

Differences in legal acts of homes for the elderly in European Union, Serbia and Bosnia and Herzegovina

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ABSTRACT: As we age chronologically, our bodies grow frail; we lose mobility and our senses become impaired. We need support but we struggle to maintain our independence. Most of us would prefer to continue living in our own homes—places which we know—surrounded by memories and mementos. But for some retirement or sheltered housing is an attractive option. It offers security from street violence; a manager maintains a watchful eye over us; we no longer have to cope with unused rooms, awkward stairs, an unruly garden, or fixing the broken tiles on the roof. The companionship of others, though often not considered initially as a high priority, later becomes a valued resource. So we have a new home and new neighbors, and here we hope to spend the rest of our days. Retirement housing is not just a staging post on the last lap of our journey. Care packages—whether facilitated by the manager or provided by an in-house team—can be provided more efficiently within the context of grouped housing. But our efforts to maintain a good quality of life are often frustrated by the poor design of our own homes. For most of us 'design' suggests those corners which the wheelchair or frame cannot navigate, the cupboards and window catches which we cannot reach, and taps which we cannot turn—all prevalent faults in homes built for older people but designed by strapping younger men and women. There is however much more to 'design' than this. We must be able to enjoy and control our living environment; we need to express our individuality; we should be able to distinguish public from private space. For those who cannot move outside of their housing complex, the corridors and foyers are their outside world and the 'kiosk' takes on the role of a village shop and meeting place. Far too many retirement housing schemes have been poorly designed; now with this manual, there should be no excuse for deficiencies. The authors would not claim to have touched upon every eventuality, but they do raise important issues. Their brief was to deal with a very specific form of housing—'extra care sheltered housing'. However, their prescriptions are no less valid for any housing which might be occupied by older people and they thus concern us all, for we will all grow older, hoping to stay in our homes for as long as possible.

KEY WORDS: Elderly care, social centers, design, architecture, Bosnia and Herzegovina regulations, Serbia regulations, EU regulations

Date of Submission: 24-02-2023

Date of acceptance: 05-02-2023

I. INTRODUCTION

Let us start with the statement, designing the living environment for a special group (elderly, children, blind persons,...) is a special task. It includes several questions: who are going to be the users of these spaces; how do they share daytime tasks; do they have common habits; do they share common interests; do they need any assistance—involving other groups of users of the same space. Of course, there are several other questions in the field of personal issues/needs. More interesting are those in the field of public issues concerning making those spaces liveable and sustainable. As Alexander, Hansjoachim, & Alexander [1] stated, the central issue of architecture is to provide encouragement and support for life-giving comfort and profound satisfaction—life is worth living.

Architectural design can be used, misused, or obeyed; all those options are possible nevertheless how the building codes and standards are set. According to Alexander, Hansjoachim, & Alexander [1], The most misused term in the 90ies and last decade of the 21st century is the term sustainability. Almost any architectural design using wood or stone was sustainable, and almost any glass façade using aluminum construction was promoted as the most energy-efficient and sustainable architectural realization. In mass production, sustainability cannot be the smartest goal. On the other hand, using standardized design and construction could help identify inefficiencies in the process, which could potentially lead to lower costs, according to Andrew, Ross, Simpson, & Spotts [2]. The more encouraging and less abstract task would be if the word sustainability is split into two words: **sustain** and **ability**. This is the basic idea in architectural design. Designing a space to serve only one targeted group obeys the idea of sustainability and takes only the part of the idea of ability. However, according to Andrew [2], this is a more or less shortcut to a non-liveable environment. In kindergarten are children with several needs some are common others are different from person to person depending on the age, health, and character of the child. Combining them in groups is a natural step. However, they need assistance (nursery, teachers, parents, and other visitors) the scope of the special task is wide and involves several groups. When designing a liveable environment for the elderly the same issues occur.

The fertility rate in Bosnia and Herzegovina is 1,252 (2018), which is far below the level required for the replacement of generations (2.1). According to B&H[3], The transition from high to extremely low birth rates in BiH happened in a fairly short time. Bosnia and Herzegovina is in the group of countries with the "lowest-low fertility".

Our society is getting on in years. Increasing life expectancies accompanied by a drop in births are leading to a drastic shift in our age structure – a process that calls for new strategies and responses in a great variety of areas. Housing construction, too, must react with new and intelligent solutions.

The concept of Integrated Living is one of the possible responses to this challenge.

Integrated housing facilities such as multiple-generation homes are supposed to offer older people a social environment that encourages their integration into society, much more than specialized senior facilities ever could. At the same time, they allow seniors to remain in their own homes longer, where they can continue to lead highly self-determined lives.

As Christian [4] said, Integrated Living does not remain restricted to the integration of the elderly. Other changes in our society require new residential concepts[4]. As traditional family bonds dissolve before our eyes, the classic nuclear family as a communal household is being replaced ever more frequently by singles, childless pairs, and single-parent families. At the same time, it is important to integrate immigrants and the disabled[4]. Stripped to its principles, Integrated Living means different groups of the population living together under one roof, and, as such, different residential forms in the same building. The goal is mutual enrichment and support[4]. Integrated Living means communal residences, housing for multiple generations, barrier-free housing, and homes for families; in the extreme, it can also allude to the spatial proximity of living and working or leisure activities. In institutions exclusively for the elderly one speaks of Integrated Living when care and provision services are offered within a special facility with self-contained residential units[4].

II. Understanding of the problem

Changes in demography indicate that, within the population of effective increase of new generations in the future. pyramid, the growth in elderly people globally far exceeds the overall increase in population in both developed and developing countries. The most important demographic implication of long-term low fertility will be reflected in a large drop in the fertile contingent (the total number of women of reproductive age). This will undermine future reproduction and reduce possibilities. Significant changes in the structure of the population should be expected, given that the proportion of elderly people will most likely increase by 75% by the middle of the century, while the number of the working-age population will be halved. Increased emigration of the young, qualified population (there are no statistical data on emigration trends, but according to reports from the civil society sector, about 5% of the total population has left the country in the past 5-6 years) and accelerated aging of the population (15% of the total population is in age over 65), have long-term and far-reaching consequences [3]. An increase in the dependency ratio is expected (children and the elderly on the working-age population), which will put the working-age population on the list of the economic burden of covering the costs of public services, such as education, health care, social protection, including pensions, etc. Depending on economic factors, this could create employment opportunities, but it could also be a strong limiting factor for economic development. From the point of view of health care, the capacities of health care institutions are at a satisfactory level, although this could change in the future due to the emigration of the qualified population (medical doctors and nurses/technicians), while due to the lack of universal health care

coverage, all categories of the population do not have equal access to health care services protection. In addition, the population in rural areas encounters the problem of the availability of health care services [3].

People now retire earlier and live longer. Although this fact ought to be a cause for celebration, it is increasingly regarded as a problem, particularly for society as a whole. Longer periods of retirement place extra strains on savings. According to Robson [5], Although a few people are able to shed commitments and enjoy the fruits of savings and pension investments, the majority experience a steady decline in disposable income and purchasing power. This in turn leads to a decline in housing standards, general social and economic deprivation, and ultimately to marginalization. The elderly draw income from four sources: retirement pensions and state benefits, savings and investments, occupational pensions, and employment. The value of the retirement pension has been declining for some time when compared to average incomes in the general community, Robson [5] stated.

III. MATERIAL AND METHODS

III.I European Union Regulations

During the design and construction of buildings intended for the provision of social services, it is necessary to comply with some prescribed ones standards and provisions of the rulebook which prescribe the technical requirements to be met by service providers. When it comes to the construction of buildings, the standard which must be observed is Building construction - Accessibility and usability of the built environment – SIST ISO 21542 from November 2012[6]. That standard enables availability and use of built facilities and environment and defines in more detail the necessity of unimpeded accessibility, entrance and the use of public and multi-apartment buildings facilities[6].

Conditions that must be met by social institutions care that takes care of persons with dementia and people suffering from Alzheimer's disease in the Republic of Croatia are prescribed by the Ordinance on the minimum conditions for providing social services services, published in the official gazette Republic of Croatia - Official Gazette, number 40/2014. Narodne novine br. 40/2014 [6], That Rulebook it is prescribed that the minimum conditions for providing services include:

- minimum space and equipment requirements for the provision of services
- type and minimum content and scope services in relation to an individual user group
- the structure and duration of the immediate professional work with users, structure and duration of other jobs and conditions and the minimum number of experts and others workers for a particular service.

The Rulebook prescribes common minimums conditions for the provision of social services for all social welfare institutions and special ones minimum requirements for each individual type of social welfare institutions. The Rulebook in question is the only official one a regulation that defines the conditions that it establishes social welfare must fulfill how could get a license from the competent authorities on the start of activities, however it prescribes truly minimal conditions which, according to the expert opinion, it is not enough for the care of people to be at a satisfactory level[6].

This especially applies to interior decoration institutions and their environment.

Bosnia and Herzegovina Regulations

According to Službeni Glasnik Brčko distrikta [7], Rulebook on general, technical and professional conditions for the establishment and operation of a social protection institution for adults and the elderly.

The subject of the rulebook on general, technical and professional conditions for the establishment and operation of social protection institutions for adults and the elderly refers to the determination of:

- conditions in terms of space, equipment, professional and other workers for starting work and carrying out activities,

- norms and standards of space and equipment,
- Norms and standards of user nutrition,
- norms and standards of means for maintaining personal hygiene of users, premises and equipment of the institution,
- standards related to user health care, user care, physical therapy, active spending of user time and service in case of user death.
- The user of the institution is any natural person who uses the services of the institution, who can be a dependent or an independent person.
- Dependent persons in the sense of this rulebook are persons who are completely or partially dependent on the help and care of another person in meeting basic life and physiological needs.

The aim of this rulebook is to determine the general, technical and professional conditions for the establishment and operation of a social protection institution for adults and the elderly[7].

IV. RESULTS AND DISCUSSIONS

In this part, we will analyze the legal articles concerning architectural and spatial conditions on the sample of the aforementioned laws from three different entities, two countries and the European Union. First suggestions were given by Adler [11] and Neufert [12].

Croatia-EU Regulation	Serbia Regulation	B&H Regulation	Key differences
<p>Green areas of undeveloped land should amount to at least 50 m² for a facility that provides accommodation and residence services for up to 50 users, i.e. 50 m² more for every next 50 users.</p> <p>Exceptionally, if the building is located in the immediate vicinity of a public park or if shelter or overnight accommodation services are provided in the building, the surface of the undeveloped land does not have to have a planned green area.</p>	<p>Green areas of undeveloped land should amount to at least 5 m² per user or 3 m² per user if there is a public park nearby. The service provider for housing adults and the elderly with mental and intellectual disabilities, provides a space for increased supervision with natural lighting, appropriate temperature and equipment that ensures comfort and prevents self-harm by the user. The service provider provides a room for the isolation of deceased users, in accordance with the standards provided by special regulations.</p>	<p>The institution cannot be located in a facility where activities that may threaten the peace and safety of users are carried out, such as industrial plants, catering facilities, technical inspection of vehicles, auto mechanics, body shops and other auto services, as well as in the vicinity of intensive breeding grounds - mass breeding of animals, at a distance of less than 50 meters. The institution cannot be in a residential building. An institution in the sense of this rulebook is an institution that must have accommodation capacity for at least twenty-five persons and as such can be registered for the performance of social protection activities for the accommodation of elderly and adults.</p>	<p>In EU (Croatian) and Serbian regulations are specific rules regarding square meters per person or per number of persons, while in Bosnia and Herzegovina there are not specified. The biggest difference is in B&H, where we don't have a specific written distance or amount of greenery, because everything is based on decision-making during the process of legalization or designing facilities for housing elderly people.</p>
<p>Croatia has minimum conditions for people suffering from Alzheimer's disease, which experts in that country do not consider sufficient to help this group of patients.</p>	-	-	<p>Serbia and Bosnia do not have specified requirements regarding people with Alzheimer's disease.</p>
<p>secured access from the public pedestrian area, as a rule, through the main entrance to the building.</p> <p>comply with sanitary and technical requirements and hygienic conditions.</p> <p>be located on accessible</p>	<p>that it is connected to the public water supply network, and if it is not, that the supply of healthy running hot and cold water is ensured.</p> <p>to have heating and mechanical ventilation if natural ventilation is insufficient</p>	<p>That it is located in a populated place where traffic and other communication links are developed.</p> <p>that unimpeded access by means of transport is ensured, and the pedestrian access road must be lit, that it is connected to the electricity and telephone networks and the Internet, that it is connected to the public water</p>	<p>The architectural and construction conditions regarding the exterior design are very similar, the differences are in terms of details.</p>

<p>terrain with unhindered access by means of transport, and the pedestrian access road must be lit and comply with traffic safety regulations.</p> <p>have secured parking spaces with a sufficient number of parking spaces for persons with disabilities.</p>	<p>that the floors in all rooms are made of material that is non-slippery, does not absorb moisture and is easy to maintain,</p> <p>that the doors on the rooms for the accommodation of users are without thresholds, at least 1 meter wide, with protection if they are glazed,</p> <p>that the width of the corridor is at least 1.8 m</p>	<p>supply network, and if it is not, that the supply of healthy running hot and cold water is ensured.</p> <p>that it is connected to a public sewage network or a properly constructed septic tank,</p> <p>that it meets the sanitary-technical and hygienic conditions,</p> <p>that the electrical installation is protected and secured</p>	
<p>ensure natural ventilation, and if there is a space with insufficient ventilation, it is necessary to provide artificial ventilation</p> <p>ensure uniform heating of rooms to a temperature of 20 to 22 °C, except in corridors and auxiliary spaces to a temperature of 18 °C, and in periods of high external temperatures in the space where users stay, it is necessary to ensure an optimal temperature, 5 °C lower than the outside</p> <p>the height of the rooms must be at least 240 cm, exceptionally if the service is provided in attic rooms, parts of the rooms shorter than 190 cm are not included in the total area of the room</p> <p>that the width of the corridor is at least 1.3 m,</p> <p>to have a built-in entrance ramp whose slope must not exceed 15 degrees for wheelchair access,</p> <p>to have a lease of 3 m² of green space per user, which can be smaller, namely 2 m² per user, if there is a possibility of using public green spaces near the institution,</p> <p>to have a wheelchair or an elevator if the building has</p>	<p>the institution should have one room each for: living room, kitchen, dining room, cloakroom, outpatient clinic with isolation area, occupational therapy, physiotherapy, joint cultural and entertainment activities, hairdressing and barber services, isolation of deceased persons, washing and maintenance laundry, warehouse, for performing administrative and financial work, special rooms for dormitories and a sanitary and hygienic unit with separate sections - male and female, as well as space for professional workers and medical staff.</p> <p>the institution should have at least 10% single and 10% double rooms of the rooms intended for dormitories</p> <p>a single room for a dormitory should have an area of at least 12m², a double room at least 15m², and a multi-bed room at least 5m² per user.</p> <p>Housing units with sanitary facilities should have a minimum area of: apartment 26m², studio apartment 20m², two-room apartment 35m²</p> <p>dormitory rooms for independent users have up to 6 beds</p> <p>dormitory rooms for dependent users have up to 5 beds</p>	<p>that it has protection against direct penetration of the sun's rays, which prevents excessive heating, and the possibility of darkening should be ensured in the dormitories,</p> <p>to have rooms illuminated during the day by a natural light source, and at night by an artificial light source of appropriate quality and strength,</p> <p>to have heating and mechanical ventilation if natural ventilation is insufficient,</p> <p>that the floors in all rooms are made of material that is non-slippery, does not absorb moisture and is easy to maintain,</p> <p>that the doors on the rooms for the accommodation of users are without thresholds, at least 1 meter wide, with protection if they are glazed,</p> <p>that the steps cannot be more than 17 cm, and the tread cannot be less than 29 cm, without retracting the tread, where the tread surface is protected by anti-slip tape, with handrails on both sides,</p> <p>if the building has a balcony or a terrace, they must be surrounded by a fence at least 120 cm high,</p> <p>that windows that are at a height of less than 120 cm from the floor must have a protective fence on the outside,</p> <p>that the height of the rooms is at least 240 cm,</p> <p>that the width of the corridor is at least 1.3 m,</p> <p>to have a built-in entrance ramp whose slope must not exceed 15 degrees for</p>	<p>The architectural and construction conditions regarding the interior design are very similar, the differences are in terms of details regarding the lighting of the rooms, where this is dealt with in more detail by European standards.</p>

<p>P+1S, and an elevator if the building has more than one floor or other specialized aids for moving up the stairs,</p> <p>that the hallways have built-in handrails on both sides,</p> <p>that fire protection is carried out in accordance with special regulations.</p>		<p>wheelchair access</p>	
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V. CASE STUDY

Practical advice for planning friendly environment in homes for older according to Brodar and others [8].

Urbanism

Respect for the wider context - The basis of any intervention in the space must be spatial planning documents of the place where the construction of the home is planned. In order for a home that cares for people with dementia to provide the highest possible quality of care for people with dementia, it is necessary already at the placement itself of the building into the space, take into account the specifics and purpose of the home itself. Placement of objects in the space should be in accordance with spatial planning documentation related to decisions on orientation, structure, surfaces density and programs at the very location where we plan to build a home for the elderly[8].

Placement of buildings, parking lots, roads and equipment should thoughtfully complement the existing arrangement of the wider area, understanding the wider spatial context and should be in accordance with the needs of the area[8]. The network of homes should be distributed in space according to population density. In parallel with the deinstitutionalization of facilities, the network should be diversified and adapted to the macro location[8].

In larger cities, it is better to build several smaller units - in city districts, and elsewhere homes that can be directed to targeted residents within the gravitational areas of the settlement, and in areas sparse population to apply new and locally determined forms of living[8].

Placing a home for the elderly in the space - (character of the area, examples, public space, landscape, topography, etc.)[8]. Following the spirit of the place is important because of the recognition of the space. Setting up homes for the elderly with accompanying programs should follow the guidelines of sustainable development. Arrangements should be connected with social infrastructure (connection and proximity of services and activities), the availability of public transport and open space should be enabled[8]. The roads should be well connected to the surrounding roads (different requirements apply to the closed part). The external influences that most directly affect the progression of the disease are noise and poor exposure to sunlight. Harmful impacts can be completely avoided by choosing a quiet and sunny microlocation, and they can be partially removed by the appropriate idea and placement of a building that, according to standards, meets the limit values of noise indicators - L (night) 45 dBA and L (day) 55 dBA and by building in an area that requires such a level of noise protection. Individual units should be properly oriented, living areas should be adequately lit and sunlit, exclusively north orientation of rooms is not appropriate. The arrangement of departments, personal spaces within them and common spaces should ensure a sufficient degree of privacy in relation to neighbors, common rooms and publicly open spaces[8]. The design of the space should be clear and should enable good orientation. The entire area of the home for the elderly should be large so that it is possible to

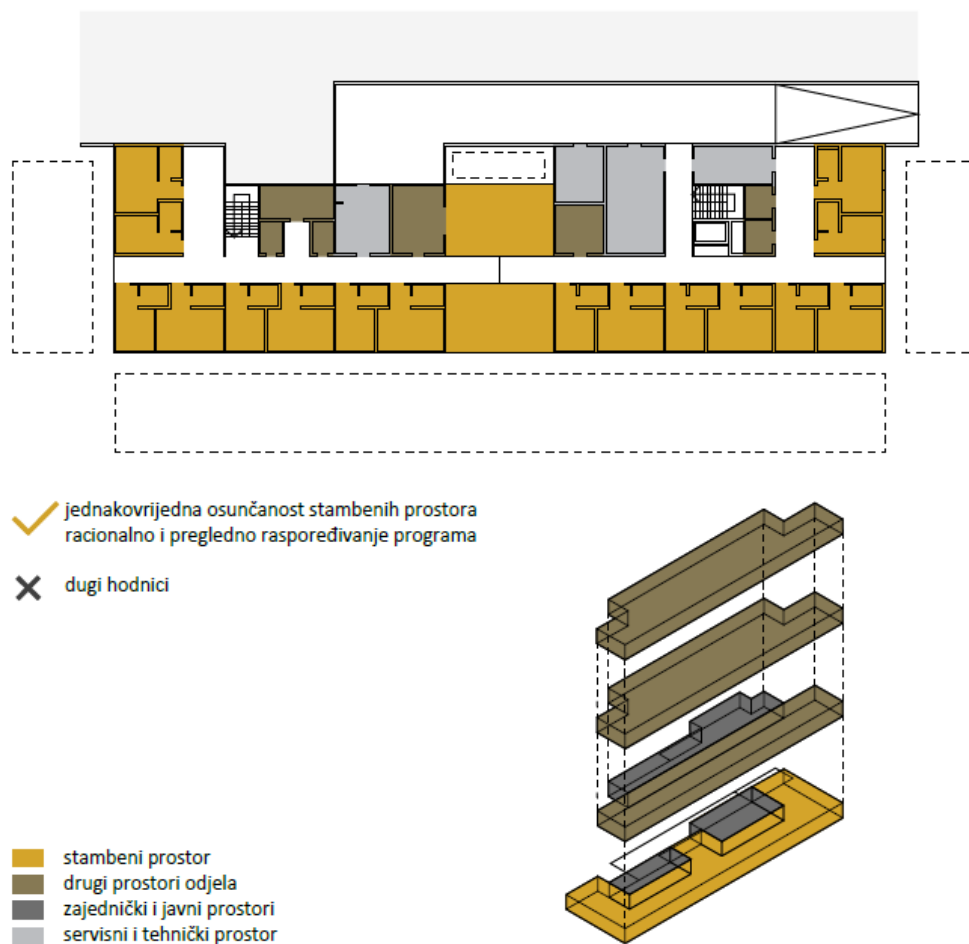
ensure the separation of green areas from the functional areas of the home that are related to intervention, delivery, collection and removal communal waste and other contents related to the functioning of the home. Green areas with a therapeutic function should belong to a home for the elderly, because it is necessary to provide a space that cannot be left for people with dementia[8].

Achitecture

Residences, i.e. buildings intended for the accommodation of elderly people, can be divided, taking into account the health condition of the users, into programmatically homogeneous building types and programmatically heterogeneous building types. Programmatically homogeneous building types are classical homes for the elderly divided into a residential part and a stationary part, a sheltered home and residential communities. A classic retirement home, From a structural point of view, it is homogeneous, and according to the user structure, it is heterogeneous. Also, although sheltered homes provide quality care for people with dementia, often times can happen, if the number of the user is large, so that home users fail to connect to the local one[8].

community, which leads to a kind of ghettoization, which does not lead to the improvement of the condition of people with dementia. Residential communities, located in an apartment, are intended for healthy users and, as a rule, are not suitable for people with dementia[8]. Therefore, when we talk about recommendations related to the planning and design of homes that care for the elderly, it should be pointed out that nowadays the design and construction of buildings that enable programmatically heterogeneous compositions, which, as a rule, provide more opportunities for the users of the home to socialize with each other, as well as direct interaction with the local community. The basis of the planning of heterogeneous compositions are adequately large, differently oriented and diverse outdoor areas, both for protected wards and for other residential groups. Below are concrete recommendations for designing new and adapting existing homes in order to meet the criteria of composition heterogeneity[8].

- Horizontal organization of space - Mutual communication and links between the daily rooms of the department with an open space and a corner for socializing, rooms and places for carrying out activities, rooms, program points and hygiene areas should be as clear and immediate as possible. Department links with public, health and other programs and links with other departments should proceed in a controlled manner through common entrance areas[8].
- When planning vertical communications, it is necessary to respect the SIST ISO 21542 standards.
- The residential environment in homes for the elderly is their primary private space, so good organization within a ward is more important than the connections between that ward and the connections to secondary spaces. Regardless, the shortest connections, without architectural obstacles, to the lobby, multi-purpose space and rooms for physical or occupational therapy are desirable. In the centrally organized wards for the elderly, the rooms are connected to the living room by corridors. In those cases, it makes sense for the ambience of the living room to be visible from the outside. Corridors should be as short as possible and wide enough to allow all types of communication. If they are longer, they should be equipped with landmarks[8].

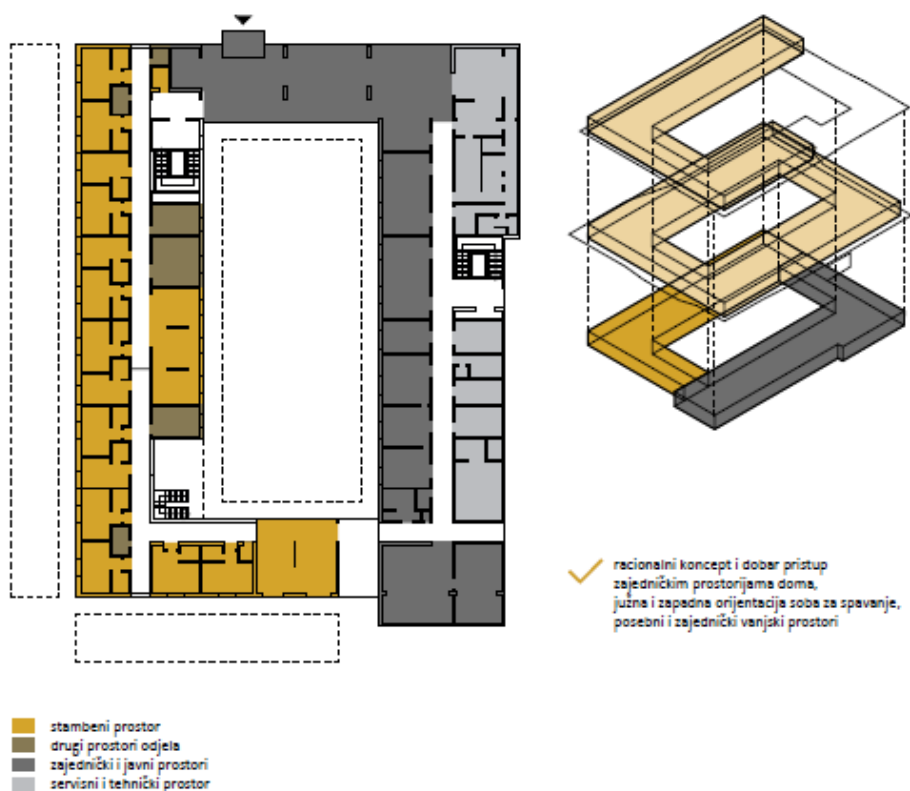


Picture 1. An example of the organization of sheltered departments within a home for the elderly, shown on the example of a home for the elderly in Brdo[9]

- Equipment and things in the corridor must not narrow the width of the passage to less than two meters. Excessive corridor widths (above 4 m) can disturb people with dementia, increase disorientation and thus make movement difficult [8].
- The temporary installation of communication equipment must enable evacuation. Evacuation conditions on the ground floor are usually met without special technical measures, and the minimum width of evacuation routes is 120 cm, regardless of the number of users. The main focus of fire protection for homes for the elderly and other facilities in which mobility and mobility of users is limited is to provide horizontal evacuation possibilities. We fulfill the requirement so that, regardless of the size of the fire sector and the presence of a vertical core, the floor is divided into two separate fire zones[8].

The home for senior citizens has been operating since 2012 and is located in the southern lamella (P+3) and on the first floor of the northern lamella of the Intergenerational Center Bistrica [10].

There are 69 rooms for 100 people in the home for senior citizens. Of these, there are 38 single rooms, 26 double rooms and 5 apartments. Single rooms are from 17.57 m² to 24.94 m², double rooms from 21.64 m² to 35.48 m², and apartments for two people from 28.96 m² to 29.53 m². Each room has a bathroom measuring from 3.54 m² to 3.83 m² and a loggia or balcony[10].



Picture 2. An example of the organization of protected departments within a home for the elderly, shown on the example of a home for the elderly in Slovenska Bistrica [10]

VI. CONCLUSIONS AND RECOMMENDATIONS

One of the key items of any state is older people, many of whom are unable to take care of themselves or are lonely. Looking at the growing trend of the number of elderly people, not only in Bosnia but also in the world, because the life expectancy of people is increasing, we come to the conclusion that in the future more facilities will be needed to care for the elderly and infirm.

Analyzing the laws of the surrounding countries, we came to the conclusion that the laws do not differ drastically from each other, the biggest problem is in the implementation of those same laws.

With the increase in the number of elderly and infirm people who need care, the demand for places in nursing homes is also greater. Private homes are subject to legal manipulation despite the shortcomings and failure to meet the minimum requirements imposed by law, for the reason that every place is precious.

Many inspectors and law enforcers in Bosnia and Herzegovina and Serbia, regarding homes for the elderly, allow homes that do not meet the laws to operate, fearing that the investor would abandon the investment due to the multitude of unfulfilled conditions and thus leave the current bad situation in that sphere of care.

Through the analysis, I come to the conclusion that the laws should be more flexible and leave it to the inspectors and supervisory bodies on the spot to determine, according to the conditions and the environment, whether the facilities meet the requirements, because obviously with the increase of the elderly population, such facilities will be increasingly necessary and some strict regulations will no longer be valid considering that the quantity of such facilities will be much larger.

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