

SENIOR FRIENDLY COMMUNITIES PROJECT

Activities Information Brochure

Information for Participating Municipalities

Live safely, Enjoy life, Stay involved.

**Crossing borders
in health**

Information Manual for participating municipalities in the ‘Senior Friendly Communities’ project (SFC)

Also intended for stakeholder and municipalities who are interested in this euroregional (EMR) project.

CONTACT & COLOPHON

This information brochure will help the participating municipalities to choose which activities are to be implemented in their own municipality.

More information for participating municipalities:

Contact your own SFC project coordinator.

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FOREWORD

I am very pleased to present this brochure on preventive activities in the field of dementia and age-related depression among older people. The brochure is the result of a long process. Back in 2011, the euPrevent | EMR Foundation organised a conference on mental health in older people in the Euregion Meuse-Rhine (EMR). One important conclusion to emerge from this gathering was that there are numerous possibilities to prevent dementia and depression among older people or at least to alleviate the suffering that accompanies these conditions. A second important conclusion was that we do not take enough advantage of the possibilities that are available across the border.

These two findings led directly to the ‘Senior Friendly Communities’ project (SFC): A project that aims to exchange 15 preventive (existing) activities across the borders of the EMR. And to make these activities available to at least 30 municipalities in this region (at least 10 municipalities per country).

In the SFC project, we not only exchange available knowledge and experience, but also concrete activities. The various partner organisations in this project enter into intensive cross-border cooperation with participating municipalities.

In the past few months, the SFC project group has conducted a survey among the participating municipalities: What policies do the municipalities have in terms of (the prevention of) dementia and depression among their senior citizens? What is going well and what may require more support? What are the needs of the municipality? And what do the citizens notice from this policy? We sent in so-called ‘mystery guests’ to look at what citizens come across in practice. And with which of the activities on offer can the individual municipality be assisted?

Under the motto: ‘Live safely, enjoy life, stay involved’, the ultimate aim is for our senior citizens to continue to be able to enjoy taking part in our society.

Prof. Frans Verhey

Maastricht University, Lead partner euPrevent | SFC

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THE 'SENIOR FRIENDLY COMMUNITIES' PROJECT (SFC)

Live safely, Enjoy life, Stay involved.

"Together we are creating Senior Friendly Communities in a cross-border setting to ensure that all senior citizens in the Euregion Meuse-Rhine can continue to enjoy participating in daily life. "

This message is key to the "[Senior Friendly Communities](#)" project.

The project started in September 2016 and is to operate for three years. In this project, nine euroregional partners work together with [32 participating municipalities](#) from the Euregion Meuse-Rhine (EMR). Their common aim is to create Senior Friendly Communities: communities in which care, carers and the inclusion of everyone are at the heart of daily life. The project focuses on the mental health of older people, more specifically on dementia and age-related depression.

Customised work per municipality

The range offered will be customised per municipality in line with local requirements. The project comprises four steps:

1. Analysing the requirements of participating municipalities.
2. Selecting concrete activities per municipality, based on a range of activities which will be presented in this brochure: **The Activities Buffet**.
3. Implementing activities in the municipalities with the help of euPrevent and partners.
4. Drawing up a sustainability plan.

The euPrevent Foundation | EMR

The Senior Friendly Communities project is part of the Mental Healthcare programme of the euPrevent | EMR Foundation. The euPrevent | EMR Foundation supports cross-border collaboration between professionals and organisations engaged in maintaining, promoting and improving public health in the Euregion Meuse-Rhine.

Project leader and partners

Maastricht University is the lead partner of the Senior Friendly Communities project. The partners involved are:

- Centre Hospitalier Universitaire (CHU) de Liège (BE)
- Dienststelle für Selbstbestimmtes Leben (BE)
- Limburgs Gezondheidsoverleg (LOGO) (BE)
- Mutualité Chrétienne Verviers-Eupen (BE)
- Kreis Heinsberg -Gesundheitsamt/Stabsstelle für demografischen Wandel und Sozialplanung (DE)
- Huis voor de Zorg (NL)
- GGD Zuid Limburg (NL)
- Stichting euPrevent | EMR (NL)

This project is supported by Interreg V-A Euregion Meuse-Rhine programme.

WHO: ACTIVE AGEING

The theoretical framework

The 'senior-friendly' topic is based on the broader concept of 'Active Ageing' *, as defined by the World Health Organisation (WHO) (WHO, 2002). The WHO is a United Nations organisation that focuses specifically on health. The WHO understands older citizens to be people aged 60 years and over (WHO, 2002, p. 4). This project adopts a guideline of 65+ years, but the participating municipalities are free to interpret this guideline as they please.

The Active Ageing framework

The WHO sees the ageing population as a challenge. According to this organisation, actions in the 'Active Ageing' framework can offer an answer here. The WHO has defined the 'Active Ageing' framework on the basis of three pillars, the aim being to promote health, participation and security among older citizens in order to improve their quality of life.

This project looks at the various ways in which municipalities promote health, participation and security for older people. The three pillars of Active Ageing are explained below, paraphrased from the document WHO 2002, p. 45-46).

The three pillars of Active Ageing

Health:

There is a need to ensure a higher quality of life for older people, maintaining their health and the ability to manage their own lives, so that there is less need for medical treatment and care services. The focus here is on limiting the risk factors for chronic diseases and functional decline. Those who do need care should have access to a wide range of health care and social services.

Participation:

The aim is for people to continue to make a productive contribution to society in both paid and unpaid activities. The labour market, education, health and social policies should support people in this participation. Attention must be paid here to the specific capacities, preferences, needs and rights of older people.

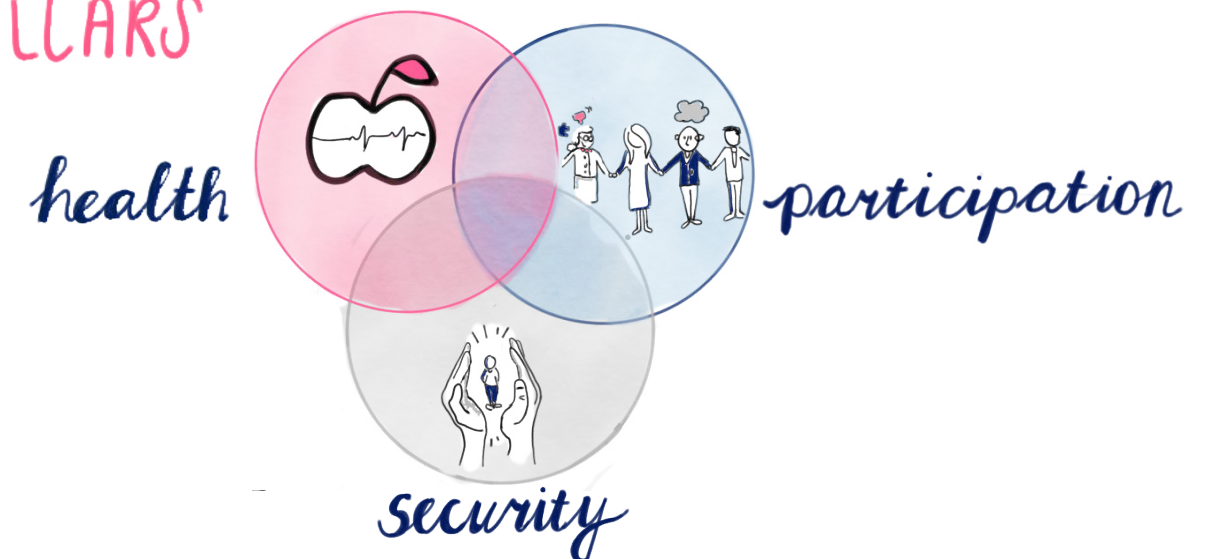
Security:

The social, financial and physical security needs and rights of people must be guaranteed, including as they age. They must continue to feel secure, dignified and well-cared-for, even if they can no longer ensure their own security. The (local) network around these older people must be supported in these efforts to ensure security.

* Active Ageing: http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf



3 PILLARS



FOCUS



THE ACTIVITIES BUFFET

The activities in this buffet address the mental health of senior citizens, paying particular attention to dementia and age-related depression. The activities can be placed in the framework of 'active ageing'. The participating municipalities can choose a set of tailor-made activities and implement them in their own municipality.

	DEMENTIA	Age-related DEPRESSION	HEALTH	PARTICIPATION	SECURITY
1. Advice Dementia	X		X	X	
2. Advice on prevention of age-related depression		X	X	X	X
3. Confetti in your head	X			X	X
4. Creation & Organisation of local groups of Elderly		X	X	X	
5. Crossing borders in health	X	X	X	X	X
6. Dealing and Coping with people with Dementia	X			X	X
7. Education in schools	X	X	X	X	
8. InLife	X			X	
9. It's raining on my nose		X		X	
10. Partner in Balance	X		X	X	
11. Positive Health	X	X	X	X	
12. Psychoeducation on memory	X	X	X	X	X
13. Telephone-Star		X	X	X	X
14. Theatre	X	X	X	X	
15. Well-being on prescription		X	X	X	

○ = dementia ◐ = (age-related) depression ◑ = dementia & (age-related) depression



ADVICE ON DEMENTIA

Domain:
Dementia

WHO Pillars:
Participation, Health



Objective:

To provide customised advice on the prevention of dementia for the community.

Target Group:

Policy makers, healthcare professionals.

Description:

The community has the opportunity to invite a content expert to provide customised advice on the policy of the community regarding the prevention of dementia. The community can choose

- To invite the expert for a discussion.
- To let the expert read and comment on a policy paper.
- To invite the expert for a presentation on a specific subject.

The details will be determined in agreement between the community and the expert.

Requirements; what does a community need to invest:

Materials & Logistics: Room, chairs. Beamer, screen, possibly catering.

Staff: Interpreter if necessary.

Other: The activity can be presented in the following languages: English, Dutch, German, French.

Timeframe implementation activity:

Details will be determined in agreement between the community and the expert.

ADVICE ON THE PREVENTION OF AGE-RELATED DEPRESSION

Domain:
Depression

WHO Pillars:
Participation, Health
Security



Objective:
To raise awareness and offer customised advice on the prevention of age-related depression.

Target Group:
Senior citizens, informal caregivers, inhabitants of the community and policy makers.

Description:
The community has the opportunity to invite a content expert to provide customised advice regarding the prevention of depression. The community can choose

- To invite the expert for a discussion.
- To let the expert read and comment on a policy paper.
- To invite the expert for a presentation on a specific subject.

The details will be determined in agreement between the community and the expert.

Requirements; what does a community need to invest:

Materials & Logistics: Room, chairs. Beamer, screen, possibly catering.

Staff: Interpreter if necessary.

Other: The activity can be presented in the following languages: English, Dutch, German, French.

Timeframe implementation activity:

Details will be determined in agreement between the community and the expert.

CONFETTI IN YOUR HEAD

Domain:
Dementia

WHO Pillars:
Participation, Security



Objective:
To create awareness of people with dementia as citizens of our city. To visualise the dignity and joy of life of people with dementia.

Target Group:
All citizens of a community.

Description:
Around 1.4 million people living in Germany currently suffer from dementia and very likely more. It is therefore high time that a broad public began dealing with this important issue openly and without blinkers or prejudices. The Confetti in your head campaign has set itself precisely this goal. It aims to focus attention on the individuals behind the horror of the diagnosis. Their lives are often much more multifaceted and colourful than we suspect. It is only when we remove our fear of contact that we can develop viable solutions to bring people with dementia back into our midst.

Concept of the CONFETTI bundle

- Pre-configured event formats at a fixed price
- Selection of further options at a fixed price
- Defined project organisation from Confetti in your head as well as the local organisers
- Defined process organisation, including result types and checklists

Requirements; what does a community need to invest:

Materials & Logistics: The details will be determined in agreement between the community and Confetti in your head.

Staff: Project Manager.

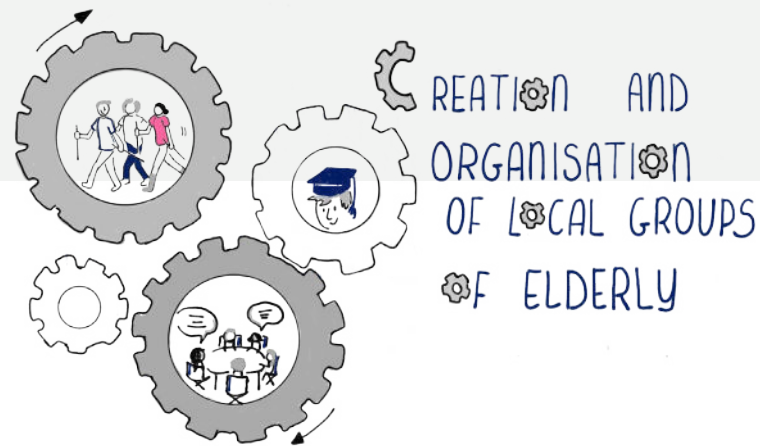
Timeframe implementation activity:

Two months.

CREATION AND ORGANISATION OF LOCAL GROUPS OF ELDERLY

Domain:
Depression

WHO Pillars:
Participation, Health



Objective:

To increase the participation and involvement of older people in the community - in their social, cultural, economic and political lives.

Target Group:

People aged over 50.

Description:

This activity will help the community to create and organise their network of local groups of older people. The community will gather and stimulate the local initiatives of individuals or groups of older people by offering them a more secure, structured and supporting framework within which to organise their activities and actions. This will also help to offer the activities to a larger number of beneficiaries in the community.

The activities might cover a broad range such as social, cultural, educative, artistic and sports activities as well as local citizens actions or lifelong education actions. The choice of activities / actions always comes from the volunteers themselves and starts with their wish to organise them. The activities increase the social links between older people and also promote the social inclusion of the elderly in the community.

Requirements; what does a community need to invest:

Materials & Logistics:

Meeting room for two meetings (+ beamer + computer + wifi connection for the two meetings)

- A smaller room for the 1st explanatory meeting with the community representatives.
- A larger room for the 2nd meeting with the elderly and volunteers.

Staff: Relay person in the community who will manage the setting up and regular support of Local Groups of Older People (or an existing local association in the territory such as ENEO, OKRA, Die Eiche)

Other: The activity can be presented in all languages but depending on the number of communities choosing the activity, we might need the help of translators.

Timeframe implementation activity

For the implementation of this activity, the Mutualité chrétienne Verviers-Eupen (MCVE) will organise two meetings in coordination with the community:

- A first meeting with the representatives of the community and possibly local associations to present the concept and all the organisational details, including more specific training for the community relay person.
- A second meeting with the elderly (already volunteers or not) and existing associations in the community to present the concept, the support that can be provided by the community and examples of possible activities/ actions.

During the project, MCVE (with the help of its local associations ENEO – OKRA – Die Eiche) will provide continuous training and advice to the community to support the setting up and organisation of the local groups of older people.

CROSSING BORDERS IN HEALTH

Domain:	WHO Pillars:
Dementia & Depression	Participation, Health, Security

Objective:

- To learn more about crossing borders in health and its value for the community.
- To clarify why and how the community wants to collaborate across borders.
- To visit another organisation or community on a cross-border basis in order to start possible collaboration.

Target Group:

The direct target group consists of people who work in the community: this could be civil servants from health-related departments, managers or aldermen. The group comprises a maximum of 15 participants.

Description:

The total 'Crossing Borders in Health' process consists of four parts:

- Two workshops (each lasting three hours) planned with a maximum of two weeks in between them (given by euPrevent, attended by the 15 participants (max.) from the community).
- Preparations for a visit and meeting with a cross-border organisation chosen by the community (preparations by euPrevent, with support from two participants from the community).
- Visit and meeting with this organisation (led by euPrevent).
- Evaluation and advice meeting (three months after the visit) (between euPrevent and max. five participants from the community).



Requirements; what does a community need to invest:

Materials & Logistics: Six whiteboards or flip charts with markers. Room (preferably at an external location) with space to work in six subgroups, stable wifi connection.

Staff: 15 participants who invest the necessary time.

Other: For French-speaking communities: translator from Dutch, German or English into French.

Timeframe implementation activity:

The process can start immediately. Estimated time from start (two workshops) until evaluation meeting will be between five and seven months.

DEALING AND COMMUNICATING WITH PEOPLE WITH DEMENTIA

Domain:	WHO Pillars:
Dementia	Participation, Security

Objective:

To improve and deal with those affected by dementia.

Target Group:

Retail Trade, Departments, Financial Institutions, Libraries, Police, Fire Brigade, Rescue Service, Hairdresser Salon, Opticians, Local Passenger Transport.

Description:

The training courses are designed for members of various professional and social groups who may deal with dementia in their daily lives. The focus is on improving communication and dealing with those who lives have been changed by dementia. Increasing awareness among employees helps in the professional context to remain effective even in difficult situations.

Training period: Three hours.

Training course: Explanation of the topic/presentation of the participants and expectations of the training.

Content: Theory (disease pattern, treatment and communication), with reference to the professional Group. Case examples (own or pre-defined) are discussed in small groups or played in role games), if possible with film material if available. Addresses of contact points on site/info material.



Requirements; what does a community need to invest:

Materials & Logistics: Computer, beamer, table. Room for 15-25 people.

Staff: Speaker.

Timeframe implementation activity:

Two months.

EDUCATION IN SCHOOLS (WHAT DOES IT MEAN IF?)

Domain:
Dementia &
Depression

WHO Pillars:
Participation, Health

Objective:

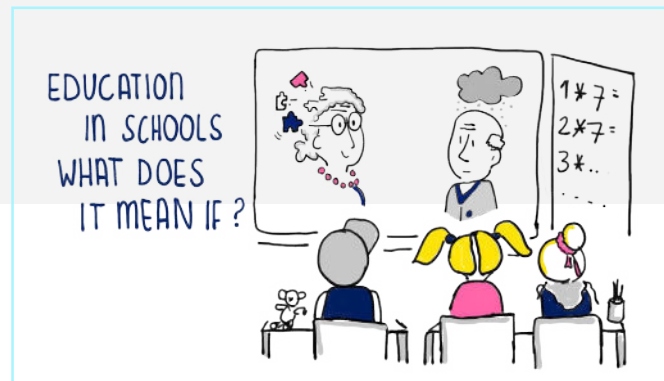
To make children in Year 7/8 of a primary school aware of what it means to have dementia and/or depression and what impact this has on the elderly as well as what the possible causes might be. Attention is also paid to informal caregivers and what it means to be an informal caregiver.

Target Group:

Children in Year 7/8 of the primary schools in a community.

Description:

The education includes two sessions, which might be on two different days. One session includes a low-threshold introduction covering topics of dementia, depression, and informal care. Children can start working on the topics in an interactive way in a traditional setting using information materials and/or with the assistance of an experienced expert. In the second session, children visit older people who are living in an old-people's home. The aim is to arrange a joint activity.



Requirements; what does a community need to invest:

Materials & Logistics: Classroom, beamer, sound installation, digiboard. Recruit an experienced expert. Transporting the children from school to the old-people's home and back.

Staff: Contact person from the community and the primary school.

Other: The community or the primary school needs to search for an experienced expert from the community. The coordinator can assist and indicate where to look. For example, it is recommended to make contact with the local interest organisations.

Timeframe implementation activity:

The activity can be repeated annually. The planning and timeframe will be determined in consultation with the contact person of the community and the primary school. The timeframe depends on the fact that an experienced experts needs to be found and an appointment made with the old-people's home.

INLIFE

Domain:
Dementia

WHO Pillars:
Participation



Objective:

Inlife is part of the Toolbox for Caregiver Support, which the Alzheimer Center Limburg uses to offer customised caregiver support to the community. Inlife is a secure, online support network for caregivers of people with dementia to involve their friends, family and care professionals.

Target Group:

Communities that would like to work with Alzheimer Center Limburg to help support caregivers of people with dementia. Inlife and its Toolbox will help involve the networks of people with dementia in caregiving.

Description:

To improve the support for caregivers of people with dementia in the community, Inlife and its accompanying Toolbox for Caregiver Support offer ways to involve both the network around the person with dementia and the local community.

- Inlife: A virtual social environment supporting and bringing together family, friends and neighbours on one personal website. This site facilitates the involvement and support of these people in the daily lives of the people with dementia and their carers through a number of features, including:
 - o Easily accessible exchange of personal experiences and events on a Timeline using messages, photos or videos.
 - o A summary of personal information, wishes and preferences regarding support needs and opportunities.
 - o A calendar to share important events and plan appointments and visits.
 - o Linking requests for help and offers for help from the individual network.
 - o Planning of help such as visiting times and availability of those involved.
 - o In the Care Book, personal relevant care information and contact details can be shared for the transfer of care to other persons.
 - o An overview and reminders of actions / tasks.

... INLIFE

- **Toolbox for Caregiver Support:** To make sure that Inlife users receive the necessary real-life support and help, the Toolbox offers the following activities from which the communities are free to pick and choose (none/some/all):
 - o Help and Support from Inlife developers, Alzheimer Center Limburg.
 - o For content-related questions.
 - o For technical support.
 - o Stakeholder Meeting.
 - o Meeting between Community and ACL representatives.
 - o Discussion with ACL and community about implementing Inlife.
 - o Customised analysis of barriers and facilitators to implementing Inlife in the community in question.
 - o Ambassador training.
 - o Caregiver Meeting.
 - o Meeting with community, ACL representatives and caregivers of people with dementia from the community.
 - o Presentation on caregiver support by ACL representative.
 - o Specialised information materials for caregivers of people with dementia about the importance of caregiver support.
 - o Customised advice.

Requirements; what does a community need to invest:

Materials & Logistics: Availability of a computer, internet connection, tablet or mobile phone and a meeting room. Dependent on whether the community chooses to hold the meetings suggested in the Toolbox. In this case, the community provides the meeting location.

Staff: A contact person, who works with ACL to involve local stakeholders.

Timeframe implementation activity:

Inlife is a ready-to-use intervention. The Stakeholder Meeting and Caregiver Support Meeting can be planned at the community's convenience.

IT'S RAINING ON MY NOSE

Domain:

Depression

WHO Pillars:

Participation



Objective:

'It's raining on my nose' is a project which opens up debate about depression through an exhibition of self-made art produced by people who are connected with depression.

Target Group:

People who come into contact with depression (patients, (informal) caregivers, family, friends, people in rest homes, etc.) and the general public.

Description:

'It's raining on my nose' is a unique exhibition about depression in a library. The works of art are very diversified and they have all been produced by people who have to deal with depression in their close environment or from distance. The exhibition aims to draw attention to depression and open it up to debate. We try to bring (informal) caregivers into contact with each other and provide a realistic view of depression. We also try to give other citizens a picture of depression.

The project involves cooperation between the community and various partners who are in contact with people suffering from depression.

Requirements; what does a community need to invest:

Materials & Logistics:

- Location for exhibition (library).
- List of books about depression in the library.
- Information corner about depression.
- Promotional materials (Folder & Poster).
- Invitation to reception / opening event.
- Materials for reception (drinks, food, etc.).
- Press release.

Staff: Coordinators & volunteers.

Timeframe implementation activity:

Implementation: 1-3 months. Duration of the project: 6 months.

PARTNER IN BALANCE

Domain:
Dementia

WHO Pillars:
Participation, Health



Objective:

Partner in Balance is part of the Toolbox for Caregiver Support, which the Alzheimer Center Limburg uses to offer customised caregiver support to the community. Partner in Balance is a 'blended care' self-management programme that aims to support dementia caregivers by empowering caregivers and increasing their self-confidence and quality of life.

Target Group:

Communities that would like to work with Alzheimer Center Limburg to help support caregivers of people with dementia. Partner in Balance and its Toolbox will help caregivers feel more confident about their role as a caregiver and involve the networks of people with dementia in caregiving.

Description:

To improve the support for caregivers of people with dementia in the community, Partner in Balance and its accompanying Toolbox for Caregiver Support offer ways to involve both the network around the person with dementia and the local community.

- Partner in Balance: The blended care self-management program consists of:
 - o A face-to-face intake session with the personal coach to familiarise caregivers with the coach and programme, set goals and select relevant modules/themes.
 - o Engagement in available online thematic modules including psycho-education, behavioural modelling, reflective assignments, change plans and e-mail feedback from a coach over an eight-week period.
 - o A face-to-face evaluation session with the coach in which previously set goals are assessed.
- Module themes are Acceptance, Balance in activities, Communication, Coping with stress, Focusing on the positive, Insecurities and rumination, Self-understanding, the Changing family member, and Social relations and support.
- The coaches will be provided by the municipalities (e.g. case managers, social workers, informal care consultants, etc).

- Toolbox for Caregiver Support: To ensure that Partner in Balance users receive the necessary real-life support, the Toolbox offers the following activities from which the communities are free to pick and choose (none/some/all):
 - o Help and Support from Partner in Balance developers, Alzheimer Center Limburg
 - o For content-related questions.
 - o For technical support.
 - o Stakeholder Meeting.
 - o Meeting between Community and ACL representatives.
 - o Discussion with ACL and community about implementing Partner in Balance.
 - o Identification of strategies to recruit the Partner in Balance coaches.
 - o Customised analysis of barriers and facilitators to implementing Partner in Balance in the community in question.
 - o Ambassador training.
 - o Caregiver Meeting.
 - o Meeting with community, ACL representatives and caregivers of people with dementia from the community.
 - o Presentation on caregiver support by ACL representative.
 - o Specialised information materials for caregivers of people with dementia about the importance of caregiver support.
 - o Customised advice.

Requirements; what does a community need to invest:

Materials & Logistics: Availability of a computer, internet connection, tablet or mobile phone and a meeting room. Dependent on whether the community chooses to hold the meetings suggested in the Toolbox. In this case, the community provides the meeting location.

Staff: A contact person, who works with ACL to involve local stakeholders.

Other: Partner in Balance coach.

Timeframe implementation activity:

Partner in Balance is a ready-to-use intervention. The Stakeholder Meeting and Caregiver Support Meeting can be planned at the community's convenience.

POSITIVE HEALTH

Domain:

Dementia, Depression
(and a wider field)

WHO Pillars:

Participation, Health

Towards a patient-centred operationalisation of the new dynamic concept of health.



Objective:

The aim of the “positive health” workshop is to create awareness and to operationalise the new dynamic concept of health named ‘Positive health’. Positive health means that health is the “ability to adapt and to self-manage in light of the physical, emotional and social challenges of life”. It stands for a broad view of health, in which health is considered to be the dynamic ability to adapt and manage one’s own well-being.

Target group:

The target groups are senior citizens and informal caregivers. However, it could be deployed more broadly. The workshop is also suitable to offer to civil servants and to all the people in a community.

Description:

During the workshop, participants will be inspired and motivated to explore the concept of ‘Positive health’ and work with the concept in an interactive way in order to gain insights and to learn more about the experiences of other people, including people with dementia or depression and informal caregivers.

- The workshop will be given by trained volunteers.
- The workshop will take about one and a half hours.
- It can be given in larger groups. Because of the need for everyone to participate actively, the group will be divided into several subgroups.
- The workshop programme will be varied, interactive and adapted to the specific group of participants.
- It includes a short film or an oral presentation by the trainer and an introduction of the theme.
- It also focuses on the questions ‘what does health mean for me’, ‘what would I like to change’ and ‘how can I communicate with professionals about my health?’.

Requirements; what does a community need to invest:

Materials & Logistics:

- A meeting room where the workshop can be given with tables and chairs, coffee and tea.
- Material for showing a film, laptop, beamer and sound check.
- Printed versions of the tool and other information.

Staff: Contact person of the community needs to recruit participants or contact another organisation within the community who will recruit the participants.

Other: PR and communication about the workshop.

Timeframe implementation activity:

Implementation will depend on when a room is available and when the participants are recruited. The trained volunteers may need time to adapt the workshop for the specific communities.

PSYCHOEDUCATION ON MEMORY

Domain:	WHO Pillars:
Dementia & Depression	Participation, Health, Security

Objective:

- Understanding the different types of memory.
- Understanding the normal ageing of memory functions.
- Understanding strategies to optimise memory use.
- Understanding pathological memory.
- Understanding strategies to promote preserved capacities.

Target Group:

The direct target participants are any people from the community.
There is no maximum number of participants.

Description:

The Psychoeducation on Memory consists of:

- 1-Hour presentation of the above information.
- 1-Hour discussion with participants.
- 1 Folder with summary of the information.
- 1 PowerPoint file to enable the person in charge of the activity in the community to share the activity.



TELEPHONE STAR

Domain:	WHO Pillars:
Depression	Participation, Security, Security

Objective:

The objective of the project is to draw older people out of their isolation and to detect any problems.

Target Group:

- (Socially isolated) senior citizens.
- Senior citizens who never leave their homes.

Description:

At regular times (1x/week, 1x/3 days, etc.), a volunteer makes a phone call (10-15 min.) to (isolated) older people.
During this phone call, the volunteer:

- Offers a short, enjoyable conversation to hear how things are going. Sometimes the conversations can be emotionally very heavy. In this case, the volunteer has to be well trained.
- Provides practical information and information about activities in the community.
- Detects needs of the client and reports problems to the coordinator.



Requirements; what does a community need to invest:

Materials & Logistics:

- Announcement to recruit volunteers.
- Office equipment: paper, pencils, folders, etc.
- Desk or office.
- Phone.

Staff:

- One professional (social worker) to coordinate the project and to support the volunteers.
- Volunteers.

Timeframe implementation activity:

Implementation: +/- 3 months. Project duration: unlimited.

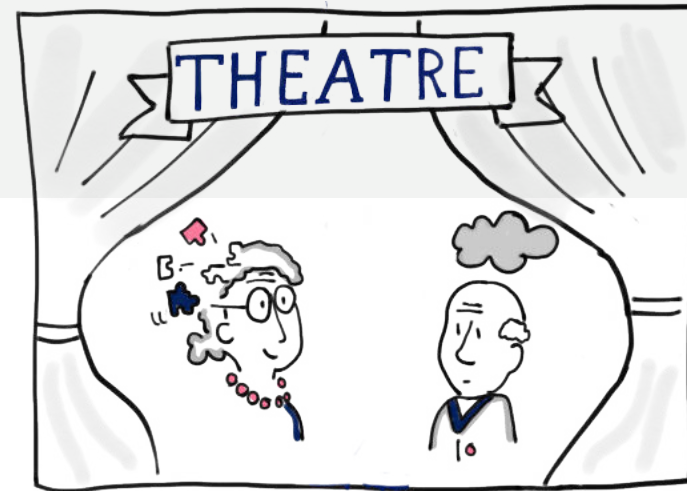
THEATRE

Domain:

Dementia &
Depression

WHO Pillars:

Participation, Health



Objective:

To break the taboo on dementia and depression:

The audience

- Feels and understands the (emotional) impact of dementia and age-related depression on families.
- Is stimulated to talk with one another about this impact and share their own stories in order to break the taboo.

Target Group:

The community can decide who to invite for the play. This can be specifically targeted at senior citizens and informal caregivers or a general invitation to all inhabitants of a community. Specific groups such as professional caregivers or civil servants can also be targeted.

Description:

In the play, the audience will experience the ungraspable and the unspeakable aspects of dementia and age-related depression. (Length: 30 mins) After the play there is a (guided but unstructured) talk when the audience can exchange reactions, thoughts, stories, etc. Experience shows that there is always a lot to talk about. (Length: 30 mins) This 'play & after talk' combination will be repeated three times on the same day and at the same location. A maximum of 25 people are invited to each play (75 people in one day).

The time schedule will be:

- Play 1 (length: 1 hour). ←starting NO EARLIER THAN 10 a.m.→
- Break (30 minutes).
- Play 2 (length: 1 hour).
- Break (30 minutes).
- Play 3 (length: 1 hour). ←starting NO LATER THAN 8.30 p.m.→

Requirements; what does a community need to invest:

Materials & Logistics: Room with:

- A door (that can be closed) and a power socket.
- An empty corner measuring 3m x 3m (without windows, doors, heater, closets, etc.).
- 25 Chairs placed around this corner in a quarter circle (two rows).

This room needs to be available for the actors one hour before the activity starts.

Staff: A contact person for future questions needs to be present. He/she can tell people where (in the community) they can go if they have questions.

Timeframe implementation activity:

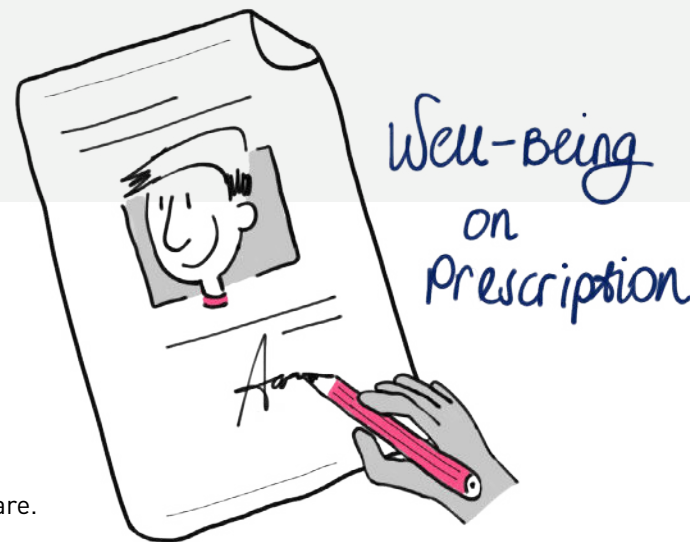
The play is available immediately.

The exact date will be determined between the community and the theatre group.

WELL-BEING ON PRESCRIPTION

Domain:
Depression

WHO Pillars:
Participation, Health



Objective:

- By coaching and observing people with minor complaints (not medical), their well-being and mental health will be improved.
- First-line workers are aware of the positive effects of well-being activities to avoid a referral to psychological care.

Target Group:

People with complaints (not medical) affecting their own well-being (desolate, tired, tense, lonely, etc.)

Description:

- The general practitioner or first-line worker refers a person with minor psychological and social complaints to a well-being coach.
- The coach, with the client, draws up a plan to improve mental health and willpower.
- In one or more contacts between the coach and client, the problem will be clarified and the options open to the client discussed.
- The coach supports the client during the course.
- Afterwards the coach will discuss the course with the general practitioner or first-line worker.
- By choosing the right activities, people can work on their well-being themselves.
- This makes it possible to avoid these people having to be referred to psychological care.

Requirements; what does a community need to invest:

Materials & Logistics:

- Communication and promotional materials.
- Inventarisation of activities and offers in the community.
- Office for the coach.

Staff:

- Social worker to coordinate the project.
- Coach (can be the social worker).
- Commitment of first-line workers.

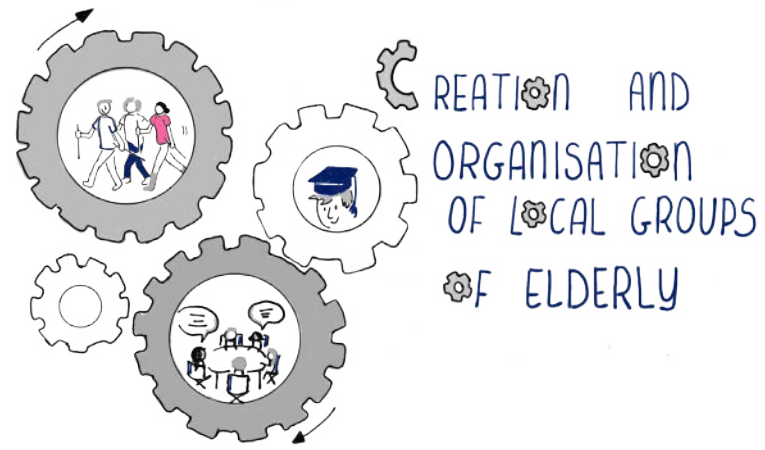
Timeframe implementation activity:

3-6 months.

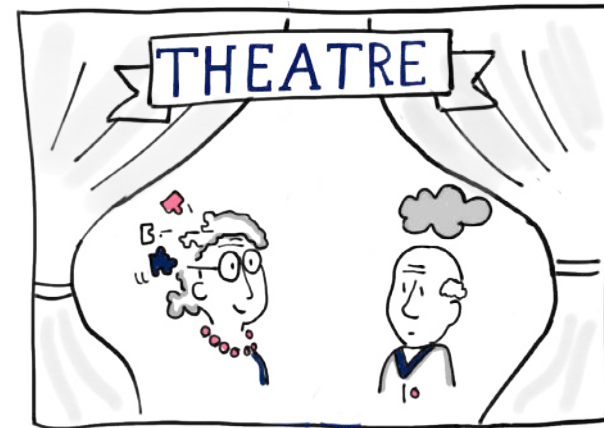
OVERVIEW OF PARTICIPATING MUNICIPALITIES

Appendix 1

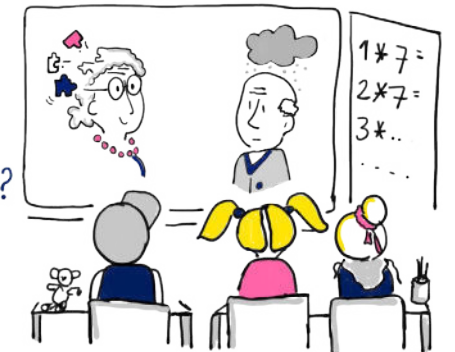
Belgium	Germany	The Netherlands
Amel	Aldenhoven	Beek
As	Dahlem	Beesel
Hamont-Achel	Euskirchen	Eijsden-Margraten
Hasselt	Erkelenz	Kerkrade
Kelmis	Herzogenrath	Maastricht
Liège	Hückelhoven	Mook
Plombières	Jülich	Onderbanken-Nuth-Schinnen (Beekdaelen)
Tessenderlo	Stolberg	Roermond
Thimister-Clermont	Wassenberg	Valkenburg aan de Geul
Verviers	Wegberg	Venlo
		Venray
		Weert



PARTNER IN BALANCE



EDUCATION
IN SCHOOLS
WHAT DOES
IT MEAN IF ?



“

Together we are creating Senior Friendly Communities in a cross-border setting to ensure that all senior citizens in the Euregio Meuse-Rhine can continue to enjoy participating in daily life.

”

WWW.EUPREVENT.EU/SFC/

