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STAKEHOLDER COLLECTION INCLUDING A COMPREHENSIVE MAP

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FOSTERING CARE COOPERATIVES IN EUROPE BY BUILDING AN INNOVATIVE PLATFORM WITH ICT-BASED AND AAL-DRIVEN SERVICES

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1 INTRODUCTION

1.1 Task description

As part of WP2, this task aims to create an evidence base to underpin the project and produce **essential knowledge for the conceptualisation of the iCareCoops framework and services**. A key element will therefore be an investigation of the current **makeup of care cooperatives** in Europe with a special focus on the **role of services offered**. To build up a strong basis for the conceptualisation of iCareCoops, a comprehensive analysis of carers as targeted end-users will be conducted. To gain a sound understanding of the needs of different actors and stakeholders in care cooperatives, **group-specific requirements** and constraints will be analysed (Milestone 2).

Task 2.3 focusses on the collection of relevant stakeholders (organisations, experts, etc.), in particular, **local care cooperatives and care communities**. This is to be delivered as a map that will finally be shared as an interactive **stakeholder map on the iCareCoops web-platform**. The goal of the map is to provide an open overview of existing care cooperatives in Europe which support active living. With this service individuals and organisations can find information about the existing care cooperative landscape in Europe by **searching for existing care cooperatives in their region**.

1.2 Scope - definition of relevant stakeholders

1.2.1 General definitions of 'stakeholder'

There are numerous definitions of the word 'stakeholder'. This is mainly due to the fact that different bodies, such as persons and groups both inside and outside an organisation, can be stakeholders (Boonstra & A., 2006, p. 40). The development of stakeholder theory was started in 1984 by R. Edward Freeman. In his 1984 book 'Strategic Management: A Stakeholder Approach' he looks at the question of stakeholders from two points of view:

a) The wider approach: Stakeholders are "any identifiable group or individual who can affect the achievement of an organization's objectives" (Gossy, 2008, p. 6).

b) The more narrow approach: Stakeholders are "any identifiable group or individual on which an organisation is dependent for its continued survival" (Gossy, 2008, p. 6).

According to stakeholder theory, enterprises are not only responsible to their owners but also to a variety of groups in a society. The theory describes how firms behave, how their behaviour affects performance and success, how they should behave from a moral point of view, and what stakeholder management should look like (Donaldson & Preston 1995).

Clarkson offers a classification of stakeholders. He identifies primary and secondary stakeholders, with companies depending upon the primary stakeholder group. This includes shareholders and investors, employees, customers and suppliers, governments and communities (Clarkson, 1995, p. 106).

In contrast, the secondary stakeholders, although influential, are only engaged with the actual everyday business of a company in a limited way. From a business perspective the secondary stakeholders could cause significant damage, even if they are not considered essential for a company's survival. Such stakeholders are, for example, the media or different interest groups (Clarkson, 1995, p. 107). Stakeholders act according to their interests and use their power to influence the product or service in the direction they desire (Nilsson & Fagerström, 2006, p. 169). It is held as an underlying principle that the way and intensity with which the relevant stakeholders interact highly influence a company's success (Holtbrügge, Berg, & Puck, 2007). Therefore, identifying and typifying a company's stakeholders is seen as crucial for any organization to set up successful stakeholder communication and management (Jonker & Foster, 2002).

1.2.2 Stakeholder of care cooperatives

Concerning stakeholder management in cooperatives, there are some important differences compared to purely profit-driven organizations. Among these issues are ownership rights and the control of power. In the case of cooperatives, these rights are given to their members: "In cooperatives, ownership rights and control power is usually assigned to one single category of stakeholders, this category however having a double economic function in the co-operative: they are both user and shareholder of the co-operative" (Gijssels, 2009, p. 1). This is of importance for the final evaluation of the care cooperatives.

To characterize the iCareCoops cooperatives, Freeman's definition of stakeholders was applied: "Stakeholders are any identifiable group or individual who can affect the achievement or is affected by the achievement of an organization's objectives" (Gossy, 2008, p. 6). Since this is a very broad definition, and as we are dealing with a broad variety of cooperatives across Europe, it is crucial to clearly define and characterize the most relevant stakeholders when discussing care cooperatives.

Based on the definition of stakeholders (see D 2.1), we drew up the following list of relevant stakeholders:

- existing local care cooperatives/communities
- people in need of support (care receivers and their relatives, members of care initiatives)
- informal/formal caregivers and service providers (both private and state ones)
- municipalities

In the proposal task description, also experts with consultant functions (e.g. lawyers, tax consultants, social workers, health professionals, and architects) are mentioned in view of their importance.

For a detailed analysis the focus is on primary stakeholders (see Clarkson 1995); however, when of interest also secondary stakeholders should be mentioned. The primary stakeholders are considered as those most likely to use the stakeholder platform. Task 2.4 aims to provide a framework for identifying stakeholder requirements, workflows and processes in cooperatives. There are different models of stakeholder involvement which should be taken into account in Task 2.4 and also in Task 2.2, which is concerned with best practices (see Gijssels 2009).

2 METHODOLOGY

Care cooperatives across Europe have been investigated in a twofold approach. Firstly, cooperatives in the project partners' countries were identified and their characteristics entered into a matrix.

i) Baseline collection: Because of the regional focus on care organisations, for each partner country the starting point was basic research on care organisations in their respective region. The results were consolidated in the spreadsheet 'D2.3 Stakeholder Collection iCareCoops 1.0.xlsx', which consists of approximately 120 organisations in Austria, Belgium, Denmark, the Netherlands, Romania, Slovenia, Spain, Switzerland, and additionally on a European level.

(ii) Refinement: After the initial collection was analysed, potential gaps in accordance with the definition of relevant stakeholders were then filled in.

(iii) Enrichment: In the course of the project, further stakeholders will probably be encountered e.g. in T2.4 and T2.5. These will, of course, be included at a later stage.

Secondly, primary and secondary stakeholders of care cooperatives and communities from the different countries were identified and characterized. The following examples show how the analysis of stakeholder groups was carried out. In this final step a selected number of cooperatives was focussed on. To complete the task, an Excel sheet was provided for all or at least part of the cooperatives. Considering the objective of the stakeholder map on the Open Knowledge Hub, the stakeholders for T2.3 were limited to (regional) informal/formal caregivers and service providers and experts.

2.1 Examples of stakeholder analysis

2.1.2 Bielefeld model

The 'Bielefeld model' is the largest housing association in city of Bielefeld, Germany¹. This project is conceptualized and realized as a residential care area with 24-hour service included. As part of this, several other areas have been created, such as the 'Residential Cafe' where project tenants can meet or request services.

The goal of the project is to improve the quality of life of people who need different levels of care, starting with those who require minimum care to those who are highly dependent on care. The inhabitants of residential areas are of different ages and with different care needs; they live in self-contained flats and have the option to request care. This concept is already being realized in nine projects, and a further four such projects are being planned (Stolarz, 2010, p. 3). The project is realized through an extensive network of cooperation between various other cooperatives, companies, facilities and individuals (Köhler, Goldmann, & Meschkutat, 2010, p. 18). The goal of working so closely together is not only to increase economic potential, but also to have ongoing customer needs orientation.

Table 1 Primary and secondary stakeholders in the Bielefeld model

PRIMARY STAKEHOLDERS	WHO, PRECISELY, ARE THE STAKEHOLDERS?	ADDITIONAL COMMENTS
SHAREHOLDERS	"Alt und Jung Nord-Ost e.V" BGW (Northwest old and young cooperative) BGW Bielefelder Gemeinnützige Wohnungsbaugesellschaft mbH (Bielefeld non-profit housing association Ltd.– BGW)	Main out-patient care provider, the initiator of the project Project provider, a housing association owned by the municipality of the city of Bielefeld
INVESTORS	Robert Bosch Foundation City of Bielefeld Sparkasse Individual investors	These actors are listed as those providing financial support for the project (Niermann, S. 61).

¹ . Bielefeld has population of 328,000 citizens and is the largest city in the region of North Rhine-Westphalia.

EMPLOYEES	91 voluntary members Neighbour help 120 professional caregivers	The project relies on the voluntary engagement of residents. For around-the-clock care, professional caregivers are employed.
CUSTOMERS	Residents of 42 flats Residents of a further 350 flats	
SUPPLIERS	Martin-Luther-Hospital 53 nursing services Doctor's surgeries	The idea of the project is to 'outsource' all the necessary medical and care services to cooperative partners.
PUBLIC STAKEHOLDERS	Municipality of Bielefeld; the agency of social services in Bielefeld Dementia centre in the region Oswestfalen (state-funded)	

SECONDARY STAKEHOLDERS	WHO, PRECISELY, ARE THE STAKEHOLDERS?	COMMENTS
THE MEDIA		The project is widely known in the scientific literature. The activities of the cooperatives are reflected in the regional media.
INTEREST GROUPS	Die Freiwilligenakademie OWL Educational institutions for caregivers University of Bielefeld Cooperative 'Stand-by-Dienst' (help for informal caregivers) Church Senior expert groups Schools	Education institutions are responsible not only for the education of specialists, but are also involved in scientific research. Various additional cooperatives are involved in, for instance, providing help for informal care or giving additional information (e.g. dementia-related counselling). A special 'senior expert' group works with cooperatives. Senior citizens give lessons at schools.

2.1.3 Zeitvorsorge model, St. Gallen

A time credit system for the care and support of vulnerable elderly people has been created in the city of St. Gallen, Switzerland. The idea behind this cooperative is that active senior citizens can become involved in helping those with greater difficulties. Through this engagement, active senior citizens 'earn' credits, which can be saved for a later point in time (when they themselves require assistance). The cooperative was created and is financed by the city of St. Gallen. It started in 2012 and now has 44 active members who provide support, as well as many more who receive support.

Table 2 Primary and secondary stakeholders in the Zeitvorsorge model

PRIMARY STAKEHOLDERS	WHO, PRECISELY, ARE THE STAKEHOLDERS?	COMMENTS
SHAREHOLDERS	'Zeitvorsorge-Trägerschaft' Funding body of the 'Time voucher system' The voluntary members	The founding body is responsible for the organization and implementation of the daily work. It also supervises the 'time bank'.
INVESTORS	City council of St. Gallen	The city council provides financial support and guarantees that the hours 'earned' are redeemable.
EMPLOYEES	The voluntary members of the cooperative Regular employees who supervise the project	
CUSTOMERS	The voluntary members of cooperative Weaker senior citizens in need of assistance	These people receive services which they would not be able to receive elsewhere.
SUPPLIERS	Church communities Spitex Center, City of St. Gallen Pro Senectute, City of St. Gallen Red Cross, City of St. Gallen Hospiz-Service, City of St. Gallen	Several partners provide support for informal caregivers, for example, help at home (cleaning, gardening, small repairs), driving services, help with administrative questions.
PUBLIC STAKEHOLDERS	City of St.Gallen	

SECONDARY STAKEHOLDERS	WHO, PRECISELY, ARE THE STAKEHOLDERS?	COMMENTS
THE MEDIA		The activities of the project are reported in regional media.
INTEREST GROUPS	Fach-und Vermittlungsstelle Benevol (Cooperative for voluntary work, Benevol) Social services of geriatric clinic St. Gallen	Intermediary for voluntary work

3 RESULTS

The results of the search for cooperatives was summarised in an extensive Excel table with over 120 cooperative references in the project partners' countries. Geographically, these organisations are located in Spain, Austria, Germany, Slovenia, the UK, Malta, Switzerland, the Netherlands, Belgium, and Denmark. The information gathered includes:

- General information on the organization (name, description, location, year of establishment, type of organization)
- Services provided
- Use of ICT tools (website, platform, log-in area for members, ICT tools used in everyday work)
- Financial information and information about members

Information on primary and secondary stakeholders was added for selected cooperatives. This data was collected by analysing the internet websites, annual reports and financial statements of the cooperatives concerned.

3.1 General information about care cooperatives

A first scan of the Excel table supports the findings from T2.1: cooperatives in the care sector vary a good deal. Despite the fact that the first cooperative organisations can be traced as far back as the fifteenth century (the Shore Porters Society in Scotland was established in 1498 and is considered to be one of the oldest cooperatives) (Mazzarol, 2014, p. 7), the cooperatives strongly mirror the political and legal situations of the country they are located in. With the exception of the Red Cross, the European platform for rehabilitation, Age platform Europe and the European Senior Organization (all examples of international engagement), the vast majority of cooperatives operate primarily at (mostly) regional and national levels in their own countries.

Horsens hospital is the oldest organization presented in T2.1; it was founded in 1560 and is today administrated cooperatively. With the exception of some well-established help networks, which provide social or/and medical care at national level (e.g. Hilfswerk Österreich), many of the care cooperatives were founded in the late 1980s. Furthermore, a considerable number of cooperatives were founded in the last decade. This supports the findings of the literature review, which states that social care cooperatives have been steadily growing in number over the last two decades and are becoming important providers of products and services in society (Gonzales, 2014, p. 10).

Cooperatives also vary in size. National umbrella organizations, which usually integrate several cooperatives, have up to 1.5 million members (e.g. Unión Democrática de Pensionistas y Jubilados de España). There are cooperatives with a vast network of members numbering up to several thousand (e.g. Asociación Familiar Alzheimer Valencia, Romania National Association of Pensioners). There are also organizations with less than one hundred members involved. Many do not indicate the precise number of members but state that they serve a much larger community, which suggests that the users of cooperative services and products are not necessarily their members.

3.2 Legal status and finances

When available, legal information on the cooperatives was also analysed and thereby many differences observed. As concluded in T2.1, the legal situations of each individual country influence the legal status of the cooperatives. This is further reflected in the names used for the selected care organizations. The majority of them are listed as registered associations; however, there are also other names:

- Non-profit association
- Cooperation
- Public institution
- Registered business
- Private company
- Limited liability company (GmbH)
- Association limited company (KG)

Correspondingly, the financial situations of cooperatives differ. The unique characteristic of a cooperative is the contribution of its members to the common resources of the cooperative (Shaffer, 1999, p. 80). This implies that members are involved financially, and share the monetary risks and potential gains. For many organizations, the mandatory membership fees are the main source of financing their operations. They rely on governmental grants as well as private and public donations as an additional source of financing.

Not all organizations operate according to this model. Depending on the purpose and legal status of an organization, some are financed exclusively by national governments. Others operate to

make a profit. Particularly large housing cooperatives aim to profit from their investments and capital interest, and often have significant turnovers of several million CHF (e.g. Wohnbaugenossenschaften Schweiz).

3.3 Services delivered

Gonzales states that social care cooperatives are particularly prominent in Northern and Southern Europe (Gonzales, 2014, p. 10), which our findings support. Particularly in Denmark, there are large numbers of organizations providing medical services (such as retirement homes, hospitals and nursing services). However, these types of services are not exclusive to Denmark. Similar services are provided by organizations in all the countries investigated.

Services offered and fields of activities are:

- Health insurance (consultation and advice on the most appropriate insurance plan)
- Consulting on social care laws
- Medical services (in private homes, hospitals or retirement homes)
- Home care assistance
 - Health assistance
 - Assistance with everyday activities (shopping, cleaning, small repair works)
 - Help with administrative questions
 - Relief of informal caregivers
- Focus on dementia and Alzheimer's (assistance for patients and their informal caregivers, promotion of awareness, support for choice of therapy, research and promotion of new therapy forms, general increase in patients' quality of life)
- Housing cooperatives
- New forms of traditional housing cooperatives: these new organizations aim not only to provide affordable housing, but also to stimulate sustainable ways of living through building energy efficient homes and including ideas relating to social sustainability. This means, for example, building self-administered communities, promoting generation mixes, and also encouraging sustainable ways of life (reduction of waste, car sharing, healthy eating etc.).
- Time credit bank, a new model of supporting senior citizens who live in private households.

3.4 Comprehensive stakeholder map

Since the number of organizations in focus is high (over 200), we concentrated on selected ones. We were most interested in the primary stakeholders of cooperatives which function on the principles of self-help, self-responsibility, democracy, equality, equity and solidarity.

Geographically, the over 200 organisations investigated are located in Spain, Austria, Germany, Slovenia, the UK, Malta, Switzerland, the Netherlands, Belgium, and Denmark. However, stakeholders were analysed only in Austria, Slovenia, Denmark and Switzerland. Clarkson’s understanding of ‘stakeholder’ was applied. As previously stated, Clarkson explicitly understands primary stakeholders to be

- shareholders
- investors
- employees
- customers
- suppliers
- governments, and
- communities (Clarkson, 1995, p. 106).

Secondary stakeholders, on the other hand, are defined as "those who influence or affect, or are influenced or affected by, the corporation, but they are not engaged in transactions with the corporation and are not essential for its survival" (Clarkson, 1995, p. 106). In Table 3 the stakeholders are named and characterized.

Table 3 Comprehensive map – overview

<p>STAKEHOLDERS</p> <p>General characteristics</p>	<p>Of 46 analysed cases</p> <ul style="list-style-type: none"> • 14 stakeholders are members of the respective cooperative (as a rule, these cooperatives also elect or employ an executive board and chairman); • in 12 organizations stakeholders are state institutions (the majority being in Slovenia), of which 7 are run by political institutions at local level.
<p>INVESTORS</p> <p>The unique characteristic of cooperatives is the contribution of its members to the common resources of the cooperative (Shaffer, 1999, p. 80). This also implies that members are involved financially and share the monetary risks and potential gains of the cooperative.</p>	<ul style="list-style-type: none"> • For 11 of the 46 cases analysed, the mandatory membership fees are the main source of financing their operations. As an additional source of funding, they rely on governmental grants and donations, as well as on institutional and private persons’ donations. There is no information available on the budget. • Not all organizations operate according to this model. Depending on their purpose and legal status, some organizations are financed exclusively by national governments (11 cases). • 12 organizations depend primarily on donations. Donators are private persons as well as privately owned organizations. • Others operate to make a profit. Particularly large housing cooperatives aim to profit from their investments and capital interest on their real estate, and often have significant turnovers of several million CHF (e.g. Wohnbaugenossenschaften Schweiz).

<p>EMPLOYEES</p> <p>Not all organizations provided information on their employees</p>	<p>The members of cooperatives are often involved in the daily operations of their respective cooperative.</p> <ul style="list-style-type: none"> • 5 of the organizations analysed employ only members of cooperatives. • 14 of the organizations analysed employ full-time professionals for their daily operations. <p>Generally speaking, cooperatives regularly hire employees, who are often responsible for administrative tasks. This is particularly true for small cooperatives, operating at local level (e.g. Senioren für Senioren). The degree of employment of non-members of cooperatives depends largely on the services and products provided. In the case of cooperatives offering medical care, professional medics and caregivers are employed (e.g. at Riedlingen and Bielefeld). In some cases organization (e.g. Croix-Rouge de Belgique) have mixed staff (regular employees, coops members and additional volunteers)</p>
<p>CUSTOMERS</p>	<p>Products and services are not exclusively used by the members of cooperatives, but by a much wider network of those in need.</p> <p>In contrast, the services of housing cooperatives are clearly limited to the inhabitants. Nevertheless, they frequently provide the neighbourhood or public in general with information and share their insights.</p> <p>In Belgium some organizations provide their services not exclusively to individuals, but also to organizations such as schools, kindergartens and governmental institutions.</p>
<p>SUPPLIERS</p>	<p>Many of the cooperatives analysed provide medical services. Whether their suppliers are involved is not known.</p> <p>With respect to the housing cooperatives, suppliers are involved; these might be architects, construction companies or facility management companies.</p> <p>For smaller cooperatives the church is a rather important 'supplier'.</p>
<p>PUBLIC STAKEHOLDERS</p> <p>It is important to note that the political and legal situation influences the status of a cooperative. Furthermore, the legal status of the organizations varies, showing that public stakeholders function in different roles.</p>	<ul style="list-style-type: none"> • In some cases governmental institutions are directly involved in the operations of cooperatives, in 6 cases directly through financing the operations. • Governments are also the most important players for national umbrella organizations; in some cooperatives they are the stakeholder financially supporting the cooperative. • In 7 cases local political institutions provide financial support.
<p>SECONDARY STAKEHOLDERS</p> <p>General characteristics</p>	<ul style="list-style-type: none"> • Media: publicity very much depends on the size and embeddedness of a cooperative. The activity of all organizations analysed is reflected in the media (national, regional and local). The organizations try to promote their activities in traditional media formats as well as on Facebook. • Other NGOs: very welcome cooperative partners • Private companies: in Slovenia 6 out of 9 cases have partnerships with private companies. • Local political institutions: 8 of the cases analysed reported a cooperation with a political body. • Educational institutions were named as shareholders in 3 cases (involved in research).

4 CONCLUSIONS AND NEXT STEPS

4.1 Conclusions

There are many cooperative-type organizations in Europe, which contribute to the social service networks of communities, regions and countries. They are not non-profit per se. Most of them aim to improve the life and living conditions of their members or community members in general, but most also aim to make profit, to expand, and to extend the services they provide. It seems that national or regional governments play an important role and are therefore important primary stakeholders. It also became apparent that, with respect to the increasing life expectancy of senior citizens, the numbers of cooperatives might rise; it is a field with growing demand. Moreover, new and expanded social services in combination with care provision will become a more and more important issue, not only relevant for governments but also for other parties.

The analysis has also shown that the map will need to be revised in the ongoing course of the project. Firstly, the organizations presented in the map should be more readily comparable; secondly, more detailed information needs to be found and included.

4.2 Next steps

The identification of primary stakeholders enables the performance of the next task (Task 2.4), which aims to define the requirements of the iCareCoops platform. Group-specific requirements, expectations, and constraints (including the evaluation of legal, cultural, and ethical issues related to ICT-based support of care cooperatives) will be investigated.

Relevant stakeholders will be interviewed in focus groups regarding workflows and other organisational matters they want to use the Collab platform for. The analysis has shown that not only private persons, but also state organisations are stakeholders. Therefore, they should be represented in the focus groups in at least one of the countries. The fact that users of care cooperatives are not only members should also be taken into account when composing the focus groups.

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