Fostering social participation of older people with health limitations

What works well in good practices?

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Introduction

The current trend of a rising life expectancy, also in years with health limitations, is likely to continue the coming years (Mackenbach et al., 2011). The rising number of older people confronts societies across Europe with some comprehensive challenges. One of the central challenges is to provide older people with health limitations with possibilities to live satisfying and fulfilling lives. Social participation plays a key role in this, as this is an important resource of wellbeing and quality of life in later life (WHO, 2002) (Lee en Brudney 2008). In this research project we have searched for best practices in the Netherlands that foster social participation of older people with health limitations. In this explorative research we focused on two dimensions of social participation: leisure and volunteering. What type of good practices are available? And what are the facilitators and preconditions that contribute to the success of the practices?

The Dutch situation

Let us first have a look at the context of the Dutch situation. What is the percentage of senior citizens in the Dutch population? What is their health condition? And how active are Dutch seniors in volunteering and in leisure activities?

Demographics and health situation

The proportion of older people in Western societies shows an impressive increase and will continue to rise in the nearby future. In the Netherlands in 2014, 2.9 million people were aged 65 years and older, corresponding to 17.4% of the population. In 2041 this number is expected to peak at 4.7 million (26% of the total population) (Giesbers et al., 2014).

Life expectancy at birth in the Netherlands is 81 years; women have a life expectancy of 83 years, compared with 79 years for men (OECD.org). Someone who reaches the age of 65 in the Netherlands can still expect to live 21 (women) or 18 (men) years (Statistics Netherlands, 2015). Due to improved detection and medical care, the increase in life expectancy can be found particularly in those with diseases or disability (Mackenbach et al., 2011). Indeed, of their remaining years, men and women aged 65 can expect to spend 11 years in good self-perceived health and only 3 (women) or 4 (men) years without chronic diseases (Statistics Netherlands, 2015). Conversely, the prevalence of chronic diseases among those aged 65 and over is 70%, and it is almost 80% in those aged 75 and over (nationaalkompas.nl). With regard to multimorbidity (i.e. the occurrence of two diseases or more), of all people aged 75+ with a chronic disease, 63% has two chronic diseases and 32 % three or more (nationaalkompas.nl).

Compared with other countries in the EU, Dutch older people are relatively healthy. About 60% of older people in the Netherlands rate their health as good or very good, while the EU average is 37% (EU-28, Eurostat). Differences are smaller with regard to chronic diseases and disability. Eleven percent of Dutch people aged 65 and over report severe limitations in usual activities due to health problems, compared to an EU average of 20%.
Volunteering

In comparison to other European countries volunteering is widespread in the Netherlands with one of the highest rates in Europe. According to data from SHARE (Survey of Health, Ageing and Retirement in Europe), in the Netherlands in 2011 39% of people aged 50 and over participated in volunteering activities, while the average of the countries included in this study was 16% (Principi et al., 2015). Having multimorbidity decreased participation in voluntary activities, but even in older people with at least two chronic diseases, the rate of volunteering in the Netherlands was still 32%.

A stable percentage of volunteers was found among those aged 65 and over between 2004 and 2013 (Kromhout et al., 2014). Among people aged 64-75 the prevalence of volunteering even increased between 2005 and 2012, from 46 to 56% (Broese van Groenou & Tolkacheva, 2014). An increased educational level partly explained higher levels of volunteering, but the trend was at the same time counteracted by a decreased religious involvement (Suanet et al., 2009).

Leisure activities

A high percentage of Dutch older people participate in various social leisure activities and this level is only minimally affected by having multimorbidity (89%) or not (93%). As one would expect, participation in various physical leisure – as opposed to social - activities was more strongly associated with health status (multimorbidity: 63%; no multimorbidity: 74%) (Galenkamp et al., 2015). The participation in social activities was quite similar compared to the other five European countries studied (Germany, Italy, Spain, Sweden and the United Kingdom).

With regard to changes over time, Broese van Groenou and Deeg (2010) showed for the Netherlands that participation in cultural and recreational activities of people aged 60-69 years increased between 1992 and 2002. They concluded that this was a net effect of increased educational level and worse health of the more recent cohort. Weekly sports participation among people aged 50-79 years increased between 2001 and 2013: from 43 to 49% (ages 50-64), and from 29 to 36% (ages 65-79) (Tiessen-Raaphorst, 2015).

Changing context and policies

From the end of the 1960s many frail older people in the Netherlands moved to all-inclusive institutions, so called ‘verzorgingshuizen’, where different sorts of social participation were arranged for. From the 1990s onwards the admittance to these institutions was gradually restricted up to the point that currently no new people are admitted. Currently there is a strong trend towards living independently at home for as long as possible. Moreover, most social policies are no longer targeted at specific age groups, like older people, but are generic and aimed at a so called ‘inclusive society’. At the same time drastic policy reforms have taken place in social care and long term care. Behind these reforms are both the need for containment of health care costs and the political drive to increase social cohesion and liveability for all Dutch citizens. Especially the new Social Support Act, introduced in January 2015, is of importance for the social participation of older people with health limitations. This act makes municipalities responsible for securing the self reliance and participation of people with disabilities. The act is based on political ideas, according to which vulnerable people are to rely less on centralized professional (social) care services and institutions and more on their own capabilities, their social networks and the efforts of fellow citizens. Policy officers have high expectations of volunteering and civic initiatives.
Because the reforms are fundamental in their nature, and just recently introduced, the organizations and projects are concerned with the social participation of older people are still adjusting to the new situation. New roles and responsibilities will take years to crystallize.
Chapter 1: Research outline

The aim of this explorative study is twofold. First we want to explore what good practices are available that foster social engagement of older people with health limitations, who live independently. We focused on two dimensions of social participation: leisure and volunteering. In the search we decided to define ‘health limitations’ very broadly as ‘all physical and mental conditions that might affect the social participation of older people’. Secondly we wanted to explore what works well in the selected practices by defining three sub questions:

- What facilitators make good practices successful?
- What barriers are limiting the successfulness of the practice?
- What preconditions are necessary for the practice to be successful?

By singling out the facilitators, or so called ‘active elements’, we hope to give project managers of (future) practices and policy makers the opportunity to optimize the facilitation of social participation of older people with health limitations. We used qualitative research measures to explore the research questions. The study started out with a desk research in which good practices were identified and was followed by interviews with representatives of the selected good practices. Then a focus group was organized for representatives of the good practices and end users. Finally the data gathered from the interviews and focus group were analysed.

Desk research and selection of practices

The study started with a desk research of existing practices fostering volunteering and leisure activities of older people with health limitations in the Netherlands. The desk study consisted of a search in literature, databases and internet. Additionally key informants in the field of social participation, for example patient organizations, senior citizen associations and health care institutions, were contacted by telephone and e-mail to single out relevant practices.

In the selection process of the practices we used five inclusion criteria:

- The main target group of the practice are older people with health limitations.
- The practice responds to problems and needs of older people with health limitations that prevent them from being engaged in social life.
- The goals of the practice are well defined and directly relate to challenges in the field of active ageing of older people (with health limitations).
- The practice works systematically to reach the defined goals.
- The practice is deployed (or fostered) by meso-level organizations like: (social) care organizations, volunteer organization, local governments, client organizations, foundations or senior citizen organizations.
Practices that meet one or more of the following criteria give the practices a higher priority to be included:

- The practice was positively evaluated.
- The practice exists for at least two years.
- The practice has been tested in more than one location.
- A handbook describing how to deploy the practice is available.

We found a wide range of potential good practices. Just few though were specifically targeted at older people with health limitations (one of our criteria). While talking to key informants and project managers we discovered that practices usually do not advertise that they are targeted at people with health limitations, because participants do not like to be recruited on the basis of their disabilities. So while in fact practices can be tailored for older people with health limitations, they usually do not communicate this to the public as such. Moreover, respondents pointed out that most older people already suffer from one or more health conditions or that they gradually become more frail while volunteering or participating in leisure activities. So even if a practice is targeted simply at ‘older people’, one could argue that it is also targeted at people with health limitations or at least has to be able to deal with older people with health limitations. We therefore decided to change the inclusion criterion ‘The main target group of the practice are older people with health limitations’ to ‘Older people with health limitations are involved in the practice, as either volunteer or participants’.

Initially we searched for an equal number of practices aimed at volunteering and aimed at leisure activities. The initial plan was to organize two focus groups, each one focusing on one of the dimensions of social participation. During the selection process we detected however that there was no clear distinction between practices aimed at volunteering and practices aimed at leisure activities. Whether a project is aimed at volunteering or leisure activities largely depends on the framing of the activities that are carried out. For example, the tasks of volunteers can be relatively light, and have relatively little productive value, and therefore could also be considered leisure activities. For example assisting as a volunteer with the maintenance of nature reserves (DemenTalent), could also be regarded as a fun outdoor leisure activity. Or the other way around, having a neighbor’s dog or cat for a visit, could also be considered as volunteering as a carer for a dog or cat (OOPOEH). Moreover, in most practices older volunteers as well as older participants are involved and are also both considered as target groups of the practice. To complicate matters further, ageing volunteers often gradually become participants, and the other way around, some participants become volunteers over time.

Because we found the distinction between practices aimed at volunteering and leisure activities is hard to make, we decided to not divide the practices in separate focus groups and invited all selected practices to one focus group. A choice that was warmly welcomed by the participants of the focus group, because this gave them the chance to meet and exchange experiences with fellow project managers and coordinators from different backgrounds. This led not only to a lively discussion during the focus group, but also to a lot of mutual recognition and exchanges of experiences, even after the focus group ended.

In total we selected 17 practices for this study. We present a short overview of the practices in Chapter 2 and more comprehensive descriptions in the annex.
Data collection

After the selection of practices we contacted the project managers for an interview. The interviews focused on collecting information about successful elements, barriers and preconditions of the practices. In total 11 interviews were conducted that had a duration of between 30 to 60 minutes. The interviews were semi-structured with the aim of being open to the experiences of the project managers. The list of interview questions can be found in the annex. The interviews were conducted at a location of choice of the interviewees or by phone. After we finished the interviewing we analyzed the collected data to identify the main success factors, barriers and preconditions.

The findings were presented at the start of the focus group. The aim of the focus group was to validate and enrich the findings of the interviews in a group discussion. Together the participants prioritized and discussed the most important success factors, barriers and preconditions.

Thirteen participants from twelve different projects participated in the focus group. Six participants were of practices that were not interviewed prior to the focus group. The meeting had a duration of 2.5 hours and ended with a lunch. The focus groups took place in Utrecht, a centrally located city with good accessibility for all participants.

The focus group was chaired by a moderator (JWvdM) and conducted in an informal relaxed, safe and open minded setting, in which respondents would feel free to speak about their personal perceptions. If participants feel free to share arguments and react to each other’s arguments, detailed information comes to surface. A monitor (MLB) was attending the meeting to observe the meeting, take notes and support the moderator.

Data analysis

The focus group was recorded just like most of the interviews. Three interviews could not be recorded because of practical and technical reasons. From the interviews that could not be recorded notes were taken. All recorded interviews were transcribed verbatim. In the first round of analysis only the interview transcripts were analyzed. The first step in data analysis was to become familiar with the data by reading the transcripts thoroughly. Then the transcripts were analyzed for reoccurring success factors, barriers and preconditions, which were then categorized. The transcript of the focus group was similarly analyzed. Results from both the interviews and the focus group will be described together in the results section.

Research integrity

To prevent researcher bias to occur in the study two researchers were involved. Both researchers conducted a number of the interviews, analyzed the interviews and prepared and conducted the focus group. Analysis of the interviews and focus group transcripts was done by both researchers separately and compared afterwards.
Chapter 2: Results

Because we found that the distinction between practices aimed at volunteering and practices aimed at leisure activities is hard to make (see chapter 1, ‘Selection of practices’), we decided to analyze the data accordingly. We did not force a distinction between two kinds of practices and analyzed the data as a whole.

While analyzing the data for factors of success, barriers and preconditions several themes came to surface that coincide with separate phases of the implementation of the practice. We have used these phases to structure the results below: design of the practice, execution and finally consolidation of the practice. But first we will have a look at the selected practices.

Selected practices

The selected practices clearly show how diverse the activities are that make part of social participation. The practices evolve around subjects like: caring for animals, sports, culture, volunteering, education, religion, amusement and nature. Below we have made short descriptions of the selected practices. In the annex you will find more detailed descriptions.

OOPOEH

The OOPOEH foundation stimulates older people to help families in their neighbourhood to take care of their pets. The aim of the foundation is threefold: to provide older people with company and stimulate them to exercise, to provide pet owners with a reliable animal foster and to provide pets the attention and care they need.

Golden Sports

The aim of the Golden Sport Foundation is to stimulate and facilitate sports and exercise opportunities for seniors. Because the organized exercises are adjusted to the abilities of the participants, all seniors can participate. Additionally, physiotherapy professionals supervise the workouts on a voluntary basis. They are assisted by physiotherapy students.

Stichting Zwementie (‘Foundation Swimentia’)

The Zwementie foundation aims to provide swimming activities for seniors who suffer from dementia. The swimming activities are facilitated by adolescents, mostly students in the field of care. The participating seniors are independently living people, as well as people living in care facilities.

Stichting Vier het Leven (‘Foundation Celebrate Life’)

This foundation aims to reconnect frail and isolated older people with society by facilitating cultural activities. Volunteers assist frail older people with visits to cultural events like movies and theatre.

Seniorweb

SeniorWeb provides online courses and personal computer help in order to make older people more skilled in the digital world. It is a country wide association that comprises more than 145.000 mem-
bers. Over 3000 older volunteers are active on 400 locations. The aim of the organization is to make the digital world understandable and accessible for older people.

Oud geleerd, Jong gedaan (‘Learnt it old, Did it young’)
‘Oud geleerd, Jong gedaan’ foundation organizes lectures on different topics for interested seniors. The lectures are given by students, who share their knowledge in their field of study. The organization has multiple goals: to increase the welfare of seniors, to decrease loneliness and mental decline in older people, to bring young and old generations together, and to provide opportunities for students to experience the elderly care sector.

Zorgzame Kerk (Caring Church)
Zorgzame Kerk is a project of the religious ‘Kerk in Actie’ foundation and the Dutch Protestant Church. The project was started in response to the new Social Support Act in the Netherlands. In this project local churches make an estimation of what services for older people are needed in the local context and what role the church can play in facilitating these services.

De Ontmoeting Extra (The Meeting Extra)
The ‘Ontmoeting extra’ is a sub-project of the ‘Ontmoeting’ program. In the ‘Ontmoeting extra’ project the focus is on vulnerable older people and provides additional facilities to engage this specific group in a variety of social activities like for example board games. In addition to the activities of the ‘Ontmoeting’ program this project offers daycare to support the participants more intensively. The project is organized by a care company and supported by volunteers.

Stichting Huis aan het Water (‘Foundation House at the Water’)
The Huis aan het Water foundations is a meeting place for cancer patients and their relatives. Recently a program has started that specifically targets older people with cancer, because older people did not often participate in the regular activities. Activities are adjusted to the needs of this group. The activities vary from special sports activities to a cooking group. The house is always open for social encounters and a physiotherapist and a psychologist are available for consultation.

Odensehuis
The ‘Odensehuis’ is a meeting place for older people that suffer from dementia and for their informal caregivers. The visitors are free to walk in all day. Regularly activities are organized, often by the visitors themselves. Volunteers are present to support the visitors and sometimes organize special activities, for example creative or sportive activities.

DemenTalent
DemenTalent is a project that stimulates people suffering from dementia to volunteer. The talents of people suffering from dementia are taken as the starting point. The project tries to find a match between people with dementia who would like to volunteer and organizations who can host them. A professional from the DemenTalent project supports the volunteers in their activities and coaches the supervisors in the organizations to interact with the volunteers.
Stichting Welzijn Ouderen Spijkenisse (‘Foundation Welfare Older people Spijkenisse’)

Stichting Welzijn Ouderen Spijkenisse (SWO) is a welfare organization that is active in the Spijkenisse region and aims to contribute to the independence, health and happiness of senior residents of the Spijkenisse municipality. Their belief is that people are happier when they are in their own environment, when they can participate and are valued. All these elements are addressed with a set of different social activities. Providing opportunities for volunteer work is also an important part of the work of SWO Spijkenisse.

Ouderen in ‘t groen (‘Older people in the green’)

The Food4Good foundation created a food garden in the Transwijkpark in Utrecht that is accessible for all local residents. On special hours the garden is open to older people from the surrounding district, including residents from care facilities in the neighbourhood. Older people can walk around the garden and pick fruits and vegetables.

Zorgboerderijen (Green care farms)

Green care farms are farms that combine agricultural activities with care services. Green care farms have been providing health, social and educational services through farming for a wide range of people, including older people with dementia. Green Care Farms have a homelike and small-scale character and activities are naturally incorporated in the environment. They offer access to several (outdoor) environments including gardens, farm yards, stables and green houses, and stimulate people with dementia to participate in domestic and farm activities such as watching and feeding animals, sweeping the farm yard, going for outdoor walks, gardening and preparing meals.

2.1 Design of the practice

The first phase of the implementation of a practice is the design of the practice. What works well in this phase? And what are the barriers that have to be overcome?

Start up

A clear barrier in the start up of the practices is the question of liability and safety, which can bring the start up process to a halt. Some developers are confronted with questions by colleagues who wonder: ‘What if something goes wrong, for example somebody falls and breaks a leg?’ Because the interventions are aimed at frail older people this is not merely a hypothetical question. Some developers have also been confronted, in earlier experiences, with volunteers who assist at activities, who wonder if they are liable if something happens, and if so, if they are insured.

During the interviews and focus group some respondents pointed out that we should not let liability and safety prevent us from developing interventions for frail elderly. The overall opinion seems to be that one should try their best to facilitate safety, but that in the first place older people who attend the activities have their own responsibility and should realize that always something could go wrong. This for example can be pointed out to the participants at the start by letting them fill out an registration form as some practices do. The coordinator of a Golden Sports explained in the interview:
“Most participants suffer from something. If they are not careful, they will feel pains in their back. Some have a new knee, or a new hip, and some suffer from cardiac arrhythmia. (...) We tell them: guard your own personal borders, don’t do things that you are not sure about. (...) We appeal to the personal responsibility of the participants. In the registration form for example, we mention that if people feel short of breath after exercising we advise them to see a general practitioner first. But that is their own personal responsibility. We will not check with the general practitioner if they have seen the doctor ourselves. They direct their own lives.”

A precondition in the first start up phase is that project managers have enough time, energy and persistence to invest in the creation and development of the practice, usually without being paid for it. Especially respondents from newly developed practices emphasize this precondition. The coordinator of Zwementie for example explains:

“This project comes about on the basis of my ‘craziness’. I have invested a lot of time in it. By this time I am being paid for it, but only after the board of management and I have applied for several grants. Especially for innovation you have to work very hard. And now the municipality of The Hague, they are doing a good job though, but, for the coming year, 2016, we don’t know if we will be funded.”

Target group

An important choice for the design of the project is the definition of the target group(s). The respondents have quite different views on how specific the target group should be defined. Some argue that their choice for a very specific target group clearly added to the success of their project. For example because people from about the same age and background find it easier to relate to each other, because they can more easily recognize things in each other. Also they argue that the younger old do not want to be mixed with the ‘really old’ as this confronts them with a frail phase in life that, although it is nearing, they would rather not be confronted with.

Others argue that there is no need to focus on a very specific target group, since they have learned form experience that it is possible to mix people from different ages and with different health limitations. They state that the mixing of people is possible as long as good support is given by the coordinating professionals and the accompanying volunteers. Also they argue that one should not focus that much on age and health limitations, but rather on shared interests.

The activity

In the first phase, the start up of the practice, it turns out to be important to have a clear picture of the needs and wishes of the target group, so the intervention can adapt to these. There are different ways of identifying the needs and wishes of the target group. The intervention Golden Sports for example used focus groups to discuss values and motives for participation and found this to be very insightful. They refer to the focus groups as ‘an important part of the success of the project’. In their focus groups with older respondents they found that the biggest motivator to participate is that the activity should be ‘fun’ and ‘enjoyable’. The project manager explains:
"We have asked them, what values are important to you? Why would you participate in an activity? We concluded from the focus groups that people will only participate when they like it, when it's fun. That the activity is healthy and good for them, that's not part of the motivation to participate. It must be fun and also a bit social. Not too expensive and safe. Not sustaining injuries, not making a fool out of yourself." (Project manager Golden Sports)

Furthermore the activity should be safe for people with health limitations and limited mobility. This means for example that sports are tailored to the needs of the participants, using for example plastic hockey sticks with soft balls to prevent accidents from happening.

What also makes activities appealing to older people with health limitations is aiming them at fostering the self-efficacy. For example going swimming can give people the feeling that they are doing something healthy, something that is good for themselves, making them feel more in charge of their own lives.

What turns out to be even more powerful is if the activities are aimed at making people feel a full member of society. Several respondents claim that people with health limitations often feel set aside and pushed out of society and that this is severely limiting their quality of life. Volunteering and other leisure activities that leave room for ‘an active contribution’ can give participants the feeling again that their lives matter and that they are seen by, and part of, society at large. One of the respondents of a cultural project explained during the focus group:

“We take older people outdoors and we use culture to connect people with society. (...) We go to regular theatres, with regular visitors. Precisely to let people be part of real life.” (Project manager Vier het Leven)

Another respondent added to this point during the focus group:

*The real factor of success is to empower people, to let people feel their own strength again. Every participant tells me: “I feel useful again, I am of importance to the society, I feel part of the world again!” That is the real factor of success.* “ (Project manager DemenTalent)

Another facilitator concerning the lay out of the activity is the involvement of young people. Social contact with for example students who are accompanying the activity can bring along a positive dynamic and is highly valued by the participants. Contact with a younger generation might be highly valued because it enhances the feeling of being part of society at large.

2.2 Execution of the practice

In the second phase of implementation, the execution of the practice, several themes are important. In the first place a good recruitment process of participants is essential and also cooperation with other organizations turns out to be crucial. The competences of the people involved and their way of working should also not be underestimated. What works well in these themes in this phase? And what are the necessary preconditions?
2.2.1 Recruitment of participants

Even when there is a clear target group and an appealing activity most respondents still point out that it is difficult to recruit older people with health limitations for their activities. The potential participants with health limitations are often very cautious and it takes a lot of time to gain their trust. Some project managers state that they have underestimated the time it takes to involve frail elderly in their projects. They recommend to other practices to plan enough time in advance for the recruitment of participants. The respondents mention several factors that work well in the recruitment process of frail older people and several barriers. The first is to not recruit older people with health limitations by using words like ‘frailty’, ‘health limitations’ or ‘loneliness’. That may sound contradictory, but most practices have quite negative experiences when using these words. What works best according to the respondents is to communicate and recruit on the basis of what makes the activity fun or useful for the participants. Potential participants do not wish to be addressed on the basis of their health limitations or problems. One of the respondents explained in the interview why they do not focus on health limitations when recruiting participants:

*We do that on purpose. For example, with other initiatives like community centres the barrier to walk in is quite high. You have to admit for yourself that you have a problem or that you social network is too small. While here, you can simply say ‘I am going to improve my fitness’. That’s always good.* (Project manager Huis aan het Water)

Another way of recruiting that works well is to convince potential participants by using so-called ‘hands-on experts’ or ‘ambassadors’. These are older people in the same health condition as the target group, who already are, or haven been, participants in the practice. They can convince their peers by telling from their own experience, what makes the project appealing and interesting to potential participants. Hands-on experts can also help to convince informal carers that the activity might be suitable for the person that they care for.

What seems essential in the recruitment process is to cooperate with organizations and professionals that already are in contact with older people and who are active in the area that is recruited in. For example general practitioners, physiotherapists and volunteer organizations can be excellent recruiters (‘verwijzers’) for the good practices. One of the respondents states:

*We take out three months for the recruitment of participants. We map out the entire district. Where are the general practitioners, the pharmacies and physiotherapists located? We say, what if you would be 65, where would you go, what would you visit? We have searched for intermediaries: professionals or volunteers that can refer participants. For example welfare organizations, community centres, care companies, everything that’s targeted at older people in the district.* (Project manager Golden Sports)

It does take time, skills and a lot of energy though to convince the organizations and professionals that can refer participants. This partly has to do with the fact that these agents usually already are very busy with their own day to day activities. Some respondents point out that it can be hard to even find a time slot to have a good conversation about the opportunities the practice has to offer. Let alone really convince the intermediary agent of the added value of the project.
Taking away barriers experienced by potential participants

What also helps with the recruiting of participants is to take away barriers that keep potential participants from participating. One barrier that was mentioned by the respondents is that potential participants feel afraid to join in a new activity or organization. Starting something new can, for many people, be quite a threshold and can become an even bigger threshold when one feels frail. Part of this is due to the fact that people are afraid to go alone, fearing to feel out of place or not connected to other participants. One of the practices makes use of a buddy project to take away this barrier. The project manager of SWO Spijkenisse explains:

“Of course there are also people who do want to go, but who do not dare to go. We have a buddy project for this. We see that when people are accompanied by someone, one-on-one, that it makes things easier. When the buddy has accompanied them for a couple of times, they, after some time, dare to go alone again.”

Another barrier that respondents mention is that some potential participants have developed a negative self-image and have written themselves off because of the fact that they feel old and suffer from health limitations. For example people with dementia often feel that they can not be of use for society any more. This is at least partly triggered by the very negative, and incomplete, image in society of dementia. The project manager of DemenTalent explains:

“People who suffer from dementia often think: “Now I am written off, I’m dismissed.” And that happens because of the negative image that society has of dementia. And so, people will not present themselves by saying: ‘I can still do this and that’. They are anxious for the people and the world around them, that says: ‘You don’t do it the right way, you can’t do this anymore.’ I understand the mechanism, but we have to find ways to break through it.”

To overcome this barrier is not easy. Public programmes that explain more about the disability or disease, and the possibilities of having a good life with them, could help to lower this barrier.

2.2.2 Cooperation

Besides ownership of the project the respondents also point out that cooperation with other projects, organizations and professionals is often essential in making the project a success. As mentioned above this is important for the marketing of the project and the recruitment of participants. By getting to know other organizations it is easier to refer people to each other and one can also make use of each others expertise and manpower when needed. Some respondents pointed out in the focus group that their projects found cooperation partners that complement each other in a very logical en natural way, making the cooperation very useful. For example Food for Good (city gardening project) cooperates with a nearby nursing home that was looking for outdoor activities for their residents.

A new potential partner for cooperation that was mentioned by several respondents are ‘seniorencooperaties’ (cooperations of senior citizens) that have come into existence in the last few years in the Netherlands. These are civic initiatives geared towards mutual informal help for inhabitants of 60 years
and older in a specific district. Usually the cooperations find their basis in organizing social activities, like for example going to a movie together or walking in the park. Some cooperations have evolved to broader organizations and also offer professional care for independent living older people. In the capital of Amsterdam most city districts have so called ‘Stadsdorpen’ (city villages), of which one also offers professional care. Because these cooperations have senior members, these can be excellent places to find volunteers as well as participants.

In many municipalities and districts in the Netherlands multi-disciplinary meetings are organized to stimulate cooperation and gear separate activities to each other. In these meetings, that are organized regularly, all welfare and care organizations and other social or civic organizations in a specific area are invited. The main goal is to get to know each other to make cooperation easier and smoother. Several forms are used, from informal lunches to group discussions of how to best help multi-problem older people. The project manager of Ouderen ‘t Groen explains about the multi-disciplinary meetings in her district:

‘In the district of Kanaleneiland there is a regular meeting called ‘Samen Kanaleneiland’. I believe this is a very good thing. We come together twice a year. Because you see and meet each other, it’s so much easier to cooperate with each other. Also because you can now connect a face with an organization.”

2.2.3 Competences of employees and ways of working

How successful a project or practice is of course also depends on the quality of the work by the employees. Be it paid professionals or volunteers. In the interviews and focus group the importance of well equipped and committed employees was stressed several times.

Ownership and cooperation

What turns out to be an important factor in the success of the practice during the implementation is the felt ownership of the (voluntary) employees of the project. Once they feel the project is their own, they also are committed to doing their utmost best to making the project a success. One of the respondents who works as a paid coordinator with a large group of volunteers explains:

Personally I help out with organising outings. The volunteers decide where to go, how to get there, where they will drink coffee and where they will have lunch. And which volunteers will drive. And also they make sure that volunteers are replaced if they cancel or don’t show up. Once every three weeks I have a sit down with the volunteers to discuss: what is the current situation? It’s their project and more happens if they feel responsible. (Project manager SWO Spijkenisse)

Because most selected good practices work with volunteers, there was a discussion during the focus group about how this felt ownership can be achieved with volunteers. Most respondents agree that professional coordinators should put trust in the abilities of the volunteers and should leave them plenty of room to do things according to their own insights. At the same time the respondents agree that there needs to be a clear and shared frame work (‘structure’) within which the volunteers are working. The most important part of this frame work is a clear mission statement of the practice: the central goals of the practice should be clear to all employees. Also basic rules of how to interact with each
other can be part of the frame work. According to the respondents it is the task of the coordinator to make sure that everyone keeps the shared mission in mind. Without a shared frame work there is the ‘risk’ that groups of volunteers follow their own direction and lose track of the end goals and the reason why the initiative started in the first place. Some respondents suggest that job descriptions can also be part of the frame work, as these offer a clear picture of the roles and responsibilities of the employees in the project.

Well equipped professionals

When asked what makes a professional well equipped and fit for the task, the respondents point out a few important competences. The first is to be able to constantly keep the end goals in mind, as was also stressed earlier in the above ‘ownership’ paragraph. One of the respondents explains:

*Professionals think of the underlying layers of the activities. A volunteer usually thinks: “Oh, that’s cosy, we are going out on a trip, we will have fun.” While the professional thinks about the next level, combatting loneliness and expanding social networks.”* (Project manager SWO Spijkenisse)

Another important competence that was mentioned is to be able to think, speak and write in the ‘language of policy’ that is used at municipalities and for example health care insurers. This is important for applying and accounting for funding for the practice and also for building partnerships with potential cooperation partners.

When working with older people with health limitations it is also very useful to have knowledge about common health limitations of older people, some respondents argue. On the basis of this knowledge professionals can make estimations of what activities or tasks are appropriate for the person in question. Social care and health care professionals are usually trained about these health limitations during their schooling or refresher courses.

For practices that work with volunteers it is essential that the coordinating professionals knows how to manage volunteers well. To be able to do this the coordinator needs excellent social skills. For example personal contact with volunteers and knowing who they are and what they are good at, is essential to be able to make a good match within the project. A participant at the focus group explains:

*“You have to know your people very well. That’s what it is really about. Personal contact with the older people in your group and with the volunteers. If you don’t have this knowledge, and you’re not good at this, you can not do the job well.”* (Project manager Huiskamer van de Buurt)

Respondents stress that managing, getting to know and supporting the volunteers takes a lot of time. Time that is not always taken into account when planning for the implementation of a practice. This sometimes leads to situations in which coordinators work more hours than they get paid for. This seems to be an illustration of a common feeling of the respondents that they are not being fully valued for the work they do. A respondent stated in one of the interviews:
“We should stop further cutting back on professional coordination. More and more things are expected to be done by volunteers. We now only have half of the original time for the coordination and support and I can simply see that the two hours that are left for the work are not enough. In the end I work more hours than I get paid for. That is not right. We work with frail participants, I don’t think it’s reasonable to say: ‘The work should entirely be done by volunteers’.”

(Project manager Huiskamer van de Buurt)

During the focus group a respondent added to this:

“People seem to think that it’s self-evident that there are projects like ours. I wonder if people really realize what we do, and how important this is for the well-being of people.” (Project manager Stichting Vier het Leven)

Another respondent added during the discussion in the focus group:

“Not long ago I heard an interesting statement: “How weird that the man watching over my money makes more money than the man that cares for my father. Or, I should really say, the woman, that cares for my father.” (Project manager Huiskamer van de Buurt)

Committed and well equipped volunteers

The respondents made clear that the success of most of their projects depend heavily on committed and well equipped volunteers. To stimulate commitment they point out that creating (felt) ownership, as mentioned above, is essential. That means that volunteers should be involved during the start, implementation and evaluation.

Another way to keep volunteers committed is to show volunteers that their work is seen and appreciated. For example by giving them presents at special holidays like Christmas or offering them team outings. Showing a personal interest in the life of volunteers, their needs and wishes for self-development is also a way of showing appreciation.

A last way of stimulating the commitment and competences of volunteers that the respondents mention is offering volunteers training. During training volunteers get a chance to develop themselves and improve their competences. Subjects that were mentioned for trainings are ‘protecting one’s personal borders’ (aangeven van eigen grenzen) and learning not to project one’s personal experience to others.

Way of working: focus on abilities

Although committed employees are essential, the interviews and focus group showed that the way that employees (volunteers and professionals) work is also crucial. According to the respondents the focus of the way of working should be on the abilities of people, rather than the disabilities. Although many social workers are used to work in this manner, many people that have volunteered or professionally worked the care sector are used to ‘taking care of people’, while focusing on their diseases and disabilities. This can be a barrier in making projects a success, as focusing on disability may
make participants inactive. One of the respondents mentioned that carers are used to take tasks, that older people have difficulty performing, out of their hands. Sometimes with the result that older people loose the ability to perform the tasks, resulting in inactivity.

Room for flexibility

When employees focus on facilitating made to measure forms of social participation, it is a precondition that employees have, and take, the time to get to know the older participants and discover their talents, interests, wishes and competences. Furthermore the organization needs to be flexible and subsequently be able to offer tailored ways of participation. Precisely this, flexibility within the organization, was often mentioned by the respondents as a facilitator of the success. Flexibility here refers in the first place to the ability of organizations to be able to anticipate to the diverse talents and wishes of participants and offer them activities or tasks that are appropriate for them.

Flexibility can also refer to being able, as an organization or practice, to offer the option to switch from one task or activity to the other. This is especially helpful for participants who become more frail and whose competences and needs are changing. The project manager of SWO Spijkenisse explains:

“We always say to our volunteers: If things become difficult, let us know. We have so many different activities and services, there is always a place where you can participate. In general we can find a place for people. Sometimes volunteers need help themselves and then there comes a time that things simply stop. We work with people for whom we are responsible. So things should be safe and well-considered.”

(...) At a certain point in time you end up at a point when things are not safe any more. For example we have chauffeurs for the day care services. These volunteers bring people to the day care. Sometimes we see that driving becomes a problem for volunteers and it is not safe any more. We then have a look at what is still possible. Often it is still possible to drive along as a driver’s mate. In that way they still feel useful and valued.”

Flexibility not only refers to tasks and activities, but also to preconditions in the environment. For example the availability in the project or organization of someone who can give support when needed. And also when the project works with changing groups of older participants, it is necessary to be able to match the right volunteers with the participants. A respondent in the focus group explains:

“The people in the target group can be very different. You see, if you have someone that hates to be patronized, it’s a bit of a cliché maybe, but you shouldn’t match someone like that with a volunteer with a background in the care sector. Some volunteers can bring a group alive, but usually they are not good listeners. And that’s what we speak to the volunteers about: ‘What you are doing is great, but we also need someone who can simply sit with somebody and listens’.

(…)}
The target group is very diverse, very different sorts of people. That means that you should be able to make switches in your organization. You continuously have to see if you can find the right mix of volunteers. It's that mix that I find is very crucial.” (Project manager Huiskamer van de Buurt)

A fourth meaning of flexibility refers to offering participants, as well as voluntary employees, flexibility in their attendance or working hours. Flexibility in attendance works well in the project Huiskamer van de Buurt (Living room of the neighbourhood), which is open to everyone and participants can come and go whenever they want. Making the practice very easily accessible and informal.

Involving the informal carers of the frail elderly

What is also important during the execution of the practice, according the respondents, is to involve the informal carers around the frail older people. Sometimes the informal carers can form a barrier, because they can be insecure if a certain task or activity is suitable for the person they take care of. In these cases it is helpful to convince the informal carer by showing them 'good examples' of people who are in about the same situation. One of the respondents explains:

“We had a man who went to teach about dementia as a hands-on-expert in a school. The wife of this man wondered: ‘Oh my, can my partner really do this?’. This was quite a barrier. Until we had invited her for an information evening where her husband spoke about dementia to the teachers at the school. During the evening she started to flourish. In the beginning she came in quite nervous, but at the end of the evening she flourished and opened up. She saw: 'My husband can do this!'. ” (Project manager DemenTalent)

Furthermore the respondents mention that many of their projects are not just targeted at giving older people an option to socially participate, but their projects also partly targeted at informal carers, helping them to temporarily relieve them from their care tasks.

2.2.4 Preconditions: accommodation, transportation and technology

A few preconditions for a successful project were often mentioned by the respondents. The first is an ‘age friendly’ accommodation. With this the respondents refer to an easily accessible accommodation, without for example doorsteps and stairs and with roomy restrooms that can be used by people in wheel chairs. Moreover, some respondents point out that the accommodations ideally should be modern and ‘fresh’, as older and ‘dusty’ community centres put people off.

Another precondition is the availability of transport services. Many older people with health limitations have difficulty traveling to the location of the activity. One of the project managers explains:

“The transportation to the Huiskamer really is a problem. We have to figure out for ourselves how we arrange for this. There is no money for this though. We try to solve the problem with the help of interns, but that does not always work. Sometimes people stay at home.”

Sometimes projects or organizations organize their own transport services with the help of interns or volunteers who are already active in the project. Other projects can make use of transportation services offered by the local government. Because of cut backs in recent years and changes in legislation, transportation services are not always widely available in municipalities though. Also the offered
services are not always user friendly. For example there can be quite a large waiting time (up to hours) for the services, making it user unfriendly for people with health limitations.

Although transportation is often mentioned as a precondition and a barrier for participants to participate, one of the respondents points out that one should keep in mind that potential participants sometimes claim that transportation is the barrier for them not to join, while in fact something else is keeping them from participating:

“People often mention transportation as a barrier, when really they don’t dare to go alone. It’s an easy excuse. For many people it’s quite a barrier to go somewhere new.”

A last precondition that makes, or in the future could make, projects successful, is the use of available technology. One of the projects, Seniorweb, for example gives volunteer participants, who have difficulty travelling, the opportunity to do their work from home through Skype (online telephone service). Furthermore one of the respondents points out that in most projects very little use is made of already available technology, while there are many possibilities:

“To let people with health limitations successfully participate it is important to make use of technology. For example, if you look at transportation within our project (DemenTalent). All too easily people assume that all people with dementia have problems orientating themselves and are not able to go to places by themselves. But there are more than enough people that can find their way on their bicycle with the help of a GPS-system. If I point this out, this often still is an eye opener. We can do a whole lot more with the available technology.” (Project manager DemenTalent)

2.3 Consolidation of the practice
After the development and implementation of a practice it often is difficult to make it durable in the long run. Different factors play a role in this, although financing the practice clearly is the main challenge.

Sustainable funding

Most respondents explain that the biggest barrier for the sustainment of the practice is finding durable funding. Although there are several private funding organizations, most focus on innovative initiatives that can be funded in the first years of starting up. Initiatives are then expected to function independently and find funding elsewhere. Since other funding possibilities are limited, many innovative initiatives have trouble finding the financial recourses to continue the project. One of the possible financers of projects targeted at social participation of frail older people are municipalities. Because of cut backs their ability to finance projects is limited. Moreover it can take a lot of time and energy to convince municipalities of the added value of the project and one needs to be persistent. One respondents pointed out in the focus group that practices could make better use of the goodwill of big companies who want to support social initiatives:

“We should not only knock on the door of the municipality, the ‘zorgkantoor’ and the health insurance company. We can also go to entrepreneurs. There are so many big companies. Yesterday I was at a networking event with for example Douwe Egberts and Arla. They all really want to do something good
for society. Because for them it’s a sort of ‘branding’. And it’s not just about giving money, but they can also help to market the project. We have a small communication team, well … , but it certainly is not the same as their marketing team. That is so much more professional.”

Another respondent, who works at a welfare organization, mentioned during the focus group that her organization is trying to find funding by framing some of their projects as projects that offer older people the possibility to volunteer. Some organizations in Denmark already receive funding for facilitating volunteering and her organization hopes this will also become more common in the Netherlands. She explains:

_We try to arrange things with the municipality that we can make a product group out of facilitating volunteering of older people. We have all sorts of services and activities, for example the meal service, we call this a product group. We employ about 450 volunteers. So we try to find financial support for the service we offer of volunteering._” (Project manager SWO Spijkenisse)

For the projects deployed by the more settled organizations it has become more difficult to find durable funding, because municipalities have put out short term tenders for local social work. Every few years organizations have to compete with each other for funding by the municipality. According to some respondents this has not only complicated the applying for funding, but also has led to competition in stead of cooperation. One of them explains in the focus group:

“I you look at the tender for day care activities in Amsterdam. We had quite a lot of meetings with other organizations. But when the tendering started we couldn’t talk to each other anymore. For the simple reason of the competition clause. In fact this was counter productive. For months during the tender things came to a halt. I really wonder, we are talking about frail target groups here, what are we doing?”

A few other respondents are more positive about the use of tenders by municipalities. They point out that cooperation can be part of applying for tenders when municipalities make use of ‘governmental tenders’ (‘bestuurlijk aanbesteden’).
Chapter 3: Conclusions and recommendations

We found quite a lot of practices that are aimed at fostering the social participation of older people. Although just a few are specifically targeted at older people with health limitations most of the practices do include older people with health limitations. The fact that just very few practices are specifically targeted at people with health limitations is partly because potential participants do not wish to be recruited on the basis of their limitations or disabilities. Although practices might in fact be targeted at older people with health limitations the practices advertise that they are open to a large group of people and focus their external communication on what makes the activity fun and useful.

Our search for literature about social participation (volunteering and participating in leisure activities) of older people with health limitations resulted in just a limited amount of articles. It seems that still relatively little is known about what factors influence the fostering of social participation of older people with health limitations.

In this study we focused on identifying facilitators and barriers in 17 selected practices. Related to the different stages of implementing a practice we found a wide range of facilitators and barriers. Below we list the most important and elaborate on what these mean for practice and policy.

**Liability and safety**

An important barrier in the development phase of a practice are concerns about liability and safety. Fear that ‘something might happen’ can prevent a practice from coming into effect. An option to take away concerns about liability and safety is to point out to participants at the start, for example in a registration form, that participating is at one’s own responsibility. For volunteers there are liability insurance policies available that can be concluded for them. Although some of these insurance policies do have age limits (80 years), the insurance policy of the VNG (Union of Dutch Municipalities) does not have an age limit.

**Fun and enjoyable**

In the design of the practice an important facilitator is to make sure the activity is fun to carry out and enjoyable. This turns out to be the biggest motivator for older people to participate in the good practices, either as participant or volunteer. This finding is in line with a study by Penninx (2010) who studied the motives for older people to start and continue volunteering. Penninx found that motivator number one is ‘the work is fun to do’, followed by ‘being of significance to other people’ and ‘doing something meaningful’. Developers of new practices should take the motives of older people as the starting point of the development process.

**A full member of society**

Another important facilitator in the lay out of a practice is aiming the activity at making people feel a full member of society. Volunteering and leisure activities that leave room for ‘an active contribution’ of the participants can give participants the feeling again that their lives matter and that they are seen by, and part of, society at large.
Recruitment: personal contact

The recruiting of older people with health limitations turns out to be quite difficult. When implementing a practice project managers are recommended to plan enough time for this and seek for natural cooperation partners who can refer participants to the practice. Personal contact with potential participants is crucial. For example, the main argument that older people give when they are asked why they do not volunteer is ‘nobody asked’. Simply asking people if they would like to make a contribution might be the most effective way of recruiting volunteers (Van de Maat & Van Xanten, 2013). Personally recruiting participants could also be done by hands-on experts from the target group, who can try to recruit participants by ‘warmly’ recommending the practice by telling about their own experiences with the practice.

Negative images of older people with health limitations

A barrier in the recruitment of older people with health limitations are the negative images that society has of older people. All too easily older people with health limitations are discarded as weak and pitiful and approached on the basis of their limitations, leading to negative self labelling, lowered self esteem and diminished feelings of control (Rodin & Langer, 1980). To break through this negative cycle, more knowledge about limitations and diseases, and what one is still able to do when suffering from them, should be circulated across society. This could be done by a large public campaign, like for example the new country wide Dutch campaign about dementia (see the press release: “Brush op the knowledge of one million people”).

The negative imaging of health limitations in old age starts early in life. Young people don’t always have a clear image of what it means to grow old nowadays. In training and schooling programs for students that will be working with older people, exercises could be incorporated in which students have to immerse themselves in the lives older people. These exercises could for example let students collect life stories of older people.

Warmly welcoming new participants

For many older people with health limitations it can be quite a threshold to start a new activity alone. What can take away this barrier in the recruitment process is to communicate very clearly and detailed about what potential participants can expect if they join the activity or organization. What exact tasks or activities will participants be performing? How big will the group be? Will somebody be there to assist? Will somebody welcome them the first time? Answering these simple questions, and making sure new participants are warmly welcomed, for example by a welcoming committee, may take away insecurities that keep potential participants from joining.

Keeping volunteers motivated and committed

Because in most selected practices volunteers make the practices possible with their efforts, they are of invaluable meaning for the practice and it is essential to keep them committed and motivated. Mak-
ing volunteers feel valued for their work seems to be the key to this. Showing a personal interest in the lives of volunteers by having conversations about the work, their outlook on the work and their wishes for self-development, is an important way of showing appreciation. This can be formalized by having regular performance interviews, just like in regular jobs, as is recommended by Elferink and Scholten (2009) in their study about volunteering by frail older people in the care sector. Although interviews with volunteers can be time consuming, having them can be very helpful, especially for volunteers who are dealing with health limitations. During the interviews possible barriers for the continuation of volunteering can be signalled out and possibly taken away. And also a possible retirement from volunteering, when volunteering becomes too demanding, can be gradually discussed in the interviews, preventing a thorny ‘second retirement’ from arising.

**Focus on the abilities of older participants**

In the implementation not only the commitment and effort of the people involved is of great importance, but also the way in which the employees exercise their effort is of crucial importance for the success of the practice. The focus in the way of working should be on the abilities of older people, rather than their disabilities. Because of the importance of this focus, it is a welcome subject for training and schooling.

**Facilitating made-to-measure activities and tasks**

In addition to the focus on abilities, a crucial part of the way of working is to facilitate made-to-measure forms of social participation that meet the talents, interests, wishes and competences of the participants. The group of older people with health limitations is a very diverse group, so being able to adjust to (changing) competences and wishes is essential. Facilitating tailor-made participation is also important because the satisfaction with participation determines for an important part the positive contribution that participation has to older adults’ well-being (Anaby, 2011). When forms of participation are tailor-made the chances that participants are satisfied with the activities are higher. Penninx (2010) also strongly recommends organizations that work with older volunteers to adapt their tasks and activities to the different motives of the diverse group of older people: men and women, native and immigrant seniors and their different educational levels. Penninx classifies older volunteers into four categories on the basis of their motives: self carers, self developers, carers and entrepreneurs. The different categories need different kinds of support. Organizations and practices could make use of this division.

An precondition for this flexible way of working is of course that there is enough time available to get to know the older participants and discover their needs and wishes and arrange for adjustments and support needed.

**Transportation**

An important precondition during the implementation is the availability of transportation. Especially when health limitations become more severe, mobility becomes a problem. If transportation is a problem in the district of the practice and participants have a lack of finances to arrange for their own, pro-
ject managers of practices can see if transportation can be offered by (voluntary) participants of the practice. This is for example common in many church communities where members pick up frail older people so they can attend church service. Currently there are also new transportation initiatives in municipalities in the Netherlands that try to fill up the transportation gap for frail older people. Examples that ask a small contribution to the costs and mainly work with volunteers are Particuliere Vervoersdienst (private transport service) HugoHopper and pilots with electrical driven so called Tuk-Tuks¹.

Sustainable financing

Arranging for sustainable financing clearly is the biggest barrier in consolidating the practice. It takes persistence and an entrepreneurial attitude to draw the attention to the practice and prove the added value of the practice to potential financiers. Most practices focus on the municipality as a potential financier, which distributes funds from the Social Support Act (Wmo). There are other possibilities for funding though that are sometimes overlooked, like for example local based companies that want to show their social side. Sometimes health insurance companies are willing to co-finance good practices, especially if they expect that the practice prevents people from using costly care services. This is often hard to prove though.

A promising idea is not so much to look out for new financiers, but to frame the existing services in a different way. If a practice for example works with many older volunteers who assist frail older people this could be framed as facilitating social participation of older people (who volunteer) and supporting their independence, which are two important goals of the Social Support Act. ‘Facilitating volunteering’ could then be sold as a ‘product’ to a municipality, as for example is more common in Denmark. Furthermore, because volunteering of frail older people has significant effects on their well being and therefore fosters health promotion (Ehlers et al., 2011) facilitating volunteering by older people could also be framed as promoting health. Opening up a new possibility of funding by the Wet Publieke Gezondheid (Wpg) (Law on Public Health).

**H4 Discussion**

The current trend of the rising life expectancy, also in years with health limitations, is likely to continue. One of the biggest challenges in dealing with an ageing population will be to provide frail older people with possibilities to live satisfying and fulfilling lives, and in doing so, giving them the opportunity to be full members of society. In the past frail older people in the Netherlands often moved to institutions (‘verzorgingshuizen’) that were almost like micro-societies within the society at large. Currently there is a strong trend towards living at home independently as long as possible. Social policies are no longer aimed at specific age-groups, but nowadays focus at an inclusive society accessible to simply everyone, regardless of age or health status.

The trends of ‘aging in place’ (living independently at home) and the movement towards an inclusive society are combined with a large restructuring of social care and long term care in the Netherlands. Especially the new Social Support Act is of importance for the social participation of older people with health limitations. This act makes municipalities responsible for securing the self reliance and participation of people with disabilities. The new act is built on political ideas, in which vulnerable people rely less on centralized professional (social) care services and institutions and more on their own capabilities, their social networks and the efforts of fellow citizens. In the current phase of transition all actors involved, like municipalities, care insurance companies, social care organizations, innovative practices, civic organizations and volunteer organizations are searching for their new position and role. The transition dust is still far from being settled. During this study we gained several insights that may help the different parties involved to determine their outlook on, and role in, the challenge of giving all older people the opportunity to participate and be full members of society.

- The continuous focus on innovative initiatives and new civic initiatives by policy makers will not necessarily lead to a sustainable and encompassing network of organizations, initiatives and projects that foster the social participation of frail older people. There seems to be a simple life-cycle of good practices that is in effect. They start off with an innovative idea, that is then piloted in a project, which is then made self-sufficient as either a new organization (mainly in the form of a foundation) or is incorporated as one of the activities of an existing organization. Focusing primarily on innovative (civic) initiatives may bring about the necessary innovation in times of transition, but it may also lead to the undervaluing of existing and successful activities of volunteer and welfare organizations that once came about as innovative initiatives and have proven their value.

- The high expectations of policy makers in the Netherlands of civic initiatives that function fully on the basis of volunteers puts pressure on social entrepreneurs and coordinating social workers who work hard to make a living by managing and coordinating good practices. The cry out during the focus group of several project managers ‘Do people really realize what we are doing?’ seems illustrative for a feeling of being undervalued. The high expectations of policy makers, about voluntary efforts for example at municipalities do not seem to be fully realistic, especially since the Netherlands already has the highest share of volunteers in Europe. Most good practices already work primarily with volunteers and with just a few paid professionals, who take care of the coordination and management. If we as a society feel that it is important to strive towards an inclusive society, we should also be willing to pay for coordinat-
ing and managing professionals, as long as they run practices that clearly have an added value for a substantial group of older people with health limitations.

- An inclusive society will only come about when existing organisations and practices find ways to facilitate the participation of older people, even when health limitations arise or become more severe. Although we did identify ways in which organizations and practices facilitate participation of frail older people, these are mainly based on hands-on experiences and hardly seem to be laid down in practical guidelines or policies. There seems to be a lack of available practical knowledge that organizations and initiatives can make use of when facilitating social participation of older people with health limitations.

- Working towards the ideal of an inclusive society, in which older people with health limitations are full members of society, means it is important that activities are not just organized in care settings like nursing homes, but are part of the public day to day life and take place in (semi-)public settings.

- Coordinators or project managers of practices need sufficient time to arrange for fit-to-measure assistance for volunteers whose health limitations become severer. This seems to be a problem in practice though, since in many cases the time available for coordinating of, and support for, volunteers is often limited and substantially underestimated. Because of the lack of time available, coordinators might be tempted to stimulate volunteers with health limitations to retire from their activities and replace them by volunteers that need less assistance.

- Framing the facilitation of volunteering for older people with health limitations as a service or product to promote their health, self reliance and participation seems to be a smart way to make sure sufficient time for professional coordination is assured.

- In the promotion of social participation focusing on the abilities instead of the disabilities is a very powerful tool with which much is still to be gained. At the same time it is important to realize that growing old is also about the gradual loss of health, and in the end, the loss of life itself. When people in the last phase of their lives are gradually disengaging from life, promoting participation and focusing on talents can be out of place. Dealing in an appropriate way with the last phase of life seems to be another challenge that we are struggling with in our society.
References


Annex 1: Overview of respondents of good practices

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Annex 2: Descriptions of good practices

OOPOEH

The OOPOEH foundation stimulates older people to help families in their neighborhood to take care of their pets. The aim of the foundation is threefold; to provide older people with company and stimulate them to exercise, to provide pet owners with a reliable animal foster and to provide pets the attention and care they need.

Both seniors and pet owners can subscribe for this service on the website, the volunteers of the OOPOEH foundation then make a match. All seniors (55+) are welcome to join, however they have to be able to handle the responsibility of taking care of a pet. Therefore older people with mental limitations, for example advanced dementia, are not qualified. Pet owners pay a fee with which the foundation is supported. The foundation regularly organizes activities for the seniors involved.

The project was founded in 2012 and the first results are positive: numerous matches between seniors and mainly dog owners have been made. Many organizations support the foundation financially. More information about the initiative can be found at the website: www.oopoeh.nl.

Ouderen in ‘t groen (Food4Good)

The Food4Good foundation created a food garden in the Transwijkpark in Utrecht that is accessible for all local residents. The garden is a place where people can meet each other and can learn from each other. On special hours the garden is open to older people from the surrounding district, including residents from care facilities in the neighborhood. People can come independently or together with a caregiver or volunteer from their care facility. When necessary transportation is arranged.

"The elderly come to us to experience nature en to do simple activities such as picking pods and eating strawberries."

The project is coordinated by professionals, but the maintenance of the garden is done by volunteers and local residents. The project cooperates with care institutions in the neighborhood. Older participants from care institutions are supervised by caregivers or volunteers from these institutions. More information about the project can be found at: www.foodforgood.nl

2 "De ouderen komen bij ons gewoon beleven, groen beleven en kleine activiteiten doen. Dus wel peultjes plukken nu en aardbeien opeten" (Meliá, Food4Good)
Golden Sports

The aim of the Golden Sport Foundation is to stimulate and facilitate sports and exercise opportunities for seniors within a broad social context. Because the exercises are adjusted to the abilities of the participants, all seniors can participate. Additionally, the sports activities are supervised by professionals.

The activities are developed in collaboration with the participants. The social aspect is an important part of the practice; by drinking coffee after the workout people can broaden their social network. The participants can pay separate for each workout they attend, which makes the activity flexible and easy to access. Costs are low: participants pay €4.00 per workout. Physiotherapy professionals supervise the workouts on a voluntary basis. They are assisted by physiotherapy students. According to the project manager this is a great success, because older people enjoy being in contact with adolescents.

The project is promoted by local media like newspapers and in a TV-report. More information can be found at: www.goldensports.nl.

Stichting Zwementie

The Zwementie foundation aims to provide swimming activities for seniors who suffer from dementia. Research has suggested that exercise, like swimming, is beneficial to the health and well-being of people who suffer from dementia. The swimming activities are facilitated by adolescents, mostly students in the field of care. The participating seniors are independently living people, as well as people living in care facilities.

Co-creation and innovation are key concepts in this project as the students are closely involved in the development and organization of the activities. The vision that drives this project is that the swimming activities are not only beneficial for the seniors. Moreover, being involved in the project is an educational experience for the students. Additionally, the project aims to support informal care givers by facilitating a recreational activity together with the senior.

More information about the project can be found at the website: www.zwementie.nl.
Stichting Vier het Leven

This foundation aims to reconnect older people, who tend to get isolated, with society by facilitating cultural activities. They believe that social contact among elderly, but also with volunteers, is important.

“Participants create valuable memories and have something to look forward to”.3

The activities are suitable for older people with compromised health; people with dementia and people with mobility, visual or hearing impairments are welcome and receive the help that is needed. Informal caregivers are invited to support the seniors. Volunteers are involved to provide extra support.

After every activity the organization sends out a survey to evaluate the satisfaction of the participations. Additionally, there is a yearly survey. The seniors have been very positive in their evaluations. More information about the different activities and the mission of the organization can be found on the website: www.4hetleven.nl.

Seniorweb

SeniorWeb is a country wide association that comprises more than 145.00 members. Over 3,000 volunteers are active on 400 locations. The aim of the organization is to make the digital world understandable and assessable for older people. The organization provides online courses and personal computer help in order to make older people more skilled in the digital world.

This project is very suitable for people with health limitations, because the volunteers of the foundations also do house calls. To use the services of Seniorweb the seniors have to be a member and pay a €14,50 membership fee per year. More information about Seniorweb can be found on the website: www.seniorweb.nl.

3 “De deelnemers hebben weer iets om nog lang van na te genieten en om ook weer naar uit te kijken.” (Birgitte, Stichting vier het Leven).
Oud geleerd, Jong gedaan

In cooperation with care facilities the ‘Oud geleerd, Jong gedaan’ foundation organizes lectures on different topics for interested seniors. The lectures are given by students, who share their knowledge in their field of study. The organization had multiple goals: to increase the welfare of seniors, to decrease loneliness and mental decline in older people, to bring young and old generations together, and to provide opportunities for students to experience the elderly care sector.

The activities are very suitable for older people with health limitations; people with mobility impairments receive the help they need. People with mental limitations, for example dementia, are also welcome at the lectures as long as they are able of attentively witness the lecture. More information can be found on the website: www.ogig.nl.

Zorgzame Kerk (Kerk in Actie)

Zorgzame Kerk is a project of the religious ‘Kerk in Actie’ foundation and the Dutch Protestant Church. The project was started in response to the new Social Support Act in the Netherlands. Churches are exploring what role they can play in the new participatory society. The work approach within this project is to make an estimation of what services for older people are needed on a local level. Then initiators from the local community are supported in starting up the project by volunteers of the Zorgzame Kerk project. In the first phase of the project 18 pilots started throughout the country. There were four main types of projects:

- The church provides accommodation for care and welfare activities.
- The church prepares volunteers and professionals to talk to local residents about their life questions.
- The church provides a buddy system to take care of people that become isolated.
- The church defends the interest of older local residents who depend on healthcare.

Link to more information about the project:

http://www.kerkinactie.nl/over-kerk-in-actie/onne-themas/zorgzame-kerk
De ontmoeing extra

The ‘ontmoeting extra’ is a sub-project of the ‘ontmoeting’ program. This project aims to prevent loneliness and social isolation in older people to improve self-reliance by organizing different activities. In the ‘ontmoeting extra’ project the focus is on vulnerable older people and provides additional facilities to engage this specific group. In addition to the activities of the ‘ontmoeting’ program this project offers daycare to support the people more intensively. The project is a collaboration of care facilities in the Brabant region. The project is supported by volunteers. For more information about the project see: http://www.activiteitenontmoeting.nl/de-ontmoeting-extra

Stichting Huis aan het Water

The Huis aan het Water foundations is a meeting place for cancer patients and their relatives. Recently a program has started that specifically targets older people with cancer, because older people did not often participate in the regular activities. Therefore activities are adjusted to the needs of this group. The activities vary from special sports activities to a cooking group. The house is always open for social encounters and a physiotherapist and a psychologist are available for consultation.

Financially the foundation is dependent on the rent the physiotherapist and the psychologist pay and of funds. More information about the organization can be found on: http://www.stichtinghuisaanhetwater.nl/

Odensehuis

The ‘Odensehuis’ is a meeting place for older people that suffer from dementia and for their informal caregivers. The visitors are free to walk in all day and can do what they want. Most important is the atmosphere in the home; all visitors are familiar with dementia. Regularly activities are organized, often by the visitors themselves. This makes them partly volunteers and makes them feel useful.

Volunteers are present to support the visitors and sometimes organize special activities, for example creative or sportive activities. More information about the ‘Odensehuis’ can be found on www.odensehuis.nl.
DemenTalent

DemenTalent is a volunteer project that targets people suffering from dementia. The project brings volunteers with dementia and organizations together. The talents of the volunteers are central and the aim is to make the volunteers feel useful and valued. The project does not only make a match between volunteers and organizations, they also supervise both. A professional from the DemenTalent project supports the volunteers in their activities and coaches the supervisors in the organizations to interact with the volunteers.

DemenTalent has proven to be successful and their activities are expanded to more regions throughout the country. Currently the organization is seeking a collaboration with educational facilities. More information about the project can be found on: www.dementalent.nl.

Stichting Welzijn Ouderen

Stichting Welzijn Ouderen Spijkenisse (SWO) is active in the Spijkenisse region and aims to contribute to the independence, health and happiness of senior residents of the Spijkenisse municipality. Their belief is that people are happier when they are in their own environment, when they can participate and are valued. All these elements are addressed with a set of different activities. Providing opportunities for volunteer work is also an important part of the work of SWO. More information about this foundation can be found at their website: www.swospijkenisse.nl.

Zorgboerderijen (Green care farms)

Green care farms are farms that combine agricultural activities with care services. Green care farms have been providing health, social and educational services through farming for a wide range of people, including older people with dementia. In the Netherlands, there are approximately 1100 green care farms, about 15 per cent of which are open to people with dementia (Dutch Federation of Agriculture and Care, 2012). Green Care Farms have a homelike and small-scale character and activities are naturally incorporated in the environment. They offer access to several (outdoor) environments including gardens, farm yards, stables and green houses, and stimulate people with dementia to participate in domestic and farm activities such as watching and feeding animals, sweeping the farm yard, going for outdoor walks, gardening and preparing meals. It is suggested that participants of day care at green care farms are more physically active, more frequently outdoors, and have higher fluid and food intakes than participants of regular day care. This may result in reduced frailty or delayed deterioration in participants of day care at green care farms (De Bruin et al. 2009, De Bruin et al 2010). There are also indications that green care farms stimulate social participation of people with dementia (De Bruin et al. 2015, in press). Green care farming is not a typically Dutch phenomenon. Also in countries like Norway, Belgium, the United Kingdom, Italy, Portugal, Japan and the United States of America, the number of Green Care Farms is gradually increasing (Haubenhofer, Elings, Hassink, & Hine, 2010).