary within his/her family (e.g. childcare) is taken into account whilst calculating the hours of service he or she is entitled to.

- The existence of personal assistance certainly enables a number of women (but also men) that would have stayed at home in order to take care of a family member with disabilities to return back to work.

#### RESOURCES

##### - HUMAN RESOURCES:

- GIL employs 1800 persons providing personal assistance.
- The cooperative has 235 members (at the same time the beneficiaries and service users) who recruit, train and supervise their assistants and who put their knowledge at the disposal of other members of the cooperative
- staff of the cooperative (23 persons) are in charge of administration, legal advice, organisations of training and exchange and information/advocacy work.

- **ECONOMIC RESOURCES:** mainly from the personal assistance scheme (which covers also administrative costs etc.)

- **TECHNOLOGICAL RESOURCES:** /

#### IMPACTS

- **QUANTITATIVE:** GIL cooperative Stockholm: 235 members, 1800 personal assistants

- Costs savings in comparison with traditional public services: A study conducted by Stockholm University showed that Personal Assistance Model - compared with Community based municipal services had led to

savings of more than 3 billion crowns in-between 1994 and 2006.<sup>8</sup>

- Personal assistance in Sweden led to the creation of employment (also and especially for groups that would otherwise be dependent very much on social welfare benefits...). According to a study of the National Social Insurance Agency realised in 2012, approximately 16 000 assistance users employed in total 50 000 full-time assistants.<sup>9</sup>
- Over 50% of public payments for Personal Assistance go back into public funds as income tax or social security contribution.
  
- The model of personal assistance and the cooperative has been replicated in other cities and EU Member States.

- DEGREE OF GOAL FULFILMENT: High

#### REFERENCES:

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[http://www.independentliving.org/files/Personal Assistance in Sweden KW 2010.pdf](http://www.independentliving.org/files/Personal%20Assistance%20in%20Sweden%20KW%202010.pdf)
- Adolf Ratzka: Die Voraussetzungen zur De-Institutionalisierung von Menschen mit Behinderungen. Fachtagung „WOHNEN FÜR ALLE – Teilhabe für Menschen mit Behinderungen. Berlin 14. April 2015.

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- <sup>8</sup> ADOLF RATZKA: SELF-DETERMINATION THROUGH DIRECT PAYMENTS AND PERSONAL ASSISTANCE COOPERATIVES, KEYNOTE AT THE LAUNCH OF THE CITIZEN DIRECTED CO-OPERATIVES CYMRU (CDCC) PROJECT SUPPORTING CITIZENS IN WALES TO DEVELOP A DIRECT PAYMENT CO-OPERATIVE OWNED AND RUN BY ITS MEMBERS, CARDIFF (WALES), 24 MARCH 2015.
- <sup>9</sup> Adolf Ratzka: Die Voraussetzungen zur De-Institutionalisierung von Menschen mit Behinderungen. Fachtagung WOHNEN FÜR ALLE – Teilhabe für Menschen mit Behinderungen. Berlin 14. April 2015.

## GOOD PRACTICES SCORECARD. ONE FAMILY-ONE PLAN SCHEME

IDENTIFICATION	
Name	<b>One family-one plan scheme</b>
Country and area (Region, City...) of implementation	<b>Municipality of Heusden, The Nederland</b>
Territorial scope (does it operate to the entire territory or only in part of it?)	<b>Municipality of Heusden</b>
Period of execution	From January 2015
CONTENT	
<p>- Description of the good practice</p> <p>As part of the devolution process taking place at the local level, the City of Heusden is trying to restructure social services and improve the way care is delivered. The idea is to work on more integrated solutions (holistic approach) to support households. Previously, problems faced by service users tended to be solved on an individual basis without taking into consideration the broader picture. This new way of supporting people leads also to more efficient and sustainable solutions.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> <li>• Commissioning social service and health care to private providers,</li> <li>• Organising the informal care sector.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Setting up a monitoring system,</li> <li>• Setting up of team responsible to grant access to formal care,</li> <li>• Setting up of an Advisory Board,</li> <li>• Assessing the needs of the population,</li> <li>• Signing agreements with service providers (over 55 organisations),</li> </ul> <p>Personal and household services can be organised in three different ways:</p> <ul style="list-style-type: none"> <li>• Households are granted a specific amount of time per week (most common option). Service providers deal directly with the municipality of Heusden for the price. The municipality has an agreement with six service providers for housecleaning (average amount of time: 2 hours/week, price: €21/hour).</li> </ul>	

- Personal budget: service users need to commission their own services in exchange of receiving a specific budget (€29/week for housecleaning). A national organisation records the bills and proceed to the allocation of personal budgets.
- Vouchers: poorly-developed for now. Service users use a voucher to pay a part of the service and the municipality covers the rest.

In practice, one professional carries a need assessment during a “kitchen-table interview” at home using the “quick-scan” method and sets up a personal plan taking into consideration various criteria: family situation, housing conditions, financial situation, health (physical, mental), daily activities and possible involvement of family, friends, neighbours etc.

Type of services and support delivered: social care and support, guidance and counselling for unemployed people, care planning, medical care.

- General and specific goals

- Deliver more coordinated and integrated care services for one family
- Improving the quality of care delivered while reducing the cost

-Targeted groups

people in need for care and support (between 3.500 and 4.000 out of 43.000 inhabitants)

#### FOUNDATION

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

Yes. As part of the devolution process taking place at the local level, the City of Heusden is trying to restructure social services and improve the way care is delivered.

#### RELEVANCE

**Does the practice integrate the characteristics and needs of the people acting in the sector?**

YES. The idea is to work on more integrated solutions (holistic approach) to support households.



<b>CONSISTENCY</b>
Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?
<b>MATURITY</b>
<b>Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?</b>
<p>No, the practice is a consequence of recent reforms. In particular, it responds to the devolution process which has given local authorities more responsibility for delivering care and support, city councils set up new policy frameworks spelling out budget, long-term actions and objectives to achieve.</p> <p>As from 1st January 2015 new versions of the Social Support Act (WMO - Wet Maatschappelijke Ondersteuning), the Act on Youthcare (Jeugdwet) and the Participation Act (Participatie wet) that regulate healthcare, youth policy, unemployment services, education entered into force devolving more competences to local authorities in social policy.</p>
<b>EMPOWERMENT OF PLAYERS</b>
<b>Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?</b>
<p>The practice has a public support from the municipality of Heusden but foresees the cooperation between several actors, in particular:</p> <p>The Municipality of Heusden (leading organisation)</p> <ul style="list-style-type: none"> <li>• For-profit and non-profit service providers</li> <li>• Volunteer organisations,</li> <li>• Employment Centres,</li> <li>• Medical care</li> <li>• Nursing homes</li> </ul>
<b>EVALUATION AND MONITORING</b>
Are monitoring mechanisms in place? Are its results regularly evaluated?
No evaluation method has been implemented yet but one will be carrying out in 2016 on the previous year.

However, systems of control are already in practice to ensure the quality of the services:

- Random phone calls to ask service users feedback,
- Random visits at home,
- Annual survey to service users

#### TRANSFERABILITY

**Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?**

Yes, the practice is transferable to other reality that share the same values and wants to provide support for people in need of cares.  
 Across the Netherlands, this scheme has been widely implemented by local authorities to different extents.

#### SUSTAINABILITY

**Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?**

Yes

#### INNOVATION

**Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?**

Yes, previously, problems faced by service users tended to be solved on an individual basis without taking into consideration the broader picture. This new way of supporting people leads also to more efficient and sustainable solutions.

#### GENDER IMPACT

Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.

#### RESOURCES

- human
- economic (public/ private)



The annual budget for social policy in the Municipality of Heusden is of €35.000.000 divided as followed:

- Unemployment benefits and care (€15 million),
- Youth policy and childcare (€8 million),
- Social support and care (€12 million).

- technological

### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

The practice is quite recent to be evaluated in terms of impact. It can already be said however that it is a positive and proactive contribution to social services and improve the way care is delivered, by delivering more coordinated and integrated care services for one family and improving the quality of care delivered while reducing the costs.

#### References:

- *Web links and bibliography*
- *Photos/Youtube videos, etc.*

## GOOD PRACTICES SCORECARD. "ELDERLY FOR ELDERLY"

IDENTIFICATION	
Name	<p><b>"Elderly for higher quality of living at home"</b>  <b>Short name: "Elderly for Elderly"</b>  <b>Project leader: Zveza društev upokojencev Slovenije, Kebetova 9, 1000 Ljubljana,</b>  <b>And Društvo upokojencev Novo mesto, Čitalniška 1, 8000 Novo mesto</b></p>
Country and area (Region, City...) of implementation	Slovenia, all regions
Territorial scope (does it operate to the entire territory or only in part of it?)	Operating on the entire Slovenia area
Period of execution	Permanent
CONTENT	
<p>- Description of the good practice</p> <p>Social care program: Elderly for higher quality of life at home is carried out since 2004 on the basis of tender Ministry for work, family, social affairs and equal opportunities. It is included in the multi-annual program. Coordinator of the program is Association of Pensioners of Slovenia, contractor is the Pensioners' Association of the entire Slovenian area. The program is intended for persons older than 69 years who live at home and need various forms of assistance and services. Each year new entrants, those who completed the age of 69, join the program, younger people only if they are ill or disabled.</p> <p>The program is currently being implemented in 302 of the 503 associations of pensioners in the territory of SLO with 3450 volunteers who visit the elderly, irrespective of membership in DU living at home. In accordance with the adopted methodology they conduct a personal interview on the basis of a questionnaire, through which they determine the quality of their lives and their need for assistance and services. The interview is carried out with the consent of the user. They participate and connect with other NGOs - the Red Cross, Caritas and public services and local community.</p> <p>The program runs from 2004- and by the end of 2014, it included 152,082 senior</p>	

citizens or 64% of all target groups, 82.4% of the target group in the areas of societies that are included in the program... There were 524,774 visits carried out and 119,468 different forms of organized services.

In 2013 alone 834,241 hours of voluntary work were carried out.

- General and specific goals
- get to know the needs of older people living at home
- to seek those who can not or are unable to seek help
- start the continuous contact with existing public services and non-governmental organizations
- organize and implement voluntary help

Specific objectives:

- to allow the elderly to live independently in their home environment for as long as possible
- to inform local and state community about the quality of life and the needs of the elderly with the help of the organization
- to contribute to a realistic assessment of the needs for assistance and services with quality data
- help with legislation.

-Target groups

- all older than 69 years of age, living in Slovenia
- young disabled and ill persons in need of help

#### FOUNDATION

**Does the practice respond to the aims of the project? Does it contribute to the identification, creation and professionalization of employment in the personal care and home services sector?**

The practice of implementation of the program has proven over more than 10 years the fulfillment of the set objectives and identifies the need for support for informal carers and increasing the accessibility of its assistance in the home and thus carers of the elderly.

At the very implementation of the program, due to the scale of the area and the number of operators involved, the need for professionalization of leadership of the volunteers on the regional level - With professional workers from the field of social care.

<b>RELEVANCE</b>
<p><b>Does the practice integrate the characteristics and needs of the people acting in the sector?</b></p> <p>Yes</p>
<b>CONSISTENCY</b>
<p><b>Does it have a methodological approach relating the processes and instruments it uses to the aims and outcomes of the action?</b></p> <p>Yes. The program is implemented in accordance with the adopted methodology of the program approved by the Social Chamber of Slovenia and the Rules on the implementation of the program, which includes organizational and substantive approach to the implementation of the program. In accordance with the adopted documents education for all program providers is carried out.</p>
<b>MATURITY</b>
<p><b>Has it had enough time to evolve so as to stabilize the processes involved and the results obtained?</b></p> <p>During the implementation, the technique of monitoring was developed with the help of BOPRO information program, through which the server gives immediate insight into the state of the program after each contractor organized aid and services.</p>
<b>EMPOWERMENT OF PLAYERS</b>
<p><b>Does it have strategies and mechanisms in place to allow the various stakeholders in the sector to acquire and take on board the good practice's know-how, methods and tools so that it can be implemented autonomously? Has it been developed through alliances and collaborations between different public and/or private stakeholders?</b></p> <p>Yes - in conjunction with local communities -in intergenerational day care centers / Municipality of Kanal, Črnomelj</p>
<b>EVALUATION AND MONITORING</b>
<p><b>Are monitoring mechanisms in place? Are its results regularly evaluated?</b></p> <p>Information program BOPRO allows daily monitoring of the implementation of the program and the daily output frequency distribution of the answers to the 63 questions. We can also daily monitor if any deviation occurred at any of the contractors.</p>



TRANSFERABILITY
<p><b>Does the practice have mechanisms and tools in place to enable other organizations to adopt the experience? Has it been replicated with positive results in other organizations?</b></p> <p>If interest is shown - they could.</p>
SUSTAINABILITY
<p><b>Does the practice enjoy the political, technical, human and financial conditions to ensure its continuity over time?</b></p> <p>The program is implemented is based on bidding of MDDSZ and is included in the multi-annual program and partly funded by the Foundation of disability and humanitarian organizations. The program is supported by mayors of local communities and is based on calls to a lesser extent on local funding.</p> <p>Implementation of the program is to support the program of help at home on a voluntary basis, but it is also a good basis for the planning of social policy on the local and national level.</p>
INNOVATION
<p><b>Has it created or adopted a novel approach to the problem? Has it generated different alternatives to the traditional options for managing the problem?</b></p> <p>Yes, program is carried out on an individual basis on the user's home, and traditional forms are still based on the user's engagement, ie a personal visit to the NGOs or public services - the elderly do not want to ask or proclaim their need for assistance and poverty or even abuse, so a new individual approach found a greater number of needs for power services as well as cases of violence.</p>
GENDER IMPACT
<p>Please point out the visible outcomes of the good practice in terms of transforming gender roles and the improvement in the balance between professional, family and personal aspects. In the case of public administrations, please point out the correction of deficits and risks in the public policies, services and resources for employment.</p> <p>On the volunteer side operators recorded an increased number of male volunteers in implementing the program successfully and were well received.</p>

### RESOURCES

- human  
an important aspect is the personality of performers, which is insufficiently taken into account in the matriculation  
contractors are often overloaded according to norms and standards, which affects the relationship of operator - user
- economic (public/ private)  
Voluntary organizations depend on scarce resources for the implementation of the social programs, and the extent of their services is therefore limited
- technological  
Preparing changes and new legislation is not based on quality analysis, that could facilitate the planning of performance objectives.  
It would be necessary to provide NGO with at least one professional Employment according to all legal requirements in the operation and implementation of the program.

### IMPACTS

**Has the practice produced demonstrable impacts? Does it help to solve the problem? Does it show outcomes with a positive trend? Does it contribute to achieving the goals?**

To all the questions the answer is positive. The results are listed under the first question.

#### References:

- *Web links and bibliography*  
<http://www.zdus-zveza.si/project-elderly-for-elderly>
- *Photos/Youtube videos, etc.*

**GOOD PRACTICES SCORECARD. CITY OF GDYNIA (POLAND): "GDYNIA'S DIALOGUE ON QUALITY OF CARE SERVICES"; "GDYNIA CHARTER OF QUALITY OF CARE SERVICES"; "GDYNIA'S STANDARD FOR RESIDENTIAL CARE SERVICES"**

IDENTIFICATION	
<b>NAME:</b>	City of Gdynia (Poland): "Gdynia's dialogue on quality of care services"; "Gdynia Charter of Quality of Care Services"; "Gdynia's standard for residential care services"
<b>territorial scope</b>	local
<b>Period of Reference</b>	2008-today
CONTENT	
<p>Gdynia is a city in Eastern Pomerania (Poland), close to the city of Gdansk. It has a population of approximately 250 000 inhabitants. Care services in Gdynia are provided by NGOs (non-for profit actors), social enterprises or other small enterprises.</p> <p>From 2008 to 2010 the Municipal Welfare Centre of Gdynia participated in a European project, led by the European Network of Cities and Regions for the Social Economy (REVES aisbl). The aim of this project was to develop a methodology to define "Territorial Quality Standards for Social Services of General Interest".</p> <p>After the project the local authority decided to carry out, in 2011 and 2012, "Gdynia's dialogue on quality of care services" – a participatory process involving around 1000 persons, among them final users of care services, service purchasers and service providers, front line staff, voluntary workers and others.</p> <p>The dialogue led, first of all, to the identification of a catalogue of the following main quality criteria: efficiency, good management, positive approach to cooperation, information flow, mutual respect, availability, responsibility, adaptability and solidarity.</p> <p>Among the final results of the process figure the drafting and publication of two documents:</p> <ol style="list-style-type: none"> <li>1. the "Charter of Quality of Care Services" which lays down main principles and quality standards for the design, organization and provision of care services, and</li> <li>2. "Gdynia's standard for residential care services" focuses specifically on</li> </ol>	



domestic services and contains

- a) the definition of the objectives of care services and expected results (as defined during the aforementioned participatory process);
- b) a catalogue of the whole range of (domestic) care services provided in the city of Gdynia;
- c) duties and rights of organizers and providers of care services as well as care givers (this part also include requirements for professional qualifications of care givers).

The care standard has now also been integrated into public procurement procedures. With concrete requirements regarding the employment of care givers (minimum salary, existence of a proper contract, but also existence of a training fund or contribution to a local training fund by the employers) the local authorities aim, for instance, to improve the image of the care giver profession and the level of education of care givers.

However, the above mentioned participatory process also led to clear changes and innovation in service design, service organization and provision. To give just one example: Many elderly mentioned as a challenge to be tackled the problem of security in everyday life. In cooperation with (social) private service providers, the local authorities reacted: A system linking telecare with traditional care services was introduced. A bracelet or phone device with buttons of different color enables the user (i.e. the elderly person):

- a) to contact an Alarm Centre (available 7d/7 and 24h/24) which will either get in touch with a care giver knowing the elderly person, with family members or other close persons who could rapidly visit the person; or send an ambulance (red button)
- b) to use assistance services providing information/orientation/consultation (including psychologists etc.) (green button)
- c) to get to know and use extra services (e.g. rehabilitation, repairs, cleaning...) (blue button)

The system has been established and is run in cooperation with private enterprises. It is free of charge for certain groups (those already entitled to receive certain social benefits) and available at a reasonable price (7 EUR/month) for other residents of Gdynia. The local authority co-finances the service.

### FOUNDATION

The Gdynia experience is a fairly unique good practice example in particular with regard to governance in service design, organisation and provision.

The participatory process on the basis of which the Charter of Quality of Care Services and the Standard were developed involved different kind of stakeholders, among them service beneficiaries, service providers, carers and other kind of staff, civil society etc.

The result achieved was made a binding part of the city's welfare policies - not at least by the integration of the principles and standards of the Charter into public procurement procedures.

Moreover, the process and the ideas it generated led to the innovation of care services as such.

The experience combines thus:

- a) an improvement regarding the creation of a conducive policy environment and legal context for quality services in the care sector;
- b) empowerment of service users/end beneficiaries and service staff (carers);
- c) promotion of partnership between different players in the field of care services;
- d) enhancing the quality of care services (based on the needs expressed by different stakeholders).

### RELEVANCE

The Gdynia initiative is based on a broad participatory process that involved directly also service users and service staff (carers) in the definition of principles and standards regarding service design, organisation and delivery.

With regard to these two groups of stakeholders the process had a clear impact

- a) on quality of services - enhanced also through the integration of the developed standards and principles into public procurement procedures;
- b) on service innovation (still in the sense also of quality enhancement);
- c) on the improvement of qualification and work conditions of service staff (which is part of the principles/standards and thus also of considerations included in public procurement procedures).

However, dialogue and resulting standards also incorporated viewpoints of other stakeholders such as service providers (employers) or civil society in general.

### CONSISTENCY

Under the slogan "We want to see. We want to hear. We want to decide together", the city of Gdynia decided to enter in direct dialogue with those affected by the process of service design and service provision or by the absence of appropriate services (i.e. service staff, service users, service provider organisations and others). Public government and administration were thus able to identify and confront, in partnership with civil society, needs and expectations of different stakeholders and to formulate - together with the partners - guidelines and standards that should lead to an improvement of service quality and quality of work in the care sector.

The outcome of the process - the "Gdynia Charter of Quality of Care Services" and "Gdynia's Standard for Residential Care Services" - was made an integral part of local policies and has been a driver for the innovation of services and of administrative procedures (public procurement and partnership with different stakeholders), the latter also stimulating better working conditions and better qualification of staff in the care sector.

### MATURITY

The concept and methodology for the Gdynia dialogue on quality of care services was developed and simulated in the framework of the initiative "Territorial Quality Standards in Social Services of General Interest" (co-financed by the EU) in-between 2008 and 2010, before being realised in practice in 2011 and 2012. Since then, the Gdynia Charter of Quality of Care Services and "Gdynia's Standard for Residential Care Services" are in place and have been successfully applied.

### EMPOWERMENT OF PLAYERS

The described initiative as such is based on a dialogue between different public and private stakeholders.

In the framework of this dialogue and the implementation of the resulting Charter,

- a) service users are given the opportunity to help raising service quality by voicing their specific needs and by indicating shortcomings;
- b) service staff's (carers') needs are better taken into account, with a specific focus on improving their qualification and promoting a better recognition of their profession;
- c) other (indirect) stakeholders such as volunteers and civil society are given the occasion to contribute also with their (community) point of view (which is sometimes still neglected in different kind of "quality dialogue" around social services).

### TRANSFERABILITY

- The principles and standards developed in the framework of the Gdynia dialogue on Quality of Care Services have to be applied by all local public care providers and by private organisations (at least those that officially adhered to the Charter or/and that take part in local public procurement procedures).
- One of the main conditions for the transferability of this good practice to other cities and regions is a strong political will of local governments, the commitment of local administration and their capacity to work in partnership with service providers and civil society. Much also depends on the ability of these players to mobilise the local population in order to stimulate a real dialogue.

### SUSTAINABILITY

The continuity of the application of the Charter of Standards on Quality of Care Services in Gdynia is ensured through its integration into local policies and administrative procedures, including public procurement (anything else?).

- Important: Review of the Charter at a certain point?/Monitoring

The processes launched/promoted by the initiative - e.g. improved qualification of carers and professionalisation of service providers through integration of related requirements in the specification of essential terms of public contracts - certainly contribute to a strengthen (social economy) service provider organisations and quality of work in the (residential) care sector.

### INNOVATION

In Poland, national standards for care services, laid down in the framework of national legislation or guidelines do not exist so far. The Law of 12 March 2004 on Social Assistance includes only a short chapter on this subject: It stipulates that care services are provided for the benefit of a single person, who, due to age, illness or disability, requires assistance, and that they may also be provided to a person having a family, if the family is not able to provide the necessary assistance. According to the law, care services comprise satisfying daily necessities of life, hygienic care, nursing as recommended by a doctor and ensuring contacts with the environment.

Gdynia's Charter on the Quality of Care Services goes much further - by enlarging definitions (also of care services and needs), but also by setting clear standards. Moreover, in the case of Poland, but also in comparison with other cities or regions also in other EU Member States where similar charters might already exist, Gdynia's initiative can be considered innovative as it came into being in a participatory way.

Finally, the principles and standards laid down in Gdynia's Charter on Quality of Care Services got a binding character, as they were integrated into public policies and administrative procedures (e.g. in public procurement procedures).

#### **GENDER IMPACT**

The Dialogue on Quality of (Residential) Care Services included a number of carers and volunteers, on one hand, and service users and their families, on the other - among them many women. The process allowed thus for the identification of needs and a definition of quality also (but not only!) from the point of view of women finding themselves in different situations (as a person in need of care, a family member, a professional caregiver, a volunteer,....).

#### **RESOURCES**

- HUMAN RESOURCES:
  - local administration
  - service providers and civil society when it comes to activating persons during participatory process
- ECONOMIC RESOURCES: - human resources
  - reorientation of public expenditure based on the charter (above all through public procurement)/expenditures for innovation?
- TECHNOLOGICAL RESOURCES:







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