

Gerontological Educational Work in the Context of Neighbourhood Community Work – A Reliable Path towards Greater Social Equality and Empowerment

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Abstract

In addition to a supporting range of services (such as personal mentoring, various therapies, day-care and supporting case and care management), sustainable and community-orientated educational and neighbourhood work with the elderly in the city of Salzburg (Austria) includes educational work with senior citizens that is thematically open, participative, and need-orientated. This innovative neighbourhood community programme for the elderly was initiated in the city of Salzburg a little over 20 years ago, and has since been taken up and developed by various institutions, including a number of social projects, generating greater social equality. The annual reports and records of social and health institutions in Salzburg, which describe these educational programmes and accompanying didactics that strengthen the communication of the elderly, reveal an all-embracing spectrum of geragogical and gerontagogical work and empowerment. Moreover, in the light of the ageing global population and increasing urbanisation, and the related increase in numbers of dementia sufferers, these results may carry an international significance. The present report consists of a content analysis of the gerontological educational work in annual reports of facilities of the social and health system in the city of Salzburg, as well as in publications referencing these reports, newsletters and flyers between the years 1997-2015. This is followed by a comparative analysis of the websites of the institutions and similar educational programmes from the autumn of 2015. The results are presented in a summary and representative examples are discussed in terms of their global significance.

Keywords: educational work with the elderly; sustainable empowerment of the elderly through participative education; lifelong learning in old age; the future of social equality through education

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1. Introduction

In this paper I will describe the origins and development of educational schemes for the elderly within neighbourhood community programmes in the city of Salzburg, Austria. I will show that these systems of support for senior citizens and the educational programmes offered make a significant contribution to greater social justice, sustainable age and ageing, and the empowerment of elderly people. Last, but not least, I want to consider the significance of the results of my content analysis for rapidly expanding mega-cities throughout the world. In the face of world-wide urbanisation these findings could serve as a valuable source for facilitating the quality of life for a wide range of (senior) citizens in many places. – Here, the newly deductively developed „person-centred model of integrative education, health, culture and social services within the context of community-oriented district work” is presented. – For better understanding the English translation of the original German terms is given – if possible – in square brackets next to the (bibliographical) references in the following text.

2. Methods

The details I present are based on a qualitative content analysis (Mayring, 2010) of annual reports from selected institutions within the social and health sector – located in the city of Salzburg – between 1997 and autumn of 2015, additional data drawn from the websites, flyers – a comprehensive collection hereof is available to the author – and newsletters of these institutions, as well as relevant personal notes and secondary literature (cf. Bahr, 1999; Bahr & Hagleitner, 1998; Österreichisches Rotes Kreuz, 2004; Kolland, 2005; Stadt Salzburg, 2015; etc.). The here presented results are only a representative, on educational focused, topical snapshot and are part of a larger, qualitative research project, which is concerned with the development of community-oriented and district-focused work in the field of social- and health-care as well as its integrative cultural and educational work within the context of the city of Salzburg.

3. Results

In the present report the results of the content analysis are summarised. Furthermore, an exemplary selection of model projects will be given. First of all, the integrative as well as explicative educational work with elderly people in progressively designed facilities will be specified. This explanation is followed by the description of further development in this innovative work area until autumn 2015. Based on the gained results a deductively developed and internationally valid theoretical frame model of optimised, district and community-oriented educational work with and for elderly people will be formulated.

3.1. How did it all begin?

Agendas of high-quality city development and social housing have been of great importance for the city of Salzburg for the last 30 years (Gutmann, 1990; Stadt Salzburg Magistrat, 2013). – Due to this attitude of innovative urban development as well as concerns for the preservation of traditional values by the political decision-makers, attempts were made to do justice to the different population groups, their

democratic consultation and competences of direct participation. Even in the 1980s an innovative project of social housing, called “Forellenwegsiedlung” [Forellenweg Estate] was developed and erected in Liefering, a district at the northern area of the city. Development was finished in 1989, when the estate was ready for occupation. Here, the codetermination and active participation of citizens in this newly erected estate on the Forellenweg [Forelle = trout, Weg = path] was emphasised by the founding of a “Residents’ Association as Advocacy Group” (Lieferinger Post, 2009, p. 3) on the 4th July 1989. A further goal was the long-term, creative and generation-spanning interconnection, which would also be made possible and further strengthened by this group.

A further point of interest from the perspective of urban development and the policymakers were projections of the expected, pronounced increase of elderly people within the coming decades, which were already available in the 1980s. This required planning steps, even in Salzburg, and a connected, urgent requirement to meet the demands of additional infrastructure of corresponding services for elderly people, as well as for people in need of long-term care and support.

This also demanded the consideration of grass-roots democracy planning and implementation steps, whose common goal was the optimal supply structure. This structure included on one side the development of educational, social, advisory and cultural programmes for elderly people while on the other side, guaranteed social-medical services of activating, therapeutically, rehabilitative, supportive and relieving help and support.

3.2. The Social and Health Centre Gnigl – “St Anna”

In the 1980s the city of Salzburg had a very extensive system of residential geriatric care, mostly in the form of retirement homes. What was missing however was a similarly well-developed ambulant system for the provision of care, education, health and social services for elderly citizens. Thus in the late 1980s the authorities determined to establish a facility for neighbourhood community work with a geriatric focus. A well known, centrally located, unused building in the suburb of “Gnigl” was chosen. The city council of Salzburg renovated the site with view to creating a location offering day-care, physiotherapy, chiropody, therapeutic baths, social counselling, and various educational and communicational events. In 1992, under the locally recognised name of “St Anna”, the Social and Health Centre Gnigl opened its doors. This facility was principally open to all age groups, but was intended to focus primarily on the needs of the elderly and on aspects of gerontological prevention. These priorities underlay the initial development of the theoretical basis of this institution as an “Integrated Health Care and Social District”, as it was described in a handbook published by the Austrian Federal Health Institute (Österreichisches Bundesinstitut für Gesundheitswesen, 1993).

The Social and Health Centre Gnigl (Bahr, 1999; Bahr & Hagleitner, 1998), therefore, offered not only health orientated services such as physiotherapy, gymnastics for the elderly and therapeutic baths, but also possibilities of assistance and activities – such as in the context of day care. Moreover, there was counselling on health, education and social issues, which made it possible to network and helped to provide necessary services for senior citizens in terms of case management. Furthermore, regular

“follow-up care” took place, meaning that elderly people were visited in their homes by staff of the Centre. This advisory contact, in turn, was closely linked with the regular educational programmes, as during these home-visits senior citizens were invited to events in the Social and Health Centre GniGl, or were reminded of regular educational activities. In this way, the individual educational events and programmes of the Centre were easily accessible and low-threshold. Last but not least, in the Social and Health Centre GniGl there was an important clearing house which examined local and regional care-demand (Bahr, 1999, p. 72), as it revealed by analyses of the on going records of the employees’ activities, as well as the numerous issues, interests, problems and needs of the visitors. Moreover, this data fed directly into the development of the specific educational programmes for senior citizens. The elderly therefore received strengthening support in the form of lectures, at communicative events (Sozial- und Gesundheitszentrum GniGl, 2001), in culturally centred neighbourhood initiatives, or just in form of a valuable conversation. In this context I want to particularly stress the intensive and exonerative work with fostering relatives as well as the regular discussion groups in the context of biographical work. The latter were based on both practices drawn from “Oral History” (Assmann, 1999; Obertreis, 2012) and according to the concept of “Guided Autobiography Groups” (GAB) (Birren & Deutschmann, 2005), and were following specific thematic premises.

In the Social and Health Centre GniGl, locally recognised as “St Anna”, educational opportunities were not restricted to publicly advertised courses, talks, seminars, events and intergenerational meetings, but also offered implicitly through thematic initiatives in other socio-medical areas. One example is the conversation in the “Café Alzheimer” (Sozial- und Gesundheitszentrum GniGl, 2000). This was a long-term event series held in the centre’s café, which created an informal setting for those interested in learning about Alzheimer’s Disease or seeking to share their experiences of it. Participants included those caring for relatives seeking more information about dementia of the Alzheimer’s type (DAT), people experiencing sudden and repeated amnesic aphasia who feared developing dementia themselves, and others attending out of curiosity or professional interest. In a comfortable setting with good food, participants could inquire and learn about a disease that is particularly worrying for sufferers and their carers. They learned about the most common symptoms in different stages of the disease and possible distinguishing features from other forms of dementia und depression, along with further important information. In addition participants were introduced to socio-medical treatments and gained an understanding of the importance of targeted help for caring relatives, whose health must also be considered. – Here, the individual exchange of experiences between interested and affected persons and relatives played an important role. Many found comfort, understanding and encouragement for their daily lives and found strength through offers of help. They learnt something for themselves and for their relations with others.

The educational programmes in the Social and Health Centre GniGl always placed great emphasis on inspiring talks and events and included topics such as prevention, strengthening of individual well-being, humour and relief as well as empowerment and the promotion of health through information as well as giving room to encouraging conversation. Some of these educational events and in courses, in which this was implemented, had titles such as: “Relaxation and meditation”, “Tai chi –

qigong”, “Self-awareness therapy”, “Senior dance”, “Senior gymnastics”, “Functional spinal gymnastics”, „gymnastics according to the motto ‘Everything in life is movement’“, “Weight Watchers”, and classes leading to a “Qualification as a Clinical Health Psychologist”, and more. A further programme covered the preventive and elucidating initiative “Violence against the Elderly” (Bahr & Hagleitner, 1998, pp. 27-28). Additionally, the educational-based range of events included the course “Painting fabulously” and “With joy into the spring”, the seminar “In dialogue with my body, in dialogue with myself”, “Postural gymnastics” specifically for elderly people (Sozial- und Gesundheitszentrum Gnigl, 2001), the course “Feldenkrais” as well as “Encountering art” according to the motto “Insights into the museums of Salzburg” (Sozial- und Gesundheitszentrum Gnigl, 2000) and the concert series “Tones and texts in the SGZ” and “Tea-time & music”. Specifically biography-orientated series of events with elderly people further included the regularly happening discussion groups “My life with and without God” and the workshop “Seldom laughed so much! Anecdotes by and with elderly people” (Sozial- und Gesundheitszentrum Gnigl, 2000, 2001).

In summarising the results of this integrative sector of education in “St Anna”, I want to reiterate that the activities in the Social and Health Centre were generally open to all age groups. However, in the first ten years the events offered, the courses, encounter concerts and in some cases exhibitions and the social and health-related services, were orientated mainly towards the needs of elder citizens and their well-being. This was intended by the policies of the city council and therefore partly funded by subventions from the community budget. Only later did new policies lead to opening the programmes of the Centre increasingly to other age groups, which had an immediate effect on the gerontological educational programmes.

3.3. The Health and Social Network of the Red Cross and its Adult Educational Initiative called “Wicht!g” – “Important”

Gradually similar projects and centres developed in other quarters of the city. One such example is the “Health and Social Network of the Red Cross” (Österreichisches Rotes Kreuz, 2004) in the city of Salzburg, which opened a couple of years later. Like “St Anna” it offered ambulant services, case and care management and networking as well as open educational programmes for all. In addition the Networks staff took their senior-focused neighbourhood programme initiative a step further by exclusively planning together with elderly people from the region. In cooperation with a parochial educational institute called “Katholisches Bildungswerk” [Catholic Education Service] and with the help of its range of contributors in staging regular meetings, interesting topics were chosen and developed, and then the current educational programme was decided together. This initiative of participative educational programme was called “Wichtig” [“Important”] and written with an exclamation mark instead of the second letter “i” – thus “Wicht!g”. It met with great approval and was advertised in particular through word-of-mouth advertising by the participating seniors, who also distributed flyers which had been printed for every single event. In this way many elderly citizens found their way to the Health and Social Network of the Red Cross. Meeting in this low-threshold way allowed them the dissemination of further offers and information, thus enabling elderly persons to access necessary services, counselling, medical aids and resources.

The activities of the “Wicht!g” – or “Important” – initiative was evaluated by an Austrian-wide educational study and cited as a “Good-Practice-Project”. Therefore, it was described in detail within its publication about “educational chances for elderly people” (Kolland, 2005, pp. 159-165). In the publication, the fact was highlighted, that “due to the large proportion of women in the addressed target group, it is also the goal of the organisers to cover topics focusing on women. Even though religious topics are addressed, the series of events is laid out interdenominational.” (Kolland, 2005, p. 160) And with regards to sustainable aspects it was noted that: „Sustainability is given through the fact, that the project has been very successful for three years. A Part of the elderly people visits the events on a regular basis. The ability for self-tuition is strengthened by new topics being discussed and participants can think about them.” (Kolland, 2005, p. 164) (Note: both quotes have been translated from German into English.)

The educational events offered included topics such as “I quite like being old – how older people can shape the later parts of their lives” and “Activity at an older age – joy of living through activity” (4-part series). Furthermore, “With the bike to the end of the world (Finisterre) – How I experienced the pilgrim’s way to Santiago de Compostela”, “Simply homespun remedies for colds”, “Happiness is no question of age”, “Ways of silence”, “Cooking and seasoning with medical herbs”, or “Pain affects the entire person”, and so on. – All events took place between 14:30 and 16:00 and after the talk, there was the opportunity for a pleasant get-together and the personal exchange of ideas, while having coffee and cake or a beverage and a sandwich. While single events had an entry fee of 2.50 or 3.00 Euro per person as well as 4.50 Euro for couples between 2002 and 2005, this made attendance also possible for less affluent people. Furthermore, there were also driving services for persons with restricted mobility to the event and back. This service was also provided and organised by employees of the Health and Social Network, if required and after advance reservation, and only cost a contribution towards costs of 1.50 Euro per ride.

Like “St Anna” in Gnigl, the Health and Social Network of the Red Cross also served as a counselling point and platform for socio-medical services and was located in the same building as a day care centre for needy elderly citizens, which was also run by the Red Cross. – And the Health and Social Networks educational programmes (with the elderly) also took place within the context of other activities, such as a self-help group for rheumatism-patients, the self-help group for fibromyalgia-patients, or the self-help group for diabetics, and last but not least the self-help group for foster carers, who attended as regular visitors in the day care centre. Many topics find place within such an educational framework: such as knowledge about a healthy and easy to prepare diet, facts about diabetes, rheumatism or the different forms of dementia, to the importance of purposeful body movements for elderly people, information about medicines and their possible side effects, medical herbs, correct and ergonomic lifting methods, decubitus prophylaxis and many more. – For those and further events, leaflets were provided for free at the venue and were also handed out in counselling interviews and at other events.

3.4. From Diversity of Services for the Benefit of Mainly Elderly Persons to Homogeneous System Structures for Citizens from all Generations and Migrants

In this way and similarly ways, a valuable network of counselling points and different providers of socio-medical services was established over the years in different quarters of the city. And after these successful years, the city council began ground work on a new path that sought to transform the sectors of local community into a structure of so called “Bewohnerservice-Stellen” (short form: BWS), namely “Citizen’s Service Offices” (CSO), whose key activities were no longer prioritising elder citizens. Now all age groups were addressed simultaneously and the increasing needs of migrants were more closely considered.

Inter- and intra-generational opportunities thus led to greater social justice, participation and concerted empowerment of residents in their areas. A look at the topics of events offered by Citizens’ Service Offices also shows that the need for a comprehensive understanding of sustainability and sustainable development in the social and local community was also taken into account. In the re-founded “Citizen’s Service Office Gnigl & Schallmoos” – with reference to the two quarters of the city of Salzburg of the same name – educational programmes included lectures such as “Mobile telephone and computer-training for elderly citizens”, and the course “German for beginners”, “Inter-cultural meeting: focus on communication and exercise for women, whose first language is not German”, “Supporter meeting for refugees”, “Social dining – cooking and eating together in the Citizens’ Service”, “Parent-Child-Meeting for the little ones”, “Gymnastics for 50+”, “Open sky’ in the Citizens’ Service”, “Learning support for school children” and more (Diakoniewerk Salzburg, 2015).

Meanwhile the greater part of day care services for needy elderly people was transformed from the previously integrated system of social and healthcare into separately organised services and offices. Aspects of day care and fostering were rather separated from programmes for the more active elderly and the Citizen’s Service Offices, which affected educational opportunities in this concern. Socio-medical services were no longer offered or executed in an integrative manner within the institution as before, but expected to be taken on separately by other providers. Moreover, the Citizen’s Service Offices concentrated on counselling, networking and improving people’s communication flow. In addition, an official position was created by the city council to coordinate all established Citizen’s Service Offices in different quarters of the city and the different institutions. This also involved the coordination of specific events in different quarters, such as, for example, the popular “Repair Cafés” (Stadt Salzburg, 2015, pp. 18-19), where people of different age groups and (former) professions met to repair broken household items and electrical equipment rather than throwing them away. The latter can be expressly specified as sustainability put into action and innovative practical educational work, in which experiences and matured knowledge are employed in an appreciative way and given to others constructively. It made encounters possible in which people learnt from one another. – In the end, this generated a completely new structure and culture of neighbourhood cooperation in the quarters running the events, within which the educational programmes with elderly people had to be newly positioned.

3.5. Results as Chance for Structural Development in (Mega-) Cities

The experiences of the programmes presented here carry great potential. Potential, that – as was shown – is realised today in different ways in Salzburg. This could be taken up in many places, albeit in slightly adapted forms, and in terms of inter- and intra-generational issues. Furthermore, it could be used in even more educational, cultural, health, social and general contexts. It is a potential that could lead to greater social justice concerned empowerment and to a more generationally bonded and sustainable life for all. – In this context I think specifically of urgent necessary, sustainable development processes in the continuously growing mega-cities of the world, with huge slums, which require the establishment of regional and supporting infrastructures. Moreover, thought has to be given to the following aspect: How will, for example, elderly or needy people, or the dramatically increasing number of patients suffering from dementia around the world and their relatives, or the many diabetics and their socio-medically trained helpers in these mega-cities and regions in the future find access to a system of education, counsel and care that adequately supports them? And how will older and interested younger people find these path-opening educational opportunities and training programmes, opportunities that would allow each of them a fundamentally more dignified and better health? We know today that a person in central Europe will on average live a more contented life, work longer, and require care only later in life, the more educated he or she is (W. Lutz in an interview, quoted by Kretschmer, 2012).

Reflecting on the gained, qualitative research findings of the present project, a deductively developed, theoretical model will be presented here after, in which education can be seen as an implicit, explicit and intergenerational process and therefore be very useful for successful ageing. This theoretical approach is called “person-centred model of integrative education, health, culture and social services within the context of community-oriented district work” and is compatible on an international level. A theory-based and practice-oriented implementation, which can be used in the practical day-to-day work, is therefore called “integrative centre for person-centred district work with education, health, culture and social services”. – It could be given this name or be regarded as a professional, content-related description and be given its own designation.

Based on positive empirical values of the Health and Social Network this could simply be called “The International Health and Social Network” in Salzburg, with the abbreviated form IHSN. Depending on sponsoring organisation and region it would be possible to add the name: for instance IHSN of the Red Crescent Bangladesh in Dhaka North City Corporation” or “IHSN of the Indian Red Cross in Central Dehli”. Naturally, the name could vary, depending on the sponsoring organisation. – It is used as a contact point as well as hub for important concerns, questions and information, consultation and helpful networking in the context of current educational, health and support requirements as well as required case and care management, if needed. Furthermore, it serves as providing institution for varied educational events, apprenticeships and in-service trainings and concrete, social-medical services such as physiotherapy, ergo therapy, psychotherapy, social consultation and day care as well as connected activities, such as support group for caregiving relatives, diabetic patients and much more. This platform and contact point of local community-orientated opportunities and information also encompasses sectors such as visitation,

ongoing social, educational work as well as numerous possibilities of communication, theme-specific cultural and information events, exhibitions, courses and concerts. Moreover these centres are designed as humanitarian meeting points, including a “Citizen’s Café”, which offers socially affordable lunch menu for (elderly) people, besides its standard food and drinks. In addition, cafés and additional function rooms serve as meeting points for communication for people from different generations and varied social groups at district festivals and educational events.

Please find further differentiation, arguments and explications in further publications of the author, if required.

4. Conclusion

The results of the study have shown that educational programmes for elderly people, if they are embedded in community-orientation and are integrative, networked and regional, will contribute positively by strengthening the self-confidence, commitment and personal quality of life. Moreover, they make important, health-based methods of prevention accessible, enable social-medical support and care services and promote grass-roots democracy future prospects and the active participation of citizens. This also strengthens the dialogue between generations and enables diverse methods of sustainable living, sustainable development and peaceful interaction.

I want to close with the words of the Anglican Archbishop and winner of the Nobel Peace Prize, Desmond Tutu, who said: “Hope is being able to see that there is light despite all of the darkness.” (Brainy Quote, 2016) – Easily accessible training institutions, and sustainable alternatives of education within the context of local community neighbourhood programmes and the integrative social and health institutions connected to them, can unlock many further educational initiatives for young and old. Moreover they can connect people with numerous services, bring greater hope and real opportunities, more commitment, co-determination, participation and targeted empowerment – and could thus bring fairness and greater social justice – in the developing regions of this world.

For any questions, please feel free to contact me in my practice for psychotherapy, supervision and coaching:

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