COMMUNITY-BASED CARE AND SUPPORT FOR THE ELDERLY

A Toolkit for NGOs, local authorities and service providers in the care for the elderly

TOOL**KIT**

Serbia 2013

TOOLKIT

COMMUNITY-BASED CARE AND SUPPORT FOR THE ELDERLY

CONTENTS

"It is very important to convey a message that it is essential for individuals, for older persons to take part in the functioning of the society. They have a lot of experience and knowledge they can pass on to others. I am happy to see younger and older people working together."
H.E. Laurent L. Stokvis
Netherlands Ambassador to the Republic of Serbia

"I have found my own sanctuary here and I feel so happy the smile never leaves my face. I have not allowed to the colour grey – which is nice, by the way – to take over my life."
Todorica Ignjatovic
Retired teacher

"Here we learn how to grow old in the active way, without malice or sorrow, together with others."
Milka Ignjatovic
Retired insurance clerk

"People are much too recluse here, so I usually take my accordion and go from table to table and when I see someone singing along a bit, I encourage them to sing louder".
Prof. Dr Rosvita Topolac,
Retired lecturer of physics at the university

"This project was very successful on several levels. Firstly, what was im-portant for us not only to receive funds from the Dutch partner but also knowledge. All this through trainings, internships in Holland, visits of the Dutch experts. Secondly, the project facilitated the cooperation between local Red Cross branches and their respective municipal authorities and this was proven to be a very good model for achieving sustainability. Namely, in this way the local community is ultimately the owner of the project. And thirdly, the project had a developmental part. Experiences in developing DCC in these three branches can be used as blueprints for other local Red Cross branches throughout Serbia."
Vesna Milenovic
Secretary General of the Red Cross of Serbia

"DCC in Pirot helped me a lot. Since I've been coming here I changed my daily routines, I socialize a lot more then I used to. All in all DCC became an important part of my life."
Petar Krstev
DCC Pirot beneficiary

"The Centre for Quality Ageing, as run by the Red Cross of Kragujevac works successfully and what is probably even more important they are committed to the goal of improving quality of life of older people in Kragujevac. I wish to improve our cooperation in the future, to ensure there are opportunities for exchange of experiences and learning from each other. And of course I wish for the number of older people visiting the Centre to increase a little each day."
Dr Sladjana Bokovic
Member of the City Council for Social Policy

This toolkit is one of the outputs of the project "Community Care for the elderly" financially supported by the Social Transformation Programme (Matra) of the Netherlands Ministry of Foreign Affairs and implemented by Yanos Public Health Foundation and Avoord Zorg & Wonen Foundation from The Netherlands and the Red Cross of Serbia.

The aim of the project was to contribute to establishing a sustainable care system providing responsive services to the elderly community in Serbia. The project contributed to this overall goal by a) building capacity among local stakeholders in Kragujevac, Inļija and Pirot on participating in community-based initiatives for elderly care and b) building capacity among elderly people, relatives and Red Cross volunteers on giving care and support based on the needs of the older people in Kragujevac, Indija and Pirot.

The toolkit is a practical guide for NGOs, local authorities (incl. state health and social service providers), visiting nurses and volunteers on how to develop community-based care and support for the elderly in Serbia. It includes a manual for training of local stakeholders in citizen participation, guidelines on establishing a day care centre including training of management and staff, and a manual containing the education framework and training material for nurses, volunteers and relatives.

The toolkit is especially dedicated to the characteristics of the Day Care Centers in Pirot and Kragujevac. The lessons and experiences of the project in general and of the trainings and thematic sessions are presented in such a way that the information is easy accessible for other regions.

INTRODUCTION

The aim of community care is to enable elderly people in need of care to live as fully as possible, and for as long as possible, in their own homes. The care should be thus organised as close to the client as possible. The figure below demonstrates different layers in care, starting from the elderly themselves and moving from social support to care as the health condition worsens and the independency reduces.

- Elderly
- Family/volunteers
- Home care/ social care
- Nursing home/ elderly home
- Hospital care
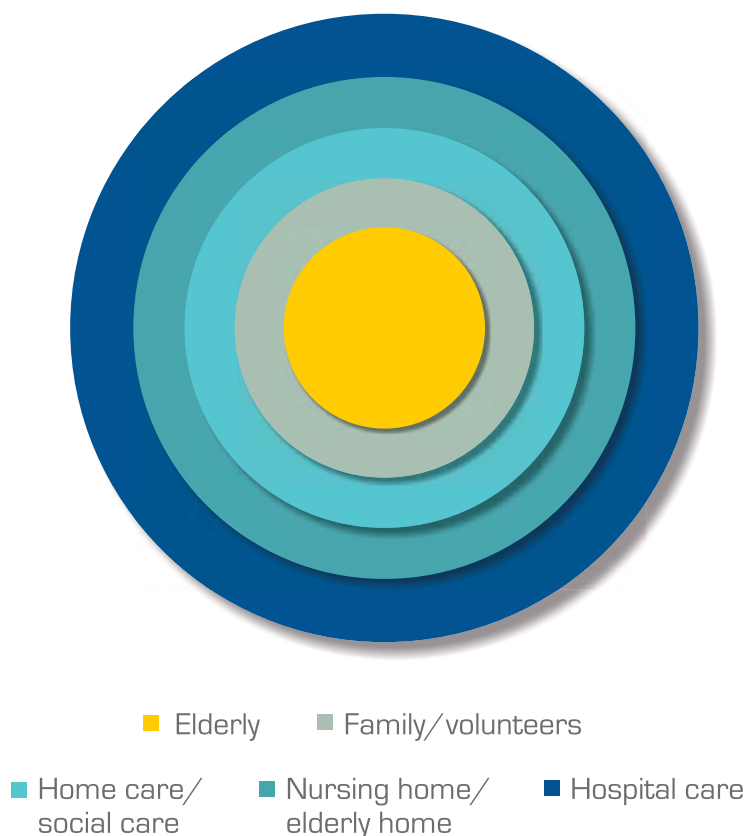
The scope of the project included the first three layers: the elderly themselves, family and volunteers, and home and social care. To organise social care for the elderly different stakeholders need to be involved: state and private service providers, elderly people themselves, their families and relatives, volunteers and community.

Establishing a Day Care Centre is like building a house. The toolkit contains the tools for the constructors, but one needs experts to design the building and to supervise the actual construction. The first step in this process is therefore building the capacity of the elderly themselves and other local stakeholders involved in organising the social care provision for the elderly.

The toolkit consists thus of two parts:
Part 1: Capacity development
Part 2: Day Care Centre

1. Training in drafting community-based projects

To involve community in care for and support to the elderly, training for local stakeholders on development of voluntary, charity and community beneficial activities has to be developed. Experiences from other countries show that a problem for the care of elderly has traditionally been the funding of such activities in a health care system with a focus on curative services. Another problem in funding a project on the care for the elderly is the lack of knowledge and experience in drafting a proper project proposal and budget and fundraising.

Strengthening the position of the elderly in their communities by providing them the necessary social services but also engaging them in different vocational and educational activities greatly contribute to their welfare and promotion of their equal opportunities.

During this training participants learn how to develop and manage local projects, fundraise, do social marketing and mobilise community. The training explains the basics and includes self-work assignments that can be used for drafting a locally selected community-based initiative.

The training consists of 2 modules. The first module takes three days. The training is dedicated to the enhancement of the knowledge in the selected topics and to a number of practice-oriented training modules.

The second module of two days is conducted about six months after the first module. In between and after the two modules, the participants receive direct assistance through tailor-made advice (transfer of knowledge, skills and experience).

Annex 1 contains an example training programme.

PART 1

2. Training in community participation

To empower older people to get involved in the issues that affect their lives – to help themselves by participating in older people self-help groups as well as to contribute to development of their communities, training has to be developed.

In brief, older people can actively participate in the society – try to help themselves but also their peers who e.g. cannot come to the meetings (who are disabled, chronically ill, with special needs etc) and to improve the situation in their communities, following the principle "Nothing about us without us". Elderly and adults with disabilities are the least represented group when it comes to any government decision-making planning. There is therefore a big need for the elderly participation and activism.

Annex 2 contains an example training programme.

3. Training in care and support to elderly people

An informal carer is traditionally defined as "a carer who looks after family, partners, friends or neighbours in need of help because they are ill, frail or have a disability; the care they provide is unpaid". Without the work of these unpaid carers, home care would be totally unsustainable and many acute needs would remain unattended.

Many people, also elderly people themselves, can be involved in some kind of voluntary work. Voluntary work can encompass a wide variety of activities, e.g. being active in informal peer support groups at the day care centre or in informal care for the elderly.

Before thinking about training volunteers one has to decide which tasks can or will be done by volunteers. Simple questions as "What are the tasks of the volunteer?" and "What knowledge and what skills does the volunteer need for these tasks?" should guide through the process that must result in a skill-centred training programme.

Roles of volunteers:
• Volunteering at the day care centre
This role means that the volunteer works in the presence and under supervision of colleagues (professional or experienced volunteers). There is always a possibility to ask for help. This level of volunteering is the most basic level.
• Volunteering in home care situations
This role means that the volunteer will assist DCC clients at their home. Home care situations come with more complexity. Therefore, the volunteer needs more knowledge and more skills. The volunteer can work alone or together with a professional worker.
• Volunteering in particular situations
Particular situations are those situations where clients suffer from chronic diseases such as Parkinson disease, Alzheimer disease / dementia or stroke or are physically disabled. It is important to prepare a volunteer for those particular situations enabling the volunteer to give adequate assistance to the client.

Special attention in the training should also be paid to understanding good mental health. A key to understanding the mental health needs of older adults is to recognize that physical health and mental health are very much interconnected. For instance, people who have physical problems like heart problems and diabetes are more likely to develop mental health problems. People with depression or anxiety are more likely to develop physical problems. In addition, older adults with mental health problems may experience them as physical problems such as lack of energy or stomach problems or difficulty concentrating. For this reason, many older adults and even health care professionals may mistakenly identify depression, anxiety and other mental health problems as physical troubles.

It is no wonder that studies have shown that many older adults with depression spend as much as three times the amount of money on physical health care as older adults without depression. In addition, many people mistake the symptoms of depression, anxiety and other mental health problems for the aging process itself. Unfortunately, many people think that confused thinking, irritability, depressed mood, and loss of energy are just signs that someone is getting older rather than signs that someone needs help. The truth is that normal aging involves changes, but most changes are gradual. The aging process does not cause sudden personality changes, loss of intellect, or confusion.

The following factors can interact with each other and lead to or escalate a mental health problem, such as anxiety or depression: lack of basic nutrition, alcoholic beverages, prescription medications (some may cause depression or anxiety), over-the-counter drugs (some may interact with prescriptions), vitamins and herbal or other nutritional supplements, lack of exercise, the stress of change and loss, and physical illness.

For volunteers, it is important to have convenient training materials. This means "no manuals" but booklets with only highly relevant information.

The content of all levels can be divided over three booklets:
Booklet 1   Level 1 and 2: "Basics in volunteering"
Booklet 2   Level 3: "Volunteering in home care"
Booklet 3   Level 4: "Volunteering in particular situations"

The duration of the training can be three days (one day per module) and the topics covered should include: care for older persons, support to helpers/caretakers, communication with the elderly, supporting and enhancing independence and self-respect, hygiene, and psychological problems.

Next to this, "ad hoc" thematic sessions can be organised for different stakeholders (CSOs, volunteers, local government, state and private service providers etc).

After the volunteers have completed the training programme, they will be able to recognise signals (medical and mental) and act accordingly. They will know which steps to take and how to report the problems. The trained volunteers can also share the knowledge with new volunteers and become 'trainers'. It will be important to follow them during their work. Volunteers might be confronted with situations they didn't experience before and this can have a great impact. There has to be a structure of supporting volunteers. The best way is to offer it support-group wise, because in groups volunteers can learn from each other and share their experiences (peer support). The more experienced volunteer, who also become 'trainers', can be an important stimulator for new volunteers.

The advantages of a good support system for volunteers are:
• It will be easier to retain the volunteers
Meeting each other every three months means that the volunteer gets attention and the opportunity for talking about difficult situations.
• The quality of the work volunteers do increase
There will be an opportunity to correct the attitude of the volunteers; volunteers can learn from each other based on practical and concrete situations.

Annex 3 contains a curriculum model for training volunteers.

After volunteers have started their work, they should be invited to visit the support meetings. The experiences of volunteers should be at the centre of these sessions. Support meetings should be organised every three months. Beside group sessions it may be necessary to offer individual support. It is important to make clear to all volunteers that individual support is a possibility. However, individual support should not be endless. Two or three sessions should be enough. The volunteer 'trainers' can be of great help in these sessions. They have learned in the training how to share the knowledge and look for possibilities to make the work as a volunteer easier.

Annex 4 contains an example agreement with a volunteer.

PART 2 DAY CARE CENTRE

1. Introduction

How can we help elderly people stay healthy and engaged in society, and reduce health care costs? A day care centre (DCC) is an example of the type of community-based options that provide elders with greater independence with less cost to taxpayers.

In the framework of this project, two pilot DCCs with services for elderly people were established in Pirot and Kragujevac. The DCCs are based on a Community Partnership Model between the municipalities, the Red Cross of Pirot and Kragujevac and other local stakeholders.

The chapters in this part provide advice based on the developed best practices in the project.

2. Developing the concept of the DCC

When establishing a DCC, first the concept of the Centre has to be elaborated. The concept should include the terms of reference outlining governance, man-agement and administrative structure, purpose and role of the DCC.

Second, it is necessary to develop a good and thorough project plan. The participatory approach needs to be well understood. One of the examples is the establishment of the Clients' Council. A common attitude of the management of similar facilities is that the management decides what kind of activities is to be offered to the clients.

Next to this, a number of questions need to be answered:
- Information about all possible participating or involving organisations and persons (stakeholders). In order to develop the involvement of the com-munity, the project team has to know who could be approached to con-tribute to the project. This contribution can be in kind, in cash but also in advisory matters.
- The needs of the future clients. Actual figures about elderly people and their living conditions.

- Where and how information can be found about the target groups?
- For what purpose, models and schedules will be developed?
- Which models and structures have to be developed and why?
- How will the centre be managed and who will bear responsibilities?
- The implementation (how to implement the developed schedules and models? how to test them in practice? how to evaluate the satisfaction of the clients?)
- Information about similar activities has to be clarified.

Annex 5 contains examples of organisational framework and working fields of a DCC.

In case of low capacity or shortage of specialists, our advice is to start with a smaller team and continue to grow as the Centre starts functioning and the number of clients grows. The trained staff can be deployed for the training of new personnel or staff of new DCCs in other municipalities in the future.

Annex 6 contains the management structure of the Day Care Centres in Pirot and Kragujevac.

During the concept development, a technical plan for the renovation and adaptation of the building should be elaborated (when an old building is used for a DCC), or for the construction (when a new building is to be erected).

Main financial considerations checklist
The following are some of the main items that need to be budgeted:
- Capital costs
  - *Alterations: plumbing, heating/air conditioning, lighting, wheelchair access, safety rails, kitchen alterations, decoration*
  - *Equipment: chairs, tables, cutlery and crockery kitchen equipment, telephone system (and answer phone?), transport, occupational therapy equipment (optional)*
- Revenue costs:
  - *Utilities: water, rent, electricity, gas, telephone*
  - *Staff: salaries, National Insurance, pension schemes (if appropri-ate), drivers, volunteers' ex penses, training*
  - *Public liability insurance*
  - *Property insurance, publicity*

3. Selecting and training the multi-disciplinary team of the DCC

Before establishing a DCC, a multi-disciplinary team has to be composed and trained in management, programme development and community-based day and home care service provision for elderly people:

- **Management models**
  To manage the new DCC in a way that is appropriate to a certain amount of participation and involvement of the clients, staff and volunteers, a management model is to be developed. The content is an organisational framework, and a model for general management, financial management, personnel management. In addition to training the staff, different management components have to be developed **(Annex 7).**

- **Participation models for the clients**
  IIn order to achieve the best quality of participation, a Client's Council has to be established. The staff is to be trained in establishing and working with the Cli-ent's Council. The Statute of the Council has to be drafted **(Annex 8).**

- **Developing an activity plan for the Day Care Centre**
  Not everybody may have a clear vision about the time and sort of the activities to be offered at a DCC. A schedule for clients as well as staff will give an over-view about the activities and when the activities will take place (the number of employees and volunteers present per day, the rooms used, the clients who could be expected, the limitation of numbers of participants of the activities and if, when and how to use the files of the clients) **(Annex 9).**

- **Organising and performing daily activities**
  To offer services that meet the needs and wishes of the clients, the staff has to be trained in organising and performing daily activities.

The training sessions may entail two 3-day workshops, all with pre- and post-workshop assignments.

In between the two workshops, a 4-day internship for the staff members responsible for the overall coordination and management of the DCC and the "continuous education" of new personnel and volunteers, should be organised at a well-established DCC.

Annex 10 contains the subjects covered during the internship in The Netherlands.

The objective of this internship is to expose the participants to the daily practice in a DCC and to provide the interns with an in-depth practical knowledge in the selected areas through on-site training. Attention should be paid to such subjects as financial management (budgeting, control and planning), management structure (management, teams, support, job descriptions etc), facility management, and human resource management (coaching, communication, stress prevention, etc.) and daily activities.

4. Establishing the DCC

The primary objectives of a DCC may include:
- To restore or maintain optimal capacity for self-care of the elderly
- To delay or prevent institutionalization
- To promote partnership with the participant, the family, the physician, nurse, social worker, and the community in working towards maintaining personal independence
- To provide support and assistance to homebound elderly

A promotion plan and promotion materials should be prepared. The Centre should be promoted via different channels (community groups, service providers and media). At the opening ceremony, a press conference should be organised for broad exposure. Flyers should be produced and distributed via volunteers to (the families of) the possible clients, via policlinics, pharmacies, hospitals etc.

5. Developing day care services and programmes provided by the DCC

The following activities may take place at a DCC:
- Care, e.g.:
  - *Provision of qualified services (e.g. first aid, education on healthy lifestyle and active ageing and home care for bedridden elderly and people with disabilities)*
  - *Physical and occupational therapy, including help with rehabilitation programming*
  - *Organisation of individual consultations in relation to e.g. loneliness and loss of a partner*
  - *Referral to municipal health and social services*

- Welfare, support and services, e.g.:
  - *Legal services for the elderly and people with disabilities*
  - *Information (e.g. rights for the elderly and people with disabilities, insurance etc)*
  - *Occupational activities (sewing, knitting, chess playing, cooking, dancing etc)*
  - *Organisation of thematic and social events etc*

- General, e.g.:
  - *Courses and workshops on community participation*
  - *Lectures or presentations on specific diseases, healthy nutrition, non-smoking environment and healthy lifestyle*
  - *Training in home care for relatives of homebound elderly and people with disabilities*

- *Training for relatives in how to recognise certain diseases (Alz-heimer, dementia etc), how to deal with the situation to avoid do-mestic violence*
- *Variety of centre and home-based programmes including self-support groups*

Annex 11 provides the activity schedules of the DCCs established in Pirot and Kragujevac.

The Centres organise regular, weekly activities from Monday to Friday. Any additional activities such as training, lectures, meetings, parties, picnics, exhibitions etc are announced on the Information board, by placing printed leaflets in big capital letters on each table and in each room of the Centre, at least one week prior to the event. When bigger events take place (e.g. birthdays, monthly tea parties, guest lectures etc) clients are also informed by telephone.

The DCC should have a multi-disciplinary team of professionals and volunteers who will assist the activities of the elderly and people with disabilities, and will attend to their needs. They conduct assessments of each client to determine and plan the care services needed to meet the individual's specific health and social needs.

The following target groups may be identified that should be eligible for the day care services of a DCC:
- **Elderly people with a social problem**
  - *The income of the client must be lower than the minimum pay-ment for labour. The income is checked by the legal staff mem-ber/volunteer of the DCC.*
- **Elderly people with somatic diseases**
  - *Motor problems*
  - *Aphasia and apraxia*
  - *Problems with heart and blood vessels*
  - *Disabled people*
- **Elderly people with psychosocial diseases**
  - *Parkinson or Parkinsonism*
  - *Dementia syndrome*
  - *Depression, Gilles de la Tourette syndrome or other light psychiatric disorders without danger for themselves or other people*
  - *o Psychological disorders effected by diabetic or stroke*
- **Lonely elderly people**
  - *Single people*
  - *Abandoned people*
  - *Partners of severely sick people*

The following target groups should better be excluded due to the following conditions:
- **Elderly people with somatic diseases**
  - *Severe paralysis*
  - *Bedridden*
  - *Active TBC, HIV or any other infectious diseases*
  - *Smelling wounds*
- **Elderly people with psychosocial diseases**
  - *Severe psychiatric diseases with a potential danger for themselves or other people*
  - *Severe psychiatric disorders: disturbing behaviour, aggression, violent (oral and physical) behaviour*
  - *Delirium by medications, cystitis, dehydration*

- *Alcoholic problems*
- *Parkinson with severe disability*
- *Wandering and loss of direction*
- *Severe idiocy*
- *Severe psychological disorders*
- **Lonely elderly people**
  - *Aggressive people*
  - *People with no residence (homeless)*
  - *Severe psychiatric disorder*
  - *Severely contagious diseases*

In case of exclusion, the responsible staff member should discuss this with the candidate client and find another way for this person to get help or attention.

6. Key Stakeholders

The key stakeholders of the Center are parties that can affect or be affected by the actions of the work of the Centre. In the case of the Centres in Pirot and Kragujevac these are: municipality, centre for social care, pensioners' association, association of people with disabilities, primary health care clinic, centre for mental health, institute of public health, ministry of health, City mayor's office, NGOs involved in elderly care issues or social, human rights, Red Cross, elderly home, older people and their family members.

7. Sustainability

Constant focus of the management of the Center is sustainability. There are different ways to achieve this. The effectiveness of the chosen means depends on the skills and enthousiasm of the staff and the management.

Successful examples of the DCCs in Pirot and Kragujevac:
- The members and the staff of the Centres apply for sponsorships (e.g. municipality, local furniture company, local book stores, City Chambre of Commerce, local printing companies etc) and financing of different activities of the centres (e.g. newspapers, language lessons etc).
- The training in development of community-based projects enabled organisations from the civil society and private sector to apply for funding provided by the local authorities within their local community (based on the Law on Social Welfare). The services provided through the DCCs in Pirot and Kragujevac will enable the local Red Cross branches to be competitive on the market and to ensure the sustainability of the centres.
- The Centres follow calls for project proposals and applies with projects in the field of el-derly care, culture, sports and social inclusion.
- With regard to the salaries of the staff of the Centre. The Centres employ one full time coordinator and full time cleaner. The remaining staff are volunteers, primarily chosen among the clients themselves, but in some activities are other Red Cross branch staff involved (e.g. counseling regarding social entitlements etc). Most of the activities are led by senior volunteers (e.g. the art class is led by a former art teacher; the music class is led by a former musician etc).
- Training capacity and training material have been made available to be used for further trainings, also in other parts of the country. The staff of the established DCCs continue with the trainings for new staff members, volunteers, clients, family members and interns.
- The trained volunteers provide elderly people with information on their entitlements, local services and programmes, and promote the concept of Clients' Council in other institutions providing services for the elderly.

8. PR

Management of the Centre should use public relations capacities to ensure clear and constant presence of the issues of the elderly and the benefits of the Day Care Centre in the public's eye. In the DCCs of Pirot and Kragujevac, every new event is communicated to the press through press releases. Municipalities press services are used as well when informing press. The Centres have a website and a Facebook profile that are available for public. These two Internet tools are focusing on the general information and the everyday activities targeting members and their relatives next to general public, and are used for advertising Centre's work as well as informing journalists about new events and happenings. Good presence in the media can attract additional sponsors among entrepreneurs.

	Day 1	Day 2	Day 3
09.30 – 10.00	Objectives and general framework of the training Introduction & expectations of participants	Review day 1 and introduction day 2	Review day 2 and introduction day 3
10.00 – 10.30	**Introduction to Project Cycle Management (PCM)**	**Budgeting activities**	**Examples and analysis of successful and failed projects**
10.30 – 11.00	**Project formulation I** *Problem analysis, stakeholder analysis, objective analysis, project selection*	**Workshop**	
11.00 – 11.30			**Workshop**
11.30 – 12.00	**Workshop**	**Project evaluation**	
12.00 – 12.30			Summing up the training and evaluation
12.30 – 13.30	Lunch	Lunch	Lunch
13.30 – 14.00	**Project formulation II** *Logical framework, appraisal, plan of operation*	**Financing community-based projects**	
14.00 – 14.30			
14.30 – 15.00	**Workshop**	**Workshop**	
15.00 – 15.30			
15.30 – 16.00	Summary of the 1st training day and introduction of the 2nd training day	Summary of the 2nd training day and introduction of the 3rd training day	

	Day 1	Day 2	Day 3
09.30 – 10.00	Objectives and general framework of the training Introduction of participants Expectations of participants	Review day 1 and introduction day 2	Review day 2 and introduction day 3
10.00 – 11.00	**Introduction to citizen participation**	**Introduction to advocacy**	**Advocacy** *Step 3: Building relationships for the long term*
11.00 – 11.30	**Consultation & dialogue**	**Advocacy** *Step 1: Preparation*	**Advocacy in practice** *(role play)*
11.30 – 12.30	**Civil society roles**	**Advocacy in practice** *(role play)*	Summing up the training and evaluation
12.30 – 13.30	Lunch	Lunch	
13.30 – 14.30	**Model for interactive decision making**	**Advocacy** Step 2: Lobbying	
14.30 – 15.30	**Workshop**	**Advocacy in practice** *(role play)*	
15.30 – 16.00	Summary of the 1st training day and introduction of the 2nd training day	Summary of the 2nd training day and introduction of the 3rd training day	

	Day 1	Day 2	Day 3
9.30 – 10.00	Introduction Home care	Review day 1 Day care	Review day 2 Activity centre
10.00 –11.00	Life story Examples Explain assignment	Crisis care For whom? Family problems	What do the clients and volunteers want?
11.00 – 12.00	Food Sharing recipes Hygiene Personal hygiene, standard rules Personal space (game)	Assignment to gain insight in the clinical picture Form groups: Dementia, Korsakov, heart- and vascular problems, Parkinson. Bring hand-out	Assignment to develop new activities Groups of 3 - 4 Build your own house for the elderly What do you need and what will it look like?
12.00 – 13.00	Role-play on a client situation	Presentation to own audience using sheets	Cut and paste Describe the future
13.15 – 14.15	Lunch/ break	Lunch/break	Lunch/ break
14.15 – 14.30	Energizer pg. 87	Energizer pg.	Energizer pg.
14.30 – 15.30	Communicational skills	Presentation (continued)	Presenting the building assignment
15.30 – 16.00	Referring the client	Bringing "Bad news"	Evaluation and inventory Extra day
16.00 – 16.15	Feed back	Feed back	Gimmick

AGREEMENT between the Day Care Centre, represented by the director, hereinafter referred to as "DCC", on the one hand, and

Name: _____ M / F

Address: _____

Place: _____

Telephone number: _____

Birth date: _____

E-mail address: _____

hereinafter referred to as the "volunteer", on the other hand.

Article 1
The volunteer will assist the DCC on a voluntary base by the following task(s):

_____

_____

Article 2
The volunteer will be present in the DCC on the following days and times:

_____

According to this timing, the DCC will offer a working schedule to the volunteer.

Article 3
The volunteer will work under responsibility of the management of the DCC.

Article 4
The volunteer is expected to behave respectful against all clients and employees of the DCC.

Article 5
The volunteer will not claim any financial contribution from the DCC, nor its cli-ents.

Article 6
The DCC will take care for liability insurance for the volunteer, during his activi-ties in the DCC.

Article 7
Additional issues for this contract:
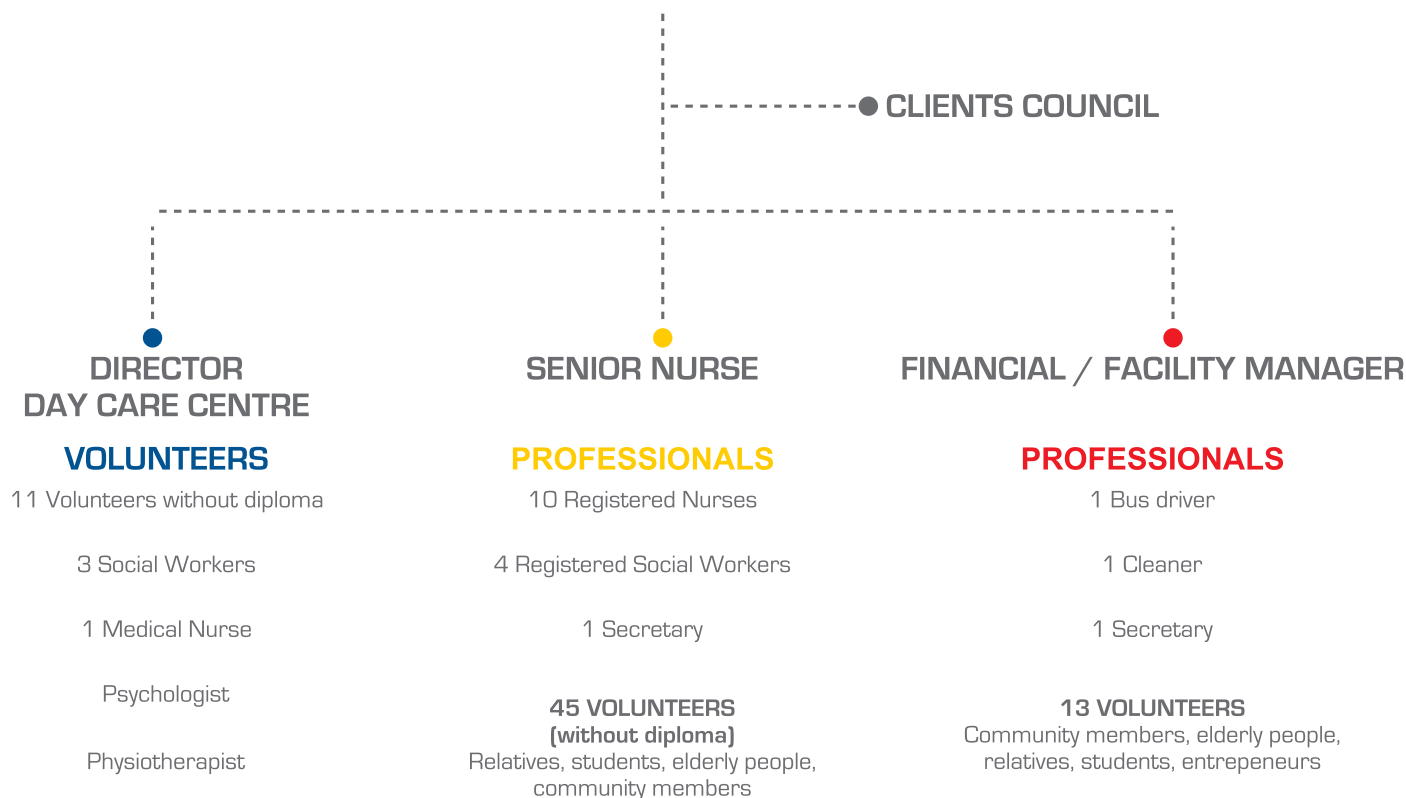
_____

_____

Duly agreed and signed in _____

Date: _____   Date: _____

The director: _____   The volunteer: _____

ANNEX 5 — Responsibilities and organisational framework of a DCC

DIRECTOR DAY CARE CENTRE

● CLIENTS COUNCIL

● DIRECTOR DAY CARE CENTRE	● SENIOR NURSE	● FINANCIAL / FACILITY MANAGER
VOLUNTEERS	**PROFESSIONALS**	**PROFESSIONALS**
11 Volunteers without diploma	10 Registered Nurses	1 Bus driver
3 Social Workers	4 Registered Social Workers	1 Cleaner
1 Medical Nurse	1 Secretary	1 Secretary
Psychologist	**45 VOLUNTEERS (without diploma)** Relatives, students, elderly people, community members	**13 VOLUNTEERS** Community members, elderly people, relatives, students, entrepeneurs
Physiotherapist		

WORKING FIELDS DAY CARE CENTRE

| FUNCTION	RESPONSIBLE FOR:	TASKS
DIRECTOR OF THE DAY CARE CENTRE	Overall Cycle Management Overall Responsibility Public Relations Beneficiaries Sponsors Clients Management Team Protocols DCC Activities on demand of the Clients of the DCC Budget DCC Staff DCC	Overall Financial Control Overall HRM Control Strategic and Policies Writing long-term plan Network Developing new initiatives and projects Recruitment employees and volunteers Day Care Centre Organising activities on demand of Clients Meetings Clients Council Day Care Centre Initiatives and Network Day Care Centre Control of protocols Day Care Centre Writing one-year Plan DCC Structuring schedules activities DCC
SENIOR NURSE FOR HOME CARE	Protocols Home Care Nursing Clients Home Care HRM Home Care	Training staff and volunteers Implementing protocols Recruitment staff and volunteers Structuring schedules Home Care Writing one year plan Home care
FACILITY AND FINANCIAL MANAGER	Financial cycle management: Control of long term plan and of year plan Budgeting one year and back to long term plan again	Services for all accommodation Administration and registrations Proper work spots staff Purchasing all material Transportation employees and clients Communication
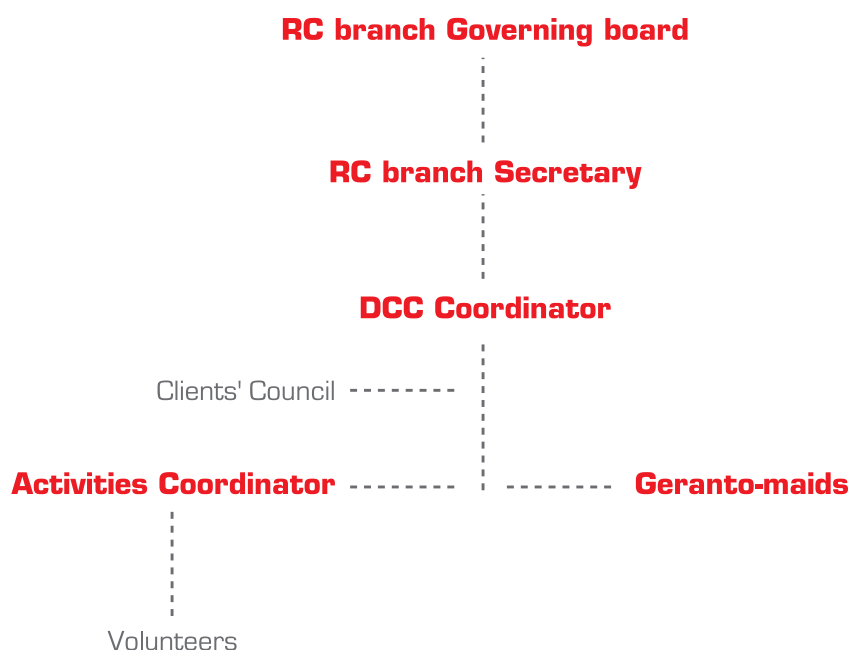
RC branch Governing board

RC branch Secretary

DCC Coordinator

Clients' Council - - - - - - -

Activities Coordinator - - - - - - -   **Geranto-maids**

Volunteers

RC Branch Governing Board
Members governing board (volunteers): Active long-term Red Cross volunteers, reputable members of local community

RC branch Secretary:
- Manage finances (fundraising)
- Executive decisions
- Cooperate with partners / stakeholders
- Advocacy

General responsibilities DCC Coordinator:
- Negotiate with clients council
- Designing new services and activities in cooperation with Client Council
- Develop biannual activity plans
- Cooperation with other institutions (Social Welfare Centre, Schools, CSO)
- Supervise staff and volunteers
- Monitor implementation of activity plan
- Report to board
- PR

Activities Coordinator
- Reporting
- Recruiting clients
- Counselling with clients
- Creating and coordinating interactive workshops
- Volunteers
- Coordinator can have a volunteer as assisting staff
- Building protocols
- Training volunteers
- Coordinator can have a volunteer as assisting staff

Geronto-maids
- Maintenance, hygienic, emergency, equipment
- Preparing light meals and hot beverages for the beneficiaries
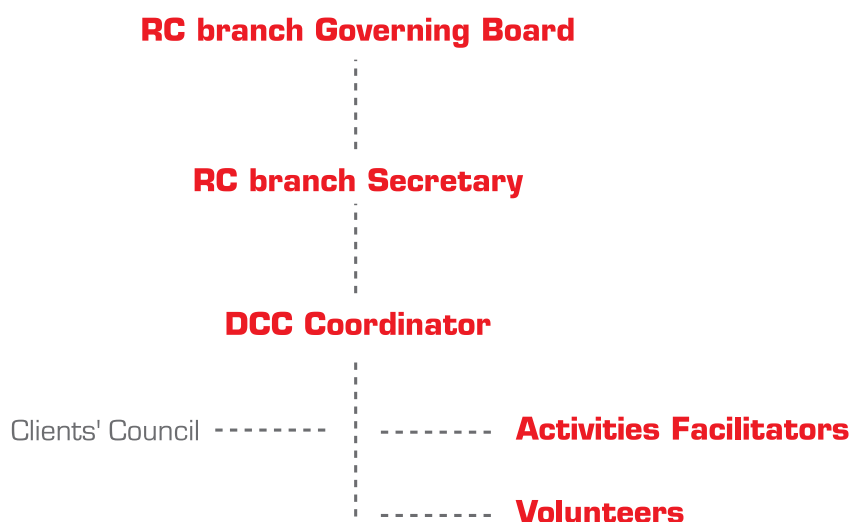
RC branch Governing Board

RC branch Secretary

DCC Coordinator

Clients' Council - - - - - - - | - - - - - - - **Activities Facilitators**

- - - - - - - **Volunteers**

RC Branch Governing Board
        Members governing board (volunteers): Active long-term Red Cross volunteers, reputable members of local community

RC branch Secretary
        • Manage finances (fundraising)
        • Executive decisions
        • Cooperate with partners / stakeholders
        • Advocacy

DCC Coordinator
        • Negotiate with Clients' Council
        • Design new services and activities in cooperation with Clients' Council
        • Develop bi-annual activity plans
        • Cooperate with other institutions (Social Welfare Centre, Schools, CSOs)
        • Supervise Activity Facilitators and volunteers
        • Monitor implementation of activity plan
        • Report to board
        • PR

Activities Facilitators
(different professional backgrounds, e.g. medical doctor, art teacher etc)
        • Reporting
        • Recruiting clients
        • Counselling with clients
        • Creating and coordinating interactive workshops
        • Coordinating counselling (medical, legal, social entitlements etc)
        • Volunteers
        • Training volunteers

Duration	Topic	Method
1 h. 2 h.	Mission of the Day Care Centre	Lecture Group discussion
3h.	What are the target groups? Inclusion and exclusion criteria	Group discussion
3 h.	A management concept for a day care centre and for the home care teams - Financial management - Facility management - HRM (personnel management) - Overhead - Composition and management of teams	Lecture
2 h.	Facility management: - Household issues - Maintenance issues - Logistics - Food and beverage - Digital maintenance - Transport issues	Lecture Group discussion
3 h.	Cyclic Financial Management Long term planning: - Analyse (Strengths, Weaknesses, Opportunities, Threats) Annual plan: - Specific, Measurable, Acceptable, Realistic, Time scheduled Results must be managed - Budgeting - Purchase processes - Control	Lecture
2 h.	Working model for a DCC for elderly people Participants develop a general model and present them on flap charts	Group work Presentation
3 h.	Participants present the fine-tuned concept of the new management model for the DCC - Management team - Team volunteers - Clients' Participation	Presentation discussion
3 h.	Participants present the concept financial model - Personnel, volunteers, fees, salaries - Financial support - Facilities (maintenance, investments) - Budget and control	Presentation Discussion
2 h.	Where will the centre be located? What requirements the building must comply with?	Discussion

1. Definitions

In this document the following definitions are used:

Client	The person who is a client of the Day Care Centre
Clients Council	Representatives of Clients of the Day Care
Director	Director of the Day Care Centre

2. Preconditions

Article 1

The goal of the Clients Council is to represent the interests of the clients of the Day Care Centre. In particular, the members of the Clients Council have the task and responsibility to represent the interests of the clients of the Day Care Centre during all meetings with the director and staff of the DCC.

The Clients Council has the right, asked or unasked, to give its opinion about every subject in relation to the interests of the clients.

Article 2

The Clients Council has a minimum of 5 and a maximum of 9 members.

Article 3

The members of the Clients Council are preferably the clients themselves. How-ever, clients can also be represented (partially) by family or relatives.

Article 4

A member of the Clients Council is to be seen as a volunteer and has the same rights and duties as a volunteer. (see: Volunteer Agreement)

Article 5

The Day Care Centre will offer all support to the Clients Council to fulfil its tasks. This includes the use of office equipment like computer, printer, copier and the free use of paper-work. For this purpose, the director will determine an annual budget.

3. Membership

Article 6

All clients, including their family, are asked whether they are interested to participate in the Clients Council, until the maximum number of members is reached.

The management of the Day Care Centre is responsible for the proportionate distribution of the representatives among the different activities of the Day Care Centre.

It also has to monitor the ratio between male and female representatives.

Article 7

Members of the Clients Council can participate in the Council for a maximum of 5 years.

Article 8

The membership of the Clients Council will end:
- by the maximum period of membership
- by death
- by resignation

Article 9

Members who participate in the Clients Council as a representative for one of the clients can continue their membership until one year after the leaving or the death of the client concerned.

Article 10

An interim vacancy for membership of the Clients Council will be filled up by asking for new members among the clients and their family or relatives, according to Article 6.

5. Meeting procedure

Article 11

The Clients Council will elect its chair with a majority of votes.

Article 12

The Clients Council will meet at least 6 times a year and preferably each month.

In special case the director and/or the Clients Council may decide to call for an extra meeting.

Article 13

The Clients Council indicates which subjects are discussed in presence or in ab-sence of the director.

The Clients Council may invite members of the staff to attend (part of) its meeting in relation to the subject.

Article 14

The Clients Council has the possibility to be assisted by an external advisor, for instance a member of the Red Cross or a representative of the community group.

Article 15

In case of cessation of votes the vote of the chair will be decisive.

Article 16

After the approval by the Clients Council, the minutes of its meeting will be published to all clients and employees.

ANNEX 9 Training DCC staff

Duration	Topic	Method
3 h.	Possible activities in a day care centre	Presentation Discussion
2 h.	How to structure activities? - Formulating target group - Formulating criteria - Developing groups of activities	Lecture **Group discussion** Group work
2x3 h.	How to monitor the needs and interests of the clients? - Developing a questionnaire - Observing skills	Group work Lecture Training
6 h.	Develop an activity plan for the day care centre that meets the needs and interests of the clients	Lecture Group work
3 h.	How to develop and use client files? - Do clients need a file? - What will be in the file? - Who will have access to the file?	Discussion Group work
2x2 h.	How to signal and how to deal with symptoms of various old age related diseases? - (Early) symptoms of dementia - How to deal with dementia clients? - Diabetics	Lectures

General Management
- *Long term strategic plans*
- *Annual activity plan*
- *Participation by clients*
- *Participation by employees*
- *The influence of the laws and regulations on the policy of the DCC*

Financial Management
- *Financial processes*
- *Responsibilities in the organisation*
- *Facility Management*
- *Purchasing*
- *Facility processes*
- *Facility teams*

HRM
- *Responsibilities and qualifications*
- *Educational aspect*
- *Formation of staff and teams*

Day Care Primary Processes
- *Selection of the client*
- *Care and nursery goals*
- *Activity plans*
- *Evaluations*

Day Care External Contacts
- *Referents*
- *Care Organisations (internal and external)*
- *Welfare Organisations*
- *Community*
- *Municipality*

Clients Council
- *Laws and regulations*
- *Limitations to the participation*
- *Statutes of a Clients Council*
- *Election procedures of a Clients Council*

Starting the day: the client's files, the reports, preparation of activities for the day
- *Welcome to the clients: why is this important?*
- *Welfare activities are different from day care activities, why?*
- *Files of the clients: the content*
- *Which category of clients needs which activities?*
- *How to involve the clients in their activities?*
- *Which clients need help and why?*
- *The importance of the independence of the clients*

Preparations for the resting hour of the clients
- *What kind of furniture can be used?*
- *What helps the clients to relax?*
- *Why is a resting hour needed?*
- *What more conditions can be created for the relaxation of the clients?*

Equipment for Day Care Centres
- *What kind of equipment can be used to keep the clients as inde-pendent as possible?*
- *Important ergonomic issues of furniture*
- *Important ergonomic issues of the premises*
- *Important issues of the neighbourhood of the Day Care Centre*

Activities
- *Memory training: skills, how, why, which clients?*
- *Gymnastics: how, why and which clients?*
- *Games: how, why and which clients?*

Physiotherapy

Occupational therapy

Logotherapy

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
11:00-12:00 Group work – Self help groups	11:00-12:00 Health care counselling	11:00-12:00 Legal counselling	11:00-12:00 Computer literacy class (groups)	11:00-12:00 Healthcare counselling
12:00-13:00 Computer literacy course (groups)	12:00-13:00 Leisure and creative activities: recreational exercise, board games, computer, TV, drawing, handwork	12:00-13:00 Reading newspapers and discussing the news	12:00-13:00 Leisure and creative activities: recreational exercise, board games, computer, TV, drawing, handwork	12:00-13:00 Lectures on selected topics
13:00-14:00 Light meal	13:00-14:00 Light meal	13:00-14:00 Light meal	13:00-14:00 Light meal	13:00-14:00 Light meal

ANNEX 11 Schedule of activities of the DCC in Kragujevac

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
09:00-15:00 Renting out the assistive devices	10:30-11:00 Getting together (coffee, tea)	09:00-15:00 Renting out the assistive devices	10:30-11:00 Getting together (coffee, tea)	09:00-15:00 Renting out the assistive devices
09:00-15:00 Library	11:00-11:30 Physical exercises	09:00-15:00 Library	11:00-12:30 Counselling: legal, physiological, regarding social entitlements etc.	09:00-15:00 Library
11:00-15:00 "Telephone line" (volunteers)	11:30-12:30 Socializing, reading newspapers, watching TV, playing board games: chess, memory, dominoes	11:00-15:00 "Telephone line" (volunteers)	12:30-14:00 Health preventive activities: lectures, measuring blood pressure and blood sugar level	11:00-15:00 "Telephone line" (volunteers)
	12:30-14:00 Sport and recreational activities: darts, table tennis, table football, cones etc		16:00-19:00 Workshops: Music, painting, handcrafts, photography, drama, PC	
	16:00-19:00 Marking Clients' Birthdays			

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