eUPREVENT | SFC
senior friendly communities

Building and sustaining a senior-friendly community movement

Marja Veenstra and Brigitte van der Zanden (eds)

Live safely, Enjoy life, Stay involved.

Crossing borders in health

COLOPHON

'Live safely, Enjoy life, Stay involved'

www.euprevent.eu/sfc

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PREFACE

It is our pleasure to present this book about Senior-Friendly Communities (SFC), in which we describe the results of our euPrevent project. In this project, nine different partners worked together with 32 municipalities in the Euregion Meuse-Rhine, with the aim of making the euregion a friendlier place to live for our elderly. Cooperation between the different sectors (local authorities, health institutions, and knowledge institutes) and between the different countries and regions is the key to this.

´Live safely, enjoy life, stay involved' is the motto of our project. If we make our society more senior-friendly, people can grow old while remaining healthy and safe and can continue to participate in society. Just as there are already various adaptations for people with a physical disability, adaptations will also have to be made in the living environment for elderly people with dementia and/or depression.

It starts with awareness - awareness that old age can present challenges - reduced bodily functions, increasing dependence on medicines, and the death of friends. But also the awareness that, despite these challenges, a meaningful life is possible, and the awareness that we can learn a lot from each generation. Awareness through low-threshold activities such as being creative together, but also awareness that communities can and must play a role.

It all begins and ends with you. With the SFC project, we wanted to start a movement, but we can only keep this movement active through your efforts. With this book, we would like to encourage communities to use our approach to make their environment more senior-friendly.

In this book, we share our experiences from the past three years and describe the lessons we have learned during that period. We hope it will help you to continue implementing our senior-friendly initiatives, and wish you lots of fun and inspiration.

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CHAPTER 1 **INTRODUCTION**

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1. Background

As the relative number of older persons within the overall population increases, so does the need for care, facilities, and awareness of their needs. The municipalities within the Euregion Meuse-Rhine have a similar demographic composition and therefore also confront the same challenge, namely an ageing population. Preventive measures and structural changes are essential in order to ensure that older persons can continue to participate in society as long as possible. Local authorities need to be supported in their efforts to create an environment that facilitates a more informal healthcare system. In addition, we wish to encourage municipalities to work together in order to face this challenge more effectively.

Due to the regional differences in the approach taken as well as in laws and regulations, benefits can be realised via a cross-border sharing of information and experiences. The nine partners of the project euPrevent Senior Friendly Communities are tackling this challenge in collaboration with the 32 participating municipalities.

2. The project euPrevent *Senior Friendly Communities*

The three-year project, euPrevent Senior Friendly Communities, was started in the fall of 2016 and is scheduled for completion at the end of 2019. Against the background of an ageing population, the goal of the project is to establish senior-friendly municipalities, in other words municipalities with a focus on care, caregivers, and overall acceptance. This will allow residents to remain healthy and feel safe as they grow older and to participate in society as long as possible.

The focus of the project lies on the mental health of seniors, with special attention being paid to dementia and late-life depression. More specifically, the project targets policy and activities for seniors with dementia or late-life depression and their informal caregivers. The underlying framework for this is the concept of Active Ageing, as defined by the World Health Organisation (WHO) (WHO, 2002). The WHO is an organisation of the United Nations that deals specifically with health. The WHO defines older persons, also referred to as seniors, as persons who are 60 years or older (WHO, 2002, p. 4).

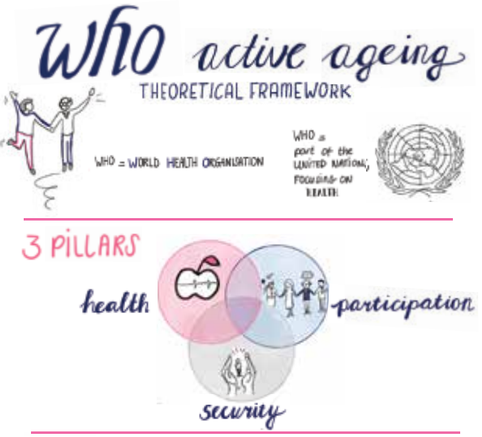
The guideline used in the project, euPrevent Senior Friendly Communities, is 65 years or older, but municipalities are free to set their own age limit in this regard.

3. Wereldgezondheidsorganisatie: *Active Ageing* en *Healthy Ageing*

The World Health organisation (WHO) views the ageing population as a challenge and thinks that actions within the frameworks of Active Ageing and Healthy Ageing can tackle this challenge effectively. The WHO emphasises that within Active Ageing as well as Healthy Ageing various sectors need to work together in order to support ageing societies and ensure that seniors are able to maintain and develop their feeling of well-being and functional capacity.

The WHO has defined three pillars within the framework of Active Ageing: health, participation, and safety. According to the advice given by the WHO, policy should not be focused exclusively on the avoidance of risk factors and the promotion of protective factors. Active ageing also demands that seniors can continue to take part in day-to-day life and that the social, financial, and physical safety of seniors and of their informal caregivers are assured.

According to the WHO, active ageing policy and programmes for the elderly should be based on the rights, needs, preferences and capacities of the elderly. The various ways in which people age should be taken into account. Remaining active means more than just physical activity. It is also about participation, making a meaningful contribution to society. It is important that the elderly can continue to participate under the best possible circumstances in relation to physical, mental and social health. This is why, as part of the project euPrevent Senior Friendly Communities, attention is paid to the various ways in which municipalities encourage the health, participation and safety of the elderly.



4. Stages within the project

The project provides tailor-made deliverables per municipality, implemented in four stages.

Stage 1: Analysis of the needs in the participating municipalities

We started in each municipality by identifying the existing range of services available for seniors with incipient dementia or late-life depression and their informal caregivers in relation to the local needs. To do so, we used an online tool that can be found on the website of euPrevent (https://tools.euprevent.eu/ca3/Tool/view/0/). We looked at municipal policy as well as the range of facilities and activities on offer. The results of the first assessment can be read in the EMR assessment report (Schichel et al., 2017). This assessment consisted of a questionnaire and observations by *mystery guests*. *Mystery guests* took on the role of a local resident and, based on two different cases, investigated how accessible/approachable the participating municipality was for persons in search of help.

Stage 2: Selection of concrete activities per municipality on the basis of an activity buffet.

Municipalities could choose activities from a so-called activity buffet. The activities from this buffet targeted the mental health of seniors with a special focus on dementia and late-life depression. The activities fit within the theoretical framework of *Active Ageing*. The participating municipalities could choose a customised package of activities and implement them in their own municipality.

Stage 3: Implementation of the activities in the municipalities with the support of the partners.

The activities chosen were implemented with the help of the project partners. Wherever necessary, the regional coordinators maintained contacts with the municipality in their region. In addition, the project facilitated mutual cooperation between the various municipalities.

Stage 4: Preparation of a sustainability plan.

Now that the project is nearing completion, there is a last step still to take: ensuring that the municipalities continue to act on behalf of the target groups by using the knowledge and experience gained to formulate policy specifically in the interest of seniors and to also translate this policy into concrete action. In anticipation of this sustainability plan, an assessment was again made in interaction with the municipalities, whereby the current state of affairs was evaluated after a period of three years as well as the needs and experiences identified in the course of the project. Each municipality has received its own sustainability plan. The results of this second assessment are described in chapter 2.

5. Sustainability

All the products developed within this project are available in the three languages of the EMR (Euregion Meuse-Rhine) and in a few cases also in English. You can access these on the project website: **https://euprevent.eu/sfc/**

The products we developed, in addition to this book of course, are:

1. Book *The art of growing older*

This book focuses on the activity *It's raining on my nose*. Seniors suffering from depression or dementia as well as other residents of municipalities were invited to create something artistic in relation to the theme of late-life depression. This resulted in over 100 beautiful creations! *The art of growing older* takes you on a trip to visit the various "artists" and their involvement in the themes concerned. They live throughout the entire Euregion.

2. Website *Euregional Health Atlas*

At http://euregionalhealthatlas.eu/ you can find reliable statistics and information on the health and well-being of the residents of the Euregion Meuse-Rhine (EMR). The dashboard contains data on the Belgian, German, and Dutch parts of the EMR.

3. Tool *euPrevent online assessment*

The assessment that gives municipalities insight into the nature, scale, and urgency of the issues at hand and that helps them identify which stakeholders are already active and what they are all doing has been transformed by the project organisation into an online tool (https://tools.euprevent.eu/ca3/Tool/view/0/). The tool can be used by municipalities all over the world, free of charge, to analyse their own situation.

4. Activity buffet

The activities that were made available within the framework of the project euPrevent *Senior Friendly Communities* are described on the project website (https://euprevent.eu/nl/sfc/). The contact details of the 'owners' of the activities are also listed.

5. Guideline for resilient municipalities

The appendix to this book contains a guideline that municipalities can use for promoting resilience and preventing depression via the step-by-step development of policy and action plans and their implementation.

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1. Introduction

This chapter provides an overview of the results of the second assessment carried out in all municipalities participating in the project from the five regions. In the first assessment (Schichel et al., 2017), dementia and depression under seniors in the municipalities was investigated via a self-assessment questionnaire and the use of *mystery guests*, after which the municipalities were provided with tools to help them formulate policy based on the three WHO pillars.

The second assessment was also carried out via a questionnaire, whereby the municipalities were asked about their experiences during the project and the current situation. Their answers form a self-assessment. The intention was not to compare municipalities (benchmarking) or to identify particular municipalities as being more senior-friendly.

This chapter describes the most important results of the second assessment and presents a summary of: (i) the current state of affairs with regard to the themes of dementia, late-life depression, and informal care in the municipality; (ii) any existing differences between municipalities between the results of the first and second assessment; (iii) the lessons learned by municipalities from their participation and the resulting benefits; (iv) the perceived importance of the central themes; (v) the choice and course of the activities from the Activity Buffet. The similarities and differences between countries and regions with regard to these topics are also discussed.

2. Method

The questions for the assessment were sent beforehand to the contact persons of each municipality participating in the Senior-Friendly Communities project. Based on these questions, the municipality then invited those persons who were best able to assess the present range of offerings and the current state of affairs with regard to policy and activities. Representatives of the municipality and/or other care or seniors organisations who were considered experts on the themes concerned or capable of providing added value were involved in the assessment. The most important findings were summarised at the level of the individual municipality, and every participating municipality received its own report. This chapter was written on the basis of all the assessments collectively, and the results for the entire Meuse-Rhine Euregio are summarised in it.

3. Results

3.1 General

3.1.1 State of affairs with regard to informal care, late-life depression, and dementia

Informal care

The Netherlands: In some circles a taboo still rests on the term "informal caregiver". Some people who actually provide informal care do not recognise themselves as such, and younger informal caregivers in particular often do not succeed in finding relevant support that may be available. In addition, people often find it difficult to let others take over the task of caregiving. The same people usually succeed in (repeatedly) finding available support, and relatively few new informal caregivers are able to access this support, whereas the number of informal caregivers continues to increase. Most municipalities offer informal care via an Informal Care Support Centre, welfare organisations, and Alzheimer Cafés. Informal caregivers are also often provided with support via the deployment of domestic help services. In most municipalities, respite care is available in the form of day-care and a temporary accommodation, but some municipalities are still looking for ways to provide some form of respite care. Consideration is also being given to the presence of support organisations for informal caregivers and ways to provide more information about activities closer to home.

Belgium: The Belgian municipalities stress the importance of short response times to requests and the ability to quickly refer people to the proper persons and authorities is important forms of support for informal caregivers. In addition, some municipalities organise support groups and peer groups, although they also indicate that informal caregivers are not very enthusiastic when it comes to participating in the activities organised by the municipalities. Some municipalities wish to provide more support within the framework of municipal policy, for example by providing informal care bonuses, individual consultations, and activities marking Informal Caregivers' Day. Other municipalities are already doing this, as they consider it important to show their appreciation for informal caregivers.

Germany: Some German municipalities indicate that providing support for informal care is not the responsibility of the municipality, but that this is organised within the private sector. Municipalities that

do organise activities for informal caregivers indicate that it is difficult to reach the right persons; the individuals concerned about this are already available. The persons in question have to be explicit about their request for help, and this often proves to be rather difficult. Municipalities also indicate that persons who play a major role when it comes to identifying and reporting relevant issues, such as family practitioners, should communicate more effectively regarding the need to provide support for informal caregivers.

Late-life depression

The Netherlands: Most municipalities indicate that the taboo resting on depression is bigger than the taboo on dementia. The fact that it is difficult to talk about depression is seen as something that is "intrinsic to the nature of the condition". As a result, symptoms often remain hidden or express themselves in the form of somatic symptoms that then become the focus of attention. That is also why some municipalities do not see this as a taboo but rather as a kind of reluctance. Some municipalities indicate that the taboo is greater under seniors due to the generational difference ("don't complain, just get on with it") whereas others indicate that it is also difficult for younger people to talk openly about depression as the reasons for the depression are then searched for.

Depression often falls within the framework of general or more broadly based policy targeting vulnerable groups. For example, none of the municipalities have a specific depression consultant, and there are also no plans to deploy one. The family practitioner, POH-GGZ (psychiatric care support assistant), social worker, and neighbourhood social support teams are often seen as being responsible for identifying and reporting relevant issues. The role of the municipality in its own eyes consists of being familiar with the issues at hand and referring persons further in a focused and targeted manner. Examples are provided of activities aimed at depression prevention, but doubts are regularly expressed about how the municipality relates to and deals with depression due to the existing taboo. However, some municipalities do have examples that appear to work effectively, such as deploying hands-on experts who share their story in various locations in order to lift the taboo.

The topic of loneliness gets more attention from most municipalities as a result of national campaigns and reports on figures within the municipality itself. Depression is also included within this context as an aspect of loneliness and, on the other hand, loneliness is also perceived as a risk factor for late-life depression. However, a comment also made in this regard is that identifying loneliness as a potential issue can also lead to a person being 'stigmatised' and that one needs to be careful in this regard when it comes to implementing campaigns aimed at dealing with loneliness. The link with "undisclosed poverty", with which loneliness is often associated and which is already targeted by policy, is also mentioned. In other municipalities, policy in relation to depression is something that is already on the agenda but that still requires concrete action.

Belgium: There is a big taboo surrounding depression, particularly in rural areas where everyone knows each other. However, according to some municipalities, this is changing due to increasing public awareness of this issue. A few municipalities indicate that the taboo under informal caregivers is even bigger than under the persons actually suffering from depression themselves.

Although municipal policy is not specifically focused on depression, many municipalities do focus on preventing and dealing with loneliness, which is perceived as being associated with depression. Some smaller municipalities indicate that they are too small to focus on a specific theme. On the other hand, smaller municipalities often benefit from the fact that there is greater awareness on a local level of which individuals may be at risk of depression. However, a disadvantage of smaller municipalities is that persons are often afraid to go to facilities focused on the treatment or prevention of depression or loneliness for fear of immediately being recognised. Most municipalities indicate that they do not have a depression consultant and that they consider it more the responsibility of the family practitioner or medical specialist to identify and warn of individuals at risk, but that support is available if requested.

Germany: The taboo surrounding depression is also higher in the German municipalities than the taboo surrounding dementia. If the individuals affected do not wish to talk about it, family members will also not do so. Most municipalities indicate that help is available if requested, but that prevention and identifying/providing warnings of depression are not the responsibility of the municipality. Some municipalities make it clear that the privacy laws would not even permit this. The municipalities generally think that the task of identifying and providing warning signals with regard to persons at risk is the responsibility of informal local social control.

The municipalities do not have a depression consultant and have no plans to appoint one. There are adequate support options available within the municipality if requested. A few municipalities organise specific

activities such as seniors' afternoons and (sports) clubs with the aim of preventing loneliness under older persons.

Referring persons to appropriate care providers is seen as a task for the municipality. A few municipalities therefore prepare a seniors' guide that describes the route to possible contacts and care.

Dementia

The Netherlands: According to all municipalities, the taboo surrounding dementia is less than the taboo surrounding depression. Almost all municipalities indicate that the taboo has decreased in recent years, particularly as a result of public information campaigns such as Dementia-Friendly Together, Working together to make Limburg Dementia-friendlier, My Brain Coach, Dementia information meetings, and Alzheimer Cafés. This is the focus of municipal as well as national efforts. There is increasing public awareness of dementia, and there is a greater demand for information on prevention and support, as attested to by the high attendance numbers for information meetings and courses. A few municipalities indicate that the persons in question are actually 'more accepted than they themselves realise'.

When it comes to identifying and warning of individuals at risk, some municipalities wonder whether this is the responsibility of the municipality or actually of the family practitioner. Although there is an awareness that dementia is still often recognised much too late, it is also true that the taboo surrounding dementia has decreased in recent years as a result of trainings focused on recognising and dealing with dementia. Others indicate that they do see the municipality as having a role to play when it comes to identifying and providing warnings of dementia. Training their own employees and other organisations who come into contact with clients in recognising and dealing with dementia is an important part of this. In addition, alerts regarding depression are often provided by volunteers who visit older persons and/or provide them with advice as well as neighbourhood support teams.

The role of dementia consultant is often filled by the dementia case manager, funded via the Healthcare Insurance Act. Long-term care (WLZ) clients (home nursing care, assisted living facility et cetera) are not dealt with via the municipality. Respite care is actually organised by the municipality. According to some municipalities, prevention is playing an increasingly important role. It is important to increase public awareness from a young age onwards, and health policy is focusing on this aspect. However, according to others, there's nothing that can be done about dementia, and they do not develop any policy for prevention in this area. In relation to the physical environment, municipalities are now primarily aware of challenges. Possible solutions in this area may depend on encouraging feelings of safety as well as mobility.

Belgium: The consensus in the Belgian municipalities is also that the taboo surrounding depression is bigger than the taboo on dementia. Informal caregivers of persons with dementia often do wish to talk about it, as the need for care and support for a family member often outweighs any feelings of shame. Dementia is seen as a sickness that can be diagnosed, whereas depression is often still seen as something that you can deal with by yourself.

According to the municipalities, people with dementia themselves feel that the taboo is bigger and deny that there is a problem. According to some municipalities, local residents prefer to talk about forgetfulness rather than about dementia. Close relatives and friends care for the person with dementia as long as possible, and professional care becomes involved only after informal care is really no longer an option. According to most municipalities, there is something like a dementia consultant available who you can contact and who can refer you to the appropriate care provider. Sometimes this person is not available in the initial stage of the problem but can be found within a long-term care institution and he/she can guide you there appropriately. Many municipalities are considering options for making the physical environment more dementia-friendly, for example by training shop owners and members of the police to recognise and deal with dementia appropriately.

Germany: In German municipalities the taboo surrounding dementia is also less severe than the taboo surrounding depression. In recent years, municipalities have organised more events focusing on dementia, and informal caregivers in particular are more open about the illness. However, this is true primarily of the persons affected by it, whereas persons not affected do not consider it a topic that the municipality should pay attention to. If the municipality does pay attention to this topic, the focus is on education and information. In addition, most municipalities participate in various organisations such as the Alzheimer Association and care institutions for the purpose of making support available (via referrals). According to some municipalities, the policy on dementia less of a political strategy and more of a theme that the municipality wishes to implement.

Within the context of identifying and warning about depression, several municipalities provide information on how to recognise and deal with dementia, for

example to schools, administrative municipal employees, firefighters et cetera. A few municipalities are involved in setting up neighbourhood networks of volunteers who are given the task of identifying and warning about depression. However, according to some municipalities, education and information activities are not yet being implemented in a structured fashion and major improvements are still possible in this area.
The municipalities are divided with regard to a dementia consultant. Some municipalities have no specific contact person available, as they do not yet recognise dementia as a topic for the municipality, whereas other municipalities have a permanent dementia contact person, for example within a seniors centre, which can then refer persons to the appropriate care organisation. In some municipalities, this role is filled by a professional and in others by volunteers.

3.1.2 Changes since the first assessment

During the first assessment, a great deal of information was collected from the various municipalities to evaluate the current state of affairs. Most of the questions asked during the second assessment remained the same in order to determine whether changes had taken place during the period of participation in the *Senior Friendly Communities* project. A number of these changes are described in this section.

Awareness

One of the questions asked is about a change in awareness within the municipality since the start of the project. Most of the municipalities report a positive change in awareness, but this applies in particular to the persons internally involved in the project such as the alderman and the persons who organised the activities. However, according to most municipalities the local residents were not really influenced by the project, although there were of course a few exceptions. For example, one municipality, where a primary school was involved in the project, reported that the awareness of the participating children really did increase: '*... helping seniors there has now become the norm*'. The realisation has also sunk in that raising the level of awareness is a long-term proposition and that repetition is important in keeping attention focused on the topic at hand.
'Working on raising the level of awareness is now one of our basic building blocks.'

To realise this, it's important to first create a sense of internal awareness and urgency, after which the message can be effectively communicated via a policy official involved in the project and an active working group.
On a small scale, reports were received that the taboo seems to have been broken a bit. For example, one municipality reported that, after presentation of the play about dementia, family members shared their experiences with each other, which would normally not have been an easy thing to do. People realised that they were not the only ones in this situation and that they were all in the same boat together.

Late-life depression

In the previous report, a municipality mentioned that the theme of awareness regarding dementia had been a focus of attention for some time already, for about three years, but that late-life depression was a much harder nut to crack, as it was subject to a much heavier taboo. However, activities focusing on this theme attracted greater numbers of people than expected.

Euregional cooperation

Looking back at the first assessment, we see that almost all municipalities showed some interest in cross-border cooperation with other municipalities within the Meuse-Rhine Euregion in order to share best practices. At the time, the most frequently mentioned expected obstacles to Euregional cooperation were (in random order): lack of familiarity with the employees in a different municipality, lack of familiarity with the work of a different municipality across the border, differences in regulations and laws, the lack of an overview of the first three aspects, language barriers, time pressure, an unwillingness to prioritise the topic, and budgetary limitations.
In this second assessment, many municipalities report (as expected in the first assessment) that cooperation is made more difficult by the fact that the working procedures and the organisation of activities in the various municipalities differ from each other. On a Euregional level, most municipalities seem to think that no major benefits were to be realised in this regard. For example, the Meuse-Rhine Euregion is rather far off from the perspective of the Dutch region of North Limburg, in particular for smaller municipalities which have limited resources to invest in this project. However, "looking across the border" is still considered to be very important in spite of the different structures. It turns out that municipalities often have the same mindset and are eager to learn from each other. Much can be learned from each other in the future simply by observing and comparing. One of the municipalities now reports that the cooperation at the Euregional

level has improved and finds it inspiring to broaden its field of vision in this way. The SFC project also creates a potential for a larger network.

Has SFC changed anything?

One of the municipalities put it very nicely: 'As a result of SFC, this issue has now become *a social issue and no longer simply a medical issue*.'

Another municipality had the following to say: '*It made me realise that we had actually made more progress than we ourselves realised. I find that to be important - not that we are so actively involved from a policy perspective but rather in terms of practical day-to-day matters*.'

Another municipality put it as follows: *'The topic is already very much a matter of discussion, perhaps even more than we thought. All the groups that we dealt with, ranging from the schools to the institutions, are very interested. It also gave us a small but important encouragement to continue our work for seniors and persons with dementia.'*

As it turns out, one of the benefits of a project like this is that it makes you alert to necessary changes. However, it also forces you to confront operational setbacks in terms of time, personnel, and money.

Participation in the project is very motivational, but it also makes you realise that it costs a great deal of time to implement sustainable changes.

What is needed to implement more change?

It's very important to have employees who are committed to the project and are willing to get things moving. A proactive working group can get an enormous amount of work done. Volunteers are also essential.

An often heard comment is that it's a shame that some of the activities were only on a one-off basis. Something sustainable and a permanent structure are needed to bring real change. The real challenge is not to organise too many stand-alone events but rather to set up a sustainable movement and flow within a municipality. But this requires funding, and that can quickly become a problem (also see section 3.2.3 about the activities).

Scores

In the assessment, in addition to the open questions, municipalities were also asked a number of questions that they had to answer by awarding a score ranging between 1 (very little) and 5 (very much). A brief overview follows.

- In response to the question, 'To what degree does your municipality implement policy focusing on the theme of "depression consultant"?', the scores awarded in Germany are a bit higher than in the other two countries. Most municipalities in the Netherlands (with two exceptions) receive a score of 0 or 1, as is the case in Belgium.
- The responses to the question, 'To what degree does your municipality implement policy that provides support to informal caregivers in carrying out their tasks?', make it clear that the Netherlands is front runner in this respect.
- In all three countries, high scores are reported in response to the question of whether there is a taboo on depression in the municipality. The response to the follow-up question, 'To what extent does your municipality implement policy that supports seniors with symptoms of depression?' indicates that the Netherlands receives high scores in this respect whereas the other two countries receive low scores.
- When it comes to identifying and reporting signs of loneliness within municipalities, Germany in particular receives low scores. However, activities are organised aimed at combating loneliness in many municipalities in all three countries.
- 'To what extent does your municipality implement policy focusing on the theme "social support map"?': Almost all the responses to this question resulted in high scores being assigned with the exception of a few Belgian municipalities.
- When it's about dementia consultants, the answers provided by municipalities in Belgium vary a great deal, as is the case in the Netherlands. In Germany, this topic is considered important in almost all municipalities and the scores assigned are generally high. When it comes to depression consultants, a striking aspect is that this topic is on the agenda in only a very few municipalities in the Netherlands.
- In response to the question, 'How much importance does your municipality attach to the theme "care volunteers?"' and the question, 'To what degree does your municipality implement policy focusing on the theme "care volunteers"?', all the scores assigned in all three countries were either 4 or 5, meaning this is considered very important everywhere.
- The above is also true of the topic "living at home longer".
- The question for which the responses given vary the most is the last question, which relates to the theme "short waiting times for (respite) care". Almost all municipalities in Belgium and the Netherlands score a 4 or 5 on this question: this topic is considered important and policy is focused on it. However, most of the municipalities in Germany score a 0 for this

question.

Some notable aspects

In one of the Belgian municipalities, the library purchased books and collections focusing on dementia and depression, with the intention of putting together "knapsacks" that interested persons could borrow as an information package.

In one of the municipalities, a person made it clear that he had hoped that there would be more attention paid to the project in political circles. However, a great deal in the world of politics seems to depend upon personal concern and involvement.

Many municipalities realise that, although they have much to offer within their municipality, the information and communication in this regard are still lacking. In some cases, the municipality itself lacks an overview of what is available. What is already available and which activities can also be used in a preventive fashion to combat loneliness, late-life depression, or excessive work pressure on informal caregivers?

3.2 Evaluation of the project

3.2.1 What lessons did the municipalities learn and what were the benefits?

The Netherlands: Municipalities chose to participate in the SFC project because the topics depression and dementia are important and have a high urgency for them. After all, the number of seniors is steadily increasing and therefore also the number of informal caregivers with a heavy workload. The issue of dementia is becoming increasingly important due to the ageing population. It is therefore one of the focal points of municipal policy, and municipalities are increasingly focusing on it.

Municipalities were generally convinced that it was important to raise the level of awareness with regard to mental health under seniors, and their informal caregivers, and that this SFC project offered them an excellent opportunity to obtain more insight into the local situation. Municipalities also wish to break the taboo surrounding these topics since they realise that people find it difficult to talk about issues such as loneliness, which is an important predictor for depression. The sharing of experiences between municipalities was also seen as a reason for participating.

The experiences with the SFC project are mostly positive, as it focused more attention on the problems faced by seniors. Participation in the SFC project therefore helped to raise the level of awareness. The municipalities agreed that there was an increased focus on late-life depression as well as dementia, particularly under the project employees. The theatre performance, the information market, and the *Week on Loneliness* all contributed to this. An opinion commonly heard was that the level of awareness under residents still needed to improve. It was difficult to determine whether this had already happened to some extent; time will tell.

Raising the level of awareness is a very important item on the agenda of some municipalities, and it is seen as a very relevant topic. Effective communication, repetition, and integration into policy are emphasised as being essential in order to reach and continue reaching as many residents as possible. A few municipalities indicate that the programme never really took off, perhaps because there were already a lot of activities being implemented in the area of dementia and informal care or because the programme may not have been in sync with the needs of the local community.

In addition to greater awareness, the project also resulted in better warning systems, advice, and follow-up care. According to some municipalities, more time will be needed to plan and implement all the activities and this could possibly provide greater benefits in future. At the start of the activities, the municipalities did not really have high expectations with regard to major steps being taken. This may also be one of the reasons why various municipalities indicate that the project did not immediately provide many significant results. The attitude was that any benefits in this phase, however small, would be welcome. If a municipality did indicate that the project or an activity did not have the expected results, it was often due to a negative experience with the communication training for entrepreneurs, the lack of an interim evaluation, or the lack of continuity.

The most important lesson learned by municipalities from participating in the SFC project is that more time needs to be reserved in future for organising the activities. Municipalities would have appreciated knowing beforehand that someone would be needed for the purpose of coordinating each activity. As it was, it was no easy matter to ensure that the right persons could be present for an activity. The person responsible did generally manage to finally show up but arrived very late.

The use of *mystery guests* was considered a useful addition, especially as this helped to identify improvement points. In spite of or perhaps because of the taboo on these topics, it is very important to discuss

them and focus attention on them. Municipalities became aware of this due to the high level of response to the project. Municipalities indicated that the issues dealt with are probably bigger than they originally thought or could see. Other municipalities were not able to say much about the lessons learned, as they were still busy implementing policy and activities.

Belgium: The main reasons for Belgian municipalities to participate in the SFC project are the same as for the Dutch municipalities: focusing more attention on the topics of dementia, depression, seniors, and informal caregivers. These topics are still viewed as taboo and by opening up a discussion on them, they hoped to lift the taboo and create greater awareness and understanding. The level of interest and number of questions regarding these topics are increasing. Municipalities needed more insight in order to be able to satisfy the need for information and to identify and strengthen the services and options available.
A number of municipalities wished to implement a more dementia-friendly policy with an emphasis on old-age policy, in part due to the ageing population. Additional reasons to participate included the opportunity to meet persons involved in the same subject matter and stakeholders in other municipalities, to learn about activities on the Activity Buffet, and to establish forms of cooperation. One municipality indicated that the project enabled it to do more; for example, they were able to present a lecture on aspects of ageing in collaboration with the Dementia Expertise Centre.

Participation in the SFC project was generally felt to be a positive experience. The reasons for this included the range of themes, the refreshing variety of activities, positive feedback, no extra costs, the interest shown in the activities, and the availability of contact persons, although one municipality actually felt that contact persons were not available. Other aspects were also felt to be disappointing. For example, some municipalities did not succeed in implementing all the aimed for activities on a large scale. One municipality had expected more material to be available, and a few municipalities missed information about the experiences of other municipalities.
Most municipalities expressed confidence that the themes would be worked out further in future, and everyone stressed the importance of discussing these themes regularly in order to eliminate taboos.

The most important lessons that the municipalities learned from the SFC project involved insight into people's needs and the realisation that the taboo still exists.. Another lesson often mentioned, as was the case in the Netherlands, is the investment in time. Here again, a municipality indicated that it would have been better if the persons involved had been able to make a better estimate of the time required beforehand. A great deal of time was spent on planning, consultations, and feedback, particularly in the second year. The fact that the various activities had different owners, coaches, and time schedules was also not helpful. A fixed pattern and schedule as well as permanent contact persons would have been helpful. One municipality indicated that it intended to implement it again in the fall when more time would be available.
The promotion of the activities was also underestimated beforehand. It turned out to be difficult to attract visitors for the theme at hand, and attendance was at times therefore low. Municipalities said they had to work in a very focused fashion in order to promote the theme. For most people, the topic sounded like something that did not really concern them. As a consequence, the theatre performance, for example, had to be cancelled in one municipality due to a lack of registrations. Talking to people individually turned out to be more effective in attracting people.
As was the case in the Netherlands, the *mystery guest* was considered quite valuable; the feedback received from in this way provided openings for possible improvements.

Different municipalities had different opinions as to whether the project contributed to greater awareness. According to some municipalities, public awareness was increased, whereas others said that this was the case only among persons who were personally involved or participated in the programme. Most of them did indicate that the level of awareness under their employees increased, in part due to the extra attention paid to the topic and the fact that it was the subject of discussion. One municipality said that the level of awareness under children increased, and that the focus here was primarily on communicating the message that you do not have to be afraid of dementia, late-life depression, or persons with these conditions.

Germany: The municipalities in Germany generally had the same reasons for participating in the SFC project as do the Dutch and Belgian municipalities. They wished to learn more about the symptoms and to develop themselves into a senior-friendly municipality in which residents feel very much at home. Another often mentioned reason for participating was the opportunity for establishing collaboration with the and between institutions that provide services to seniors as well as between networks of institutions, citizens, and volunteers.

Opinions were divided over the impact of the project. In some municipalities, the results clearly did not meet expectations. In contrast, others indicated that the activities actually had a large impact. Schools as well as institutions turned out to be very interested in the topics. However, what made it difficult is that, unlike Belgium and the Netherlands, the German municipalities do not have any personnel and financial resources to invest in the project.

The positive results of the project primarily involve the extra attention focused on the various themes and the exchange with the other municipalities, which is seen as being quite valuable. The theatre performance was given a high score, as it was seen as giving a good representation of day-to-day reality. The link established between the various seniors' activities was also rated positively.

According to a few local government agencies, the project did not meet expectations; there was no budget available and no assistance provided for implementation. Another municipality said that it had hoped to be able to develop new strategies based on increased awareness, but this had not yet happened. It also indicated that a broad public had concerns due to the specific activities in question and the associated information costs.

As is the case in the Netherlands and Belgium, the German municipalities indicated that the level of awareness primarily increased under the persons who were involved in the project. The importance of repetition was emphasised in this context, and one municipality said that media attention from the local press had increased the number of people reached by the project. It became clear to the participants in the project that relevant services were available in the municipality for the themes focused on but that external communication was missing. With regard to communication, another point made was that themes such as late-life depression are not generally discussed in public and are therefore still under a taboo.

3.2.2 Current relevance of the central themes for the municipalities

The Netherlands: Most Dutch municipalities were already convinced of the importance of prevention in relation to depression, dementia, and excessive work pressure on informal caregivers, and this was one of the main reasons why many of them chose to participate in the project. The additional attention generated by SFC and other national campaigns such as *Dementia-Friendly Together* and *We are the medicine* increased the level of interest at some municipalities. This also enabled some municipalities to get some political leverage and make more resources available for tackling these themes.

Belgium: Dementia and late-life depression were taboo subjects here. The Belgian municipalities wished to make these themes more open to discussion via participation in the project. The municipalities realised the relevance and importance of these themes, even before their participation in SFC. Some municipalities had already introduced policy in the area of depression some time ago, whereas policy with regard to depression was still in its infancy.

During the last two years, the focus has moved from the medical aspect to the social aspect. Some municipalities have increasingly become aware of the importance of dementia-friendly societies and policy with regard to informal care. However, it is not clear whether these changes have come as a result of changes at the administrative level or as a result of participation in the SFC project. However, it is clear that the activities implemented have raised the public profile of the themes dealt with, and that the project has resulted in more interpersonal connections and skills within the municipalities.

Germany: According to the German municipalities, the themes of informal care, depression, and dementia have always been considered important and viewed as a social-political responsibility. Some municipalities formulated their goal is follows: 'Not a single older person should have to leave the municipality due to a lack of proper care here'. Participation in the SFC project did not in itself change this awareness. Dementia was more of a known factor, and there was more policy in place that targeted dementia than late-life depression. Excessive work pressure on informal caregivers still is and remains a problem that requires more attention, according to some German municipalities. Some municipalities hope that activities organised by the municipality will become known to a wider public. They point to the fact that dementia and in particular late-life depression are relatively unknown topics in a city where the focus lies more on the design and structure of the physical environment. New communication strategies need to be formulated in order to increase awareness of these topics under the residents.

3.2.3 Choice and progress of the activities from the Activity Buffet

In November 2017, fifteen activities were presented

to the municipalities via the so-called Activity Buffet in Maastricht. The activities from this buffet focus on the mental health of seniors with special attention for dementia and late-life depression. These activities fall within the framework of "Active Ageing" (World Health Organization, 2002), which is based on three pillars: health, participation, and safety. Table 1 lists the 15 activities from the Activity Buffet, together with the themes and WHO pillars targeted by them, as well as the number of times they were chosen by the municipalities. The 15 activities from the Activity Buffet included: a theatre performance (1), a photo exhibition (1), consultations with experts (2), brain training for memory (6), organising social networks (1), eHealth interventions (2) and outreach activities (2). More information about the activities can be found in the Activities Information Brochure (euPrevent Senior Friendly Communities, 2017) and on the website of the project https://euprevent.eu/sfc/.

After the presentation of the activities during the Activity Buffet, the participating municipalities could, based on the advice from the first assessment, choose a custom-made package of activities. They then implemented these activities in their own municipality between January 2018 and December 2019. The activity most chosen was the Positive Health workshop, whereby an expert together with the municipality organised a workshop focusing on the concept of positive health. The activities that involved the local residents to a greater degree, such as the theatre performance and the lessons in school on dementia, were also very popular, as was the advice on prevention of late-life depression.The various advices and talks (Positive health, Advice on dementia, Advice on prevention of late-life depression, Brain training for memory, ...) generally received the most favourable evaluations. During the assessments, we were told that these activities were relatively easy to implement and fit quite nicely into the normal work pattern of the municipalities. The implementation required a great deal of time in terms of organisation (in particular with regard to publicity), but the content could often be integrated into policy programmes.

Activities that can be described as events, which aim to inform and entertain the local residents in relation to the project themes with the ultimate goal of raising awareness and generating attention for the themes (Theatre, Confetti in your head, and It's raining on my nose) were also favourably received. The implementation of these activities often went quite well, but deciding who should implement the activity was sometimes a problem. For example, it was sometimes not clear whether the tasks at hand

Activity	Theme		WHO pillars			Number of times chosen
	Dementia	Depression	Health	Participation	Safety	
Advice on dementia	☑		☑	☑		3
Advice on prevention of late-life depression		☑	☑	☑	☑	19
Confetti in your head	☑			☑	☑	4
Creating and organising local groups of seniors		☑	☑	☑		2
Cross-border healthcare	☑	☑	☑	☑	☑	3
Relating and communicating with persons with dementia	☑			☑	☑	12
Education at schools	☑	☑	☑	☑		13
Myinlife	☑			☑		3
It's raining on my nose		☑		☑		9
Partner in Balance	☑		☑	☑		6
Positive health	☑	☑	☑	☑		25
Psychoeducation on memory	☑	☑	☑	☑	☑	6
Telephone star		☑	☑	☑	☑	9
Theatre	☑	☑	☑	☑		18
Prescription for well-being		☑	☑	☑		5

Table 1 Activities

fell under the responsibilities of a social policy official or of a municipal culture department. Municipalities had a need for their own project manager or another employee who had time to manage the activities properly.

This was also true of several other activities (Telephone star, Education at schools) the content of which was approved by the municipality but the implementation of which was sometimes a challenge, in part due to difficulties in finding personnel and/or volunteers. In various municipalities, panels of experts were formed (from dementia-friendly initiatives or workgroups, seniors councils, client panels for persons with dementia, informal caregivers, et cetera) which helped guide and/or determine the choice of the activities. This procedure often helped to align the content of the activity with the needs of the target group and the policy programme of the municipality. However, the implementation did not always go smoothly. During the assessment, we heard from the municipalities that this was often due to a shortage of resources (time and money) for setting up and implementing the activities properly.

The eHealth (online) activities (Partner in Balance and Myinlife), were often set up properly from an organisational point of view. There was a consensus that there was a need for face-to-face contact (e.g. stakeholder meetings and informal caregiver meetings) to supplement the online aspect of the eHealth interventions. However, in spite of the effective organisational implementation, the level of interest shown by the local residents was a bit disappointing in some municipalities. This can be due to a multitude of factors. Informal caregivers are rather overloaded and therefore sometimes difficult to reach. For some persons, the online aspect of these interventions is still a significant hurdle. And sometimes it was also a new experience and a significant investment in time for the coaches, which made it difficult to integrate the activities and offer them to the informal caregivers within the framework of the regular care activities.

Many municipalities viewed cross-border cooperation within the framework of these activities as an excellent opportunity to refresh their knowledge of dementia and late-life depression as well as to establish useful contacts with other regions. This made the project informative and insightful. Nevertheless, some municipalities considered it more important to first take care of matters properly in their own region before investing time in international cooperative activities.

A last important point for the municipalities concerned the sustainability of the activities chosen. A lack of information about the future price of some of the activities, during the two-year period after ending of the project, was a barrier for some municipalities to start with the implementation of these activities. Nevertheless, there was a general feeling that the activities offered fit in well with the needs and focus points of the municipalities.

Generally speaking, we saw little difference between the various countries and regions in terms of the choice and implementation of the activities. A striking feature with regard to eHealth was that Partner in Balance (from Limburg in the Netherlands) was chosen primarily in the Netherlands and less in the other countries, whereas the situation for Myinlife was just the opposite; this activity was not chosen in the Netherlands but primarily in the other countries. We also saw that the German Confetti in your head activity was primarily chosen outside Germany. Strikingly, the Dutch activity Education at schools was, relatively speaking, chosen the most in Germany.

Overall we can say that almost all the activities were chosen by municipalities in almost all the regions. This resulted in a real cross-border sharing of activities focusing on late-life depression and dementia, whereby the activities were based on the three WHO pillars of safety, participation, and health.

Conclusions

We saw large differences in regulations and legislation between Belgium, Germany, and the Netherlands. For example, informal care falls under the responsibility of the municipality in some regions and not in others. In all the countries, the taboo surrounding late-life depression is bigger than the taboo surrounding dementia. If late-life depression is dealt with by the municipality, the focus is often more on loneliness. We can also state that dementia consultations seem to be more common in Belgium and the Netherlands than in Germany. Strikingly, the primary focus seems to be on the local region and not on the broader Euregion. Most of the municipalities seemed to think that there were no significant advantages to be obtained from Euregional cooperation in this respect. An example of this is provided by the North Limburg region which is located relatively far away from the Maas-Rhine Euregion, especially for smaller municipalities with fewer resources. However, in spite of the differing structures, looking over each other's borders is also very important. As it turns out, municipalities often have the same *mindset* and are eager to learn from each other.

Significant weaknesses of this project on an organisational level were the lack of an interim evaluation and long-term continuity. In future, more time needs to be made available for organisational activities, in particular in the area of activities coordination and promotion. It was also difficult to find sufficient capacity in terms of employees and volunteers as well as sustainable project funding. Another often repeated criticism was that the project succeeded in raising the level of awareness only internally; the local residents themselves were less influenced by the project. This deficiency was in part ascribed to the project itself, but it also depended on how actively a municipality focused on the themes at hand and how actively it promoted the activities. The increased level of internal awareness is clearly a positive result of this project across all the municipalities, regions, and countries. According to most municipalities, the level of awareness under employees has clearly grown. This is due in part to the extra attention focused on the topic and the fact that it is actually being discussed. This is the first step towards spreading this message on a larger scale.

In addition to increased internal awareness, this project has several other significant strengths. Municipalities were quite positive about the mystery guest, the variety of themes, the attractive range of activities offered, the feedback received, the interest generated in the activities, and the links established with contact persons. The assessments themselves should also be seen as an important and motivational part of the project, in addition to the activities themselves and the mystery guest. It became clear in the course of the project that asking questions about the themes and discussing them also had an impact on the municipalities. In this way, the assessment became an ongoing process during which the most appropriate partners inside and outside one's own organisation could be discussed and selected for working on dealing with late-life depression, dementia, and informal care.

We hope that in future the insights acquired on the basis of these results will help municipalities work together more effectively in the area of late-life depression, dementia, and informal care, within the boundaries of their own organisation as well as across the borders of the Meuse-Rhine Euregion.

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live safely Enjoy life
Stay involved
EVERYONE NEEDS EVERYONE
IT TAKES A community
Connection
CARE GIVERS
POLICY MAKERS
ELDERLY
LOCAL GOVERNMENT
AGEING IN THE COMMUNITY
CHANCES FOR ELDERLY
LESS YOUNG PEOPLE
SANDWICH GENERATION
MORE ELDERLY PEOPLE
FAMILIES GETTING SMALLER
Good IDEAS go across BORDERS
PRACTICAL IDEAS:
- LIVING ROOM
- 'SENIOR HOMES'
6 DIMENSIONS
POSITIVE HEALTH
PREVENTION
POSITIVE HEALTH
BODILY
MENTAL
SPIRITUAL
QUALITY
SOCIAL
DAILY
RESILIENCE
LOOK AT PERSON AS A WHOLE
HEALTH IS ABOUT LIFE AS A WHOLE
NO NETWORK?!
SUPPORT SUPPLIER
TABOO!
PARTICIPATION PEOPLE WITH DEMENTIA
RIGHTS
SWIPE THE OBSTACLES
DUTIES
CONVERSATION TOOL!
WHAT MATTERS TO YOU?
BLUE ZONES
FOOD
COMMUNITY
MEANING
MOVEMENT
AGEING MAINSTREAMING
ingrid@imare.nl

Asking Lothar Esser what he does is not such a good idea – you will get a much quicker answer if you ask him what he doesn't do.

Formally speaking, he works as neighbourhood manager in Wegberg, a municipality with a population of almost 30,000 in the North of the Kreis Heinsberg in Noordrijn-Westfalen, Germany. He took on the position in 2015 at the specific request of the mayor, who had his reasons for asking. Like so many municipalities in the Maas-Rhine Euregion, Wegberg is facing in combination of challenges that it has never encountered before. In reality, practically all the regions in North-west Europe have never known anything other than growth as far back as anyone can remember: growth in population and therefore also in prosperity, well-being, health, and life expectancy, and especially healthy life expectancy.

Many of these fortunate developments are still in full flow, but a change is becoming apparent. Since the 1960s, the birth-rate has been rapidly decreasing. Fewer children are being born, fewer even than needed to replace the number of deaths. The fact that population growth is still ongoing is primarily due to the much longer life expectancy that has already been realised. With fewer children and more (older) seniors around, street scenes are starting to look a bit different. No fewer than one out of every five residents in the Maas-Rhine Euregion is 65 years or older, a historically high figure. Over 10 years, that figure will be closer to one out of every three.

And then there's that other revolution. Due to the arrival of the Internet, social activities are increasingly moving from outside to inside, from the physical space to computer space or *cyberspace*. The same applies to economic activities, which are moving from the High Street to the website. And then factor in the fact that a population of primarily older persons simply needs less. Our seniors definitely have money to spend, but what can they spend it on? They already have most of the things they need and more at home.

And although it's been obvious for some time now that the so-called "grey wave" was on its way, successive generations of politicians spent most of their time looking the other way. The consequences are now becoming evident: empty shops, fewer people in the streets, and many younger people simply leaving.

This was the situation that Lothar Esser encountered when he started his job as neighbourhood manager in Wegberg. 'One of our main challenges', he says, 'is to redefine urban development. We have to seriously reflect on a future in which a very large part of our population is older than 65. Some people consider this a problem, but I simply see it as a reality.'

'So the question is not how to prevent the population from ageing. That's simply not possible. The real question is how to develop the municipality, the neighbourhoods, and the local population clusters in such a manner that they actually have something to offer this ageing population. The question is how you can do this without disregarding other age groups. And we cannot simply study history to find the answers to these questions. After all, this is something new that we have not yet previously experienced.'

A municipality with forty neighbourhoods and a neighbourhood manager whose task it is to coordinate their development – Lothar Esser is someone who plays chess simultaneously on a great many boards. His enthusiasm is infectious. It quickly became obvious to me that he could never do it by himself and that he needed to find other people and parties to commit to helping him do the work. It also quickly became apparent to him that he had to seize opportunities whenever they presented themselves. So when he was approached in the fall of 2016 by Karl-Heinz Grimm, regional coordinator for the nascent euPrevent-project *Senior Friendly Communities*, he didn't need much time to think about his answer.

'It came at the right time', he explains. 'Organising the municipality to make it more senior-friendly goes to the heart of the challenge facing us.'

Kerkrade and the prevention of medicalisation

The challenge described above is already being felt throughout the entire Meuse-Rhine Euregion. Municipalities in the Eastern Mining District of the Netherlands were some of the first two actually experience a shrinking population as a result of the decline in the number of young people and the increase in the number of older people. Here the urgency of this issue is clearly felt and seen.

Kerkrade, with a population of 40,000 the second largest city in the Eastern Mining District, has been implementing a policy specifically focused on the activation, participation, and safety of seniors since 2007, the year in which legislation was introduced in the Netherlands to facilitate support by municipalities of vulnerable groups. 'What we want to achieve with our seniors policy is to involve people in all kinds of activities', explains Leo Jongen, alderman for social affairs and neighbourhood development in Kerkrade. 'In our view, it's about more than just having tai chi or yoga for seniors to help them actively work on their own health. We think it's certainly just as important for social cohesion to develop and for social isolation to be prevented.'

The project euPrevent *Senior Friendly Communities* was very much in sync with this existing policy. 'We found it important to participate for two reasons. In the first place, it gave us the opportunity to evaluate our existing policy. What were we already doing and what was still missing? What were we doing well and what could we do better? The assessment was a golden opportunity to receive an evaluation from external experts. And that evaluation did not disappoint us. The assessment confirmed that we had indeed already achieved everything necessary in the area of activating seniors. We also do a great deal for informal caregivers. But it also made clear to us that we had no policy in place that specifically targeted depression and dementia. There was room for improvement here, particularly when it came to raising awareness and identifying/signalling persons at risk. We therefore focused our attention specifically on these aspects in the buffet of activities on offer.'

Together with the seniors counsel, the municipality reviewed the range of activities offered and put together a top-five. We started with the Positive Health workshop focused on self-management and self-sufficiency and on the ability of seniors to adapt to changing circumstances and take a positive approach to life.

Another important activity was *Prescription for Well-being*. Leo Jongen: 'Studies show that many people with less serious psychosocial issues go to their family doctor and are given a prescription for medication. The medication is generally not necessary and is probably not effective, as the problem is not a medical one. The person may for example be depressed due to debts or may be grieving due to the death of a family member or friend. It would then be much better to refer such a person to a wellness coach, someone who gives his full attention to the person and helps him in searching for the causes of the problem and for solutions. But to make this possible the networks for care and for well-being need to come together. Such an approach can also help prevent the development of depression. This activity is still in its infancy. We have just started, but we have great expectations for it and the family practitioners are also enthusiastic.'

Wegberg and the power of connecting

Back to Wegberg, where Lothar Esser, the manager of forty neighbourhoods, is tirelessly mobilising partners, connecting stakeholders, and setting up networks. His approach seems to be working, perhaps because honest enthusiasm and optimism are infectious, perhaps because small but well-chosen actions can have a snowball effect, but the tide seems to be turning. Essers says it has to do with raising awareness. 'We, the locals, have the feeling that we can shape our own destiny. *We are the people. We are this municipality.* There are so many projects and activities run by different people, voluntarily but professionally. They contribute their knowledge and experience, including the older ones, especially the older ones. They have the time and the motivation. After all, these seniors new-style are often highly educated, healthy, and vigorous.'

''When we first approached primary schools to ask whether they wanted to take part in the Education at Schools activity, we met quite a lot of opposition. Like the care sector, the educational sector is also overworked, and I understand that. But then there was one school that did want to participate just once, and it became a smashing success. The kids had fun, and the residents of the care institutions were overjoyed. Now the school plans to make it into an annual activity, and other schools are starting to show interest as well.'

Connecting persons or parties is one thing but connecting concepts another. In collaboration with the seniors' council and the handicapped council as well as social welfare organisations and GP posts and with the help of a big self-made pot of coffee, it was decided to select the *Prescription for Well-being* activity. The main motivation was similar to that in Kerkrade: if psychological symptoms are of a limited and non-medical nature, then referral to second-line care is unwise as well as expensive, and prescribing medication is actually an admission of weakness. But *Prescription for Well-being* is not originally a German concept; it was introduced into the SFC project by the Dutch partners, and that's where things almost went wrong. 'The system of care and prevention in Germany differs from that in the Netherlands', explains Karl-Heinz Grimm, regional coordinator in Germany for euPrevent *Senior Friendly Communities*. 'The wellness coach, a central figure in the concept, needs to have certain qualifications and completed training courses, which is why the project would not be able to succeed in Germany as is. We then hit on the idea that if we combined the concepts for *Prescription for well-being* and *Positive health*, we could get around this problem at the district level. Sometimes you need to think out of the box.'

As and a dose of realism

Whereas in Kerkade the euPrevent project *Senior Friendly Communities* resulted in further improvements to existing policy, in the municipality of As in Belgian Limburg, its primary contribution was providing an opportunity to take some initial modest steps in the area of prevention.

With a bit more than 8000 residents, As is one of the smallest municipalities in the Maas-Rhine Euregion.

This also means that there is not much manpower or resources available to develop policy and organise activities. In a certain sense, the municipality is also not expected to make these available. Unlike the situation in the Netherlands, where providing social support for vulnerable groups is a task delegated to the municipality by law, in Belgium this responsibility is delegated to the linguistic community, which in the case of. As means the Flemish speaking community. At the operational level, many services are organised at the district level, which includes several municipalities. This, by the way, is also the case in Germany.

These systemic differences have consequences for what municipalities can or cannot do. As municipalities in Belgium and Germany do not have their own budgets for social support and prevention, everything done in that respect has to be financed from the general budget. And these resources are, of course, quite limited; there are also many possible uses. Money that is spent on prevention cannot be spent on the climate or spatial planning. It then all comes down to a question of priorities.

But because something is not your responsibility it does not mean that it is not your problem. 'The persons with dementia and depression do not live in the district but live here', says Kim Meijers, social welfare officer for the municipality of As. 'So when the project came knocking, I contacted the responsible councillors to get their support. I wanted to work with the project because I think mental health is very important and have noticed that dementia and late-life depression are becoming increasingly prevalent. It was also a project that offered opportunities to a small municipality to take some steps, however small these might be.'

When choosing activities, the focus was primarily on the prevention of late-life depression and support for informal caregivers. 'We already had several things going in the area of dementia so we did not focus on that aspect.' Another important criterion was the degree of difficulty. Our choice fell on the *Advice on prevention of late-life depression* activity, which focused on knowledge transfer and required relatively little preparation compared to other activities. We spent more time on the *It's raining on my nose* exhibition, which aims to encourage a discussion about depression by exhibiting art works created by individuals personally impacted by depression, for example as a patient, informal caregiver, or care professional. In this instance, the municipality succeeded in getting the most out of the time invested by combining various activities. In the realisation that if you are not strong you have to be smart, the exhibition was opened on 1 March, Compliments Day, which is also the day each year on which people in need of care personally tell their informal caregiver how much they appreciate the care being given. The opportunity presented by this occasion was used to have a selection of the artworks printed on postcards. This turned out to be an effective way to increase the number of people reached by the campaign, simply by taking advantage of the already existing high public profile of Compliments Day.

Plombières and the taboo

Being able to reach the target group effectively is an issue faced by many municipalities. In terms of population, Plombières is about the same size as Kelmis, but geographically speaking it is much larger – over 50 km² compared to 18. The municipality consists of five municipal districts, none of which can be considered the main population centre. The entire municipality is named after the most central of the population centres, Bleyberg in the local German dialect, which after the First World War was translated into the French name, Plombières. The name is a witness to the fact that lead ore has been mined here since the Middle Ages; Bleyberg means Lead Mountain. Plombières has a distinctly rural character. It has no large supermarkets, few nightlife settings, and no shopping centre of any significance. But with a population of little more than 10,000, it has no fewer than three care and nursing institutions.

Before the SFC project came into the picture, Plombières already had policy, funded by the King Boudewijn Foundation, aimed at making it a senior-friendly municipality. The limited resources available were used, for example, to purchase a jukebox for the care institutions, and Alzheimer information evenings were also organised. This previous history turned out to be an advantage, as the social structure needed to have a chance of successfully organising the activities in such a small municipality (in terms of population) was already present. This was one of the reasons Plombières was able to participate in no fewer than six activities: *Education at schools*, the *It's raining on my nose* exhibition, the theatre performance focusing on dementia, the *Advice on prevention of late-life depression*, and the training *Relating and communicating with persons with dementia*. The course *Positive health*, which was also chosen, could not yet be implemented due to time restraints.

As was the case in Kerkrade, Plombières learned from the first assessment that it was important, in addition to dementia which had been a focus of attention for some time already, to also tackle late-life depression. 'We also saw possibilities for doing so', says Julien Charlier, social plan coordinator for the municipality, 'as the municipality has a lot to offer when it comes to getting people out of their social isolation. We are very

far from major cities and have no big shopping centre, but perhaps as a result of this we have a rich palette of local social associations and activities, including a brass band, various choirs, and sports clubs and carnival societies. We have a library, and there are great many self-organised activities to participate in. There are a great many clubs and openings for involving lonely and depressed older people in the community's social life. The only question is how to reach them.'

This question is all the more relevant as persons with late-life depression do not generally advertise their problem. This is an issue that is actually recognised by all the participating municipalities. Whereas dementia is slowly becoming an accepted illness and therefore more open to discussion, a taboo still clearly rests on late-life depression. Julien Charlier: 'In a rural municipality such as Plombières, people have a strong tendency to stand up for each other and to hold and support each other. But they also hide their problems. They do not want to reveal that someone in the house is ill. They tend to mask poverty and problems. This mentality is really part of the culture here, especially among the older generation. You suffer in silence and do not ask for help.'

In order to lift the taboo, Plombières chose the *It's raining on my nose* exhibition on depression. The approach taken is quite clever, as it gives visitors the opportunity to find out more about the subject in an informal manner without running the risk of becoming stigmatised. The same applies, by the way, to the theatre performance on dementia, an activity also chosen by many of the municipalities. If you go to an information meeting about depression or dementia, you are more or less advertising your problem. But an exhibition or theatre performance is neutral territory which anyone can visit. This is even more so if the exhibition is presented in the library for example.

Kelmis and the sum of small steps

With a bit more than 11,000 residents, Kelmis is one of the larger municipalities of the German language community in Belgium, but in terms of geographical size it is the smallest municipality that participated in the project euPrevent *Senior Friendly Communities*. With somewhat more residents but only a third the area of Plombières, Kelmis can be characterised as a semi-rural fairly densely populated rural community. As is the case in Plombières and As, the municipality has a well-developed social life and social network, with an active seniors council. It is also one of the few municipalities in the German language community that has a handicapped council, but it does not yet have a nursing home.

When the SFC project was started in the fall of 2016, the responsible councillors were able to quickly involve a large number of partners in the project. Over fifteen stakeholders, some from the municipality and some from the district, participated in the first assessment. It should come as no surprise that a strength of Kelmis identified in the assessment was that Kelmis has a well-developed informal network. But the municipality is also vulnerable. Regardless of how well established and well-trained the network is, it all depends on the enthusiasm of only a few individuals. The situation is a bit reminiscent of Wegberg, where the enthusiasm of Lothar Esser has such a positive impact, but we also wonder if anyone else will be able and willing to step into his shoes if it becomes necessary.

'It's a tricky question', says Guillaume Paquay, regional coordinator of euPrevent *Senior Friendly Communities* for the German-speaking community in Belgium. 'Regardless of how well-developed a community is in terms of its informal networks, as long as the responsibility is not formally delegated to it and there is a lack of money and manpower, you have to depend on the willingness and efforts of individual civil servants and volunteers.'

And as is the case in As, you then have to make do with the tools you have. Kelmis also chose the theatre performance and the *It's raining on my nose* exhibition. These activities do not require any major long-term investments but they do provide an opportunity to deal with topics subject to a taboo in a very easily accessible and attractive manner. Here also the focus on late-life depression in the first assessment was an eye-opener. 'Even if we limit ourselves only to persons with dementia, one out of three individuals suffers from depression in a more or less serious form', says Guillaume Paquay. 'The German speaking community is aware that the services available in the area of mental health are inadequate. They wish to improve this situation, for example by developing services that target persons with depression but without focusing on any age groups in particular.'

Kelmis had actually also planned to participate in the *Education and schools* activity, but it has put this activity on hold for the time being. The reason behind this was actually not a lack of time, although the activities did demand a great deal of time and energy from the official municipal organisation. Paquay: 'During this activity, children at the primary school are told about dementia, depression, and informal care. After that, they visit a care institution for older people. But the assisted living facility in Kelmis is still under construction and will open its doors no sooner than in the course of 2020. Initially, we thought that we would be able to visit an institution in one of our neighbouring municipalities, but in the end we decided that it would

be better to put the activity on hold until our own care centre is completed. We then intend to make it into an annual activity.'

Looked at superficially, you might say that not much has happened in the three years of the project, but Paquay does not agree. 'You must always judge results in light of the available resources. In Kelmis, the councillors can fall back on a large informal network, but administratively speaking they have to go it alone. And you are then at a relative disadvantage compared to a city such Kerkrade, which has much more resources available in terms of personnel as well as funding.'

'Personally I think that Kelmis is an excellent example of making a significant contribution with few resources. You can compare it to building something with Lego blocks: a stone here and a stone there. This is the best approach for small municipalities, as they simply lack the resources to realise an ambitious, complex, and comprehensive plan. So you have to get it done by taking small steps, but these steps still allow you to make progress.'

Cross-border

The fact that the SFC project was a euregional project, implemented in five regions in three countries, often made it more complicated but also delivered additional benefits, for example insights into the differences between the various care and prevention systems and their influence on an often intractable daily reality, as well as cultural differences and their effect on day-to-day reality. 'You won't find anyone here who thinks like someone from the Netherlands', sighs Kim Meijers, social welfare employee at the municipality of As. She talks about the course on *Positive health* followed by her and a few colleagues and now being put into practice. This activity was also introduced by the Dutch partners. Although her enthusiasm for the concept is undiminished, she also realises that she will have to take Belgian culture into account when implementing it.

Another valuable aspect was that professionals from the five regions had the opportunity to meet and get to know each other, although the effects of this should also not be exaggerated. Time is a scarce resource, and the Euregion is of course located quite far away from the northern municipalities of Dutch Limburg.

What really turned out to be very valuable was the opportunity provided by the cross-border structure for municipalities to find out about concepts and methods that they would otherwise never have known about. Social plan coordinator Julien Charlier from Plombières: 'Some of the activities were totally unknown here in our district and our province. We would never have ventured to implement them if they had not been made available via this project.'

The fact that national borders sometimes pose obstacles to cross-fertilisation does not diminish these benefits. In Wegberg, the *Prescription for Well-being* method developed by the Dutch Trimbos Institute had to be approached in their very own manner but it did provide valuable results. 'This concept, which our general practitioners and social welfare authorities are really very enthusiastic about, became available to us only via the euPrevent-project,' says neighbourhood manager Lothar Esser. 'This is just one example of the benefits of diversity and of integrating different elements. The fact that activities are introduced from different countries allows you to come into contact with methods that you would never have thought of yourself. Of course not everything is feasible or useful, but it's always a good idea to at least find out about it.'

What passes and what remains

Three years have passed since the start of the SFC project. The municipalities look back on it in a positive light. Of course, not everything that was planned turned out to be feasible. Plombières has not yet been able to implement the *Positive Health* project due to a lack of time. But in collaboration with the province of Luik, which also has the resources to provide the necessary support and follow-up, this will definitely be put back on the agenda in the near future.

The main points of criticism raised by the municipalities concerned logistics. The first assessment took almost an entire year. Although there were reasons for this, the long turnaround time meant that relatively little time remained available for organising the activities. The fact that municipalities often found it difficult to estimate beforehand what was needed for the activities and therefore what was expected from them and their stakeholders played a role in this. Julien Charlier from Plombières put it this way: 'We had to involve quite a number of stakeholders in order to realise the activities, and it would have been helpful if we had been able to tell them at an early stage what was expected of them, in terms of content as well as time of course.'

However, the overriding impression is that the project was very valuable. It also came at the right moment in time. It put difficult questions on the agenda that would otherwise have remained neglected, at least for a time. Late-life depression is an excellent example of this. The project brought parties together – perhaps within municipalities more than between municipalities, but nevertheless. It helped break down taboos, initiated new developments, and contributed to increased awareness.

The fact that the activities involved were often of a one-off temporary nature does not mean that their effects

will quickly disappear. The fact that the taboo on late-life depression has been broken to some extent is a permanent result. This theme is now being discussed on a broad scale in seniors' councils, and stakeholders are now also aware of it.

Other activities, including *Education at schools*, which began as a one-off project in many municipalities, will now be annual events due to their success. And then, of course, there are concepts such as *Positive Health* and *Prescription for Well-being* that are now being systematically implemented in several municipalities. These are contributing on a daily basis to improved self-reliance, self-management, and safety under seniors. They also help to reduce unnecessary referrals to more expensive and more specialised forms of medical care. The residents of the Euregion will be reaping the benefits of the project on a daily basis for some time to come.

CHAPTER 4 **LESSONS LEARNED**

ON BEHALF OF PROJECT PARTNERS, BY PETER HAMERSLAG (TEXT CREATION)

Three years have already passed since the start of the euPrevent *Senior Friendly Communities* project in the fall of 2016. During this period, over 30 municipalities from Belgium, Germany, and the Netherlands have developed policy and activities focused on seniors with dementia or late-life depression and their informal caregivers.

An important element of a project such as this, which after all is financed by public funding, is not only to account for funds spent, working procedures, and results - see chapter 2 in this regard - but also to publicise and proactively communicate the tools developed as well as the experiences and insights acquired.

And that has also been done in practice. The assessment, for example, which marked the start of the process for the participating municipalities, and which provided them with so much insight into the nature, scale, and urgency of the issues at hand, which also helped them identify which stakeholders were already involved and what they were all doing - this assessment has been converted by the project organisation into an online tool: (https://tools.euprevent.eu/ca3/Tool/view/0/).

This tool is available to municipalities all over the world free of charge to help them analyse their own specific situation. If these municipalities should decide to take action, based on the results of the tool, then the activities offered within the framework of this euPrevent-project *Senior Friendly Communities* could potentially serve as an example of how small-scale but significant steps can be taken on a local level. These activities are described on the project website: (https://euprevent.eu/sfc/). And these municipalities will also not have to reinvent the wheel with regard to the approach taken. The fact that the WHO has designated the euPrevent-project *Senior Friendly Communities* as a European model project justifies the expectation that others will also be able to learn from our experiences. So what were these experiences, and what recommendations can we give? What were the lessons learned?

LESSON LEARNED

1. TAKE STOCK

This is where it all begins. Take stock! Note down what is happening, which activities are already taking place, which players are already involved, and what lines have been set out. There is almost always more going on than you first realise. But also take stock of what is missing. Find out which problems exist, and which needs and wishes require attention. And don't overlook the small details.

Don't limit yourself to the official authorities and professionals. A neighbourhood association that organises a weekly tea party at various times during the week may be more effective in combating loneliness and social isolation than an officially sanctioned social workplace. And remember that the local neighbourhood association may not even think of itself as such; the fact that it does not have a name does not mean that it does not exist.

The important thing is to ask yourself what is being done *in* your municipality and not simply what is being done *by* your municipality. In many countries, including Belgium and Germany, health- and prevention-policy is not the responsibility of the municipal authority but is delegated to the regional, provincial, or national government. If it is not primarily the responsibility of the municipality and no budget is available, you would not expect the municipality to free up resources for these themes. But the municipal government authority is not the same as the physical municipality and definitely not the same as the municipality seen as a *community of people*. And besides, even if you are not responsible for an issue, it can still become your problem. Even if you are not officially obligated to deal with something, you may have a moral responsibility to do so. And you do not have to do everything by yourself. You can also facilitate others: providing some space and a coffeepot can often do wonders.

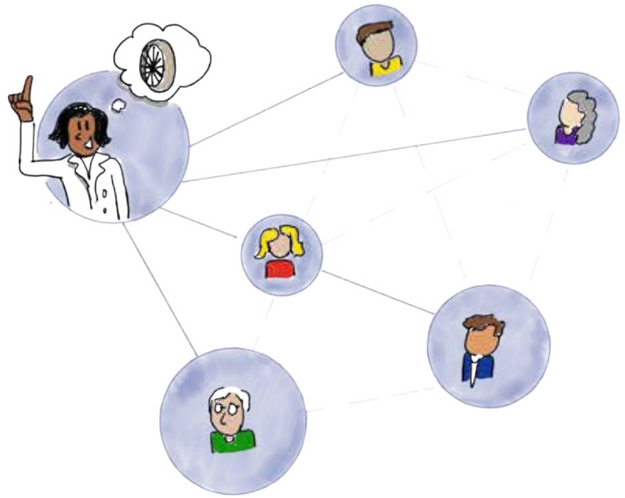
Taking stock provides insight into the nature, diversity, scale, and urgency of the problems as well as the potential avenues for finding solutions. As such, it is also an important source of inspiration and connecting with other people. So start at the beginning.

2. CREATE FRAMEWORKS, NETWORKS, AND RELATIONSHIPS

Activities that are successful in one neighbourhood will probably succeed in another as well. Stand-alone actions and activities become that much more effective when they complement and strengthen each other. The many stakeholders involved become that much more effective when they work together and pool their strengths.

It's bad enough to invent the wheel all over again, but standing by and watching while the wheel is repeatedly invented over and over again is an enormous waste of time, money and energy.

By creating frameworks around activities, one can organise them more effectively and place them within a larger structure. They then not only serve their own goal but also a bigger goal, a higher goal.

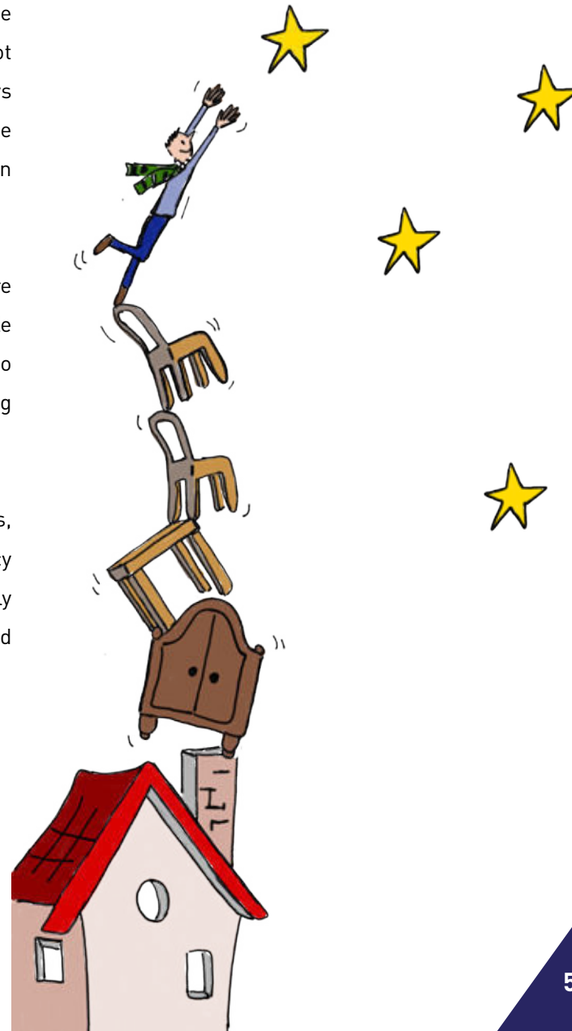


3. AIM HIGH

Be ambitious in setting your goals. Make plans with the needs and requirements of the community in mind and not the available resources. After all, the resources will always be inadequate anyway. Only after the scale and urgency of the issue at hand has become clear, will the realisation seep in that more is needed.

And always remember that you are not alone. There are more players on the playing field, and there are also enough people watching on the side-line who will be willing to play if asked to do so. Even if you take the lead when it comes to formulating plans and strategy, it doesn't mean that you have to go solo.

If resources are inadequate, look for sponsors, volunteers, and supporters. Mobilise interest groups and advocacy groups. After all, the ambition to become a senior-friendly municipality, an inclusive community, is a worthy goal and something worth fighting and paying for.



LESSON LEARNED

4. SMALL STEPS CAN GO A LONG WAY

Don't be too proud to take small steps. Each additional step brings you further. Aim high but don't ignore the everyday details.

What is possible in one neighbourhood may not work in another. How quickly you progress will therefore differ per municipality and locality. Being a bit realistic can do no harm. Not everything that is desirable is also feasible. Lack of funding is a problem. Lack of time is a problem. The administrative framework also makes a difference.

But where there's a will there's a way, and each small step gets you closer to your goal.

LESSON LEARNED

5. THINK IN TERMS OF TARGET GROUPS

This is not as simple as you might think. Policy and activities targeting dementia will naturally focus on seniors. After all, dementia is typically a disease that affects older people. Although younger people can also suffer from it, the prevalence under seniors is much higher. In contrast, depression is prevalent in all age groups, and government bodies and stakeholders will therefore often be inclined to develop generic policy in the area of depression. But even though depression, as a clinical condition, is independent of age, the causes of depression are not, and prevention is best focused on these causes.

There is a significant link between late-life depression and problems associated with old age such as dementia, loneliness, social isolation, mourning et cetera. Almost one third of people with dementia also suffer from symptoms of depression. And what about their partners? Many informal caregivers can often simply no longer cope after caring for a deteriorating partner for many years. In contrast, work pressure and social media stress play much less of a role.

In addition, older people require a different approach in terms of style and communication than youngsters, young adults, and middle-aged individuals. They are, for example, less mobile and to reach them you have to go to them. A polite letter will also generally be more effective than a Facebook message.

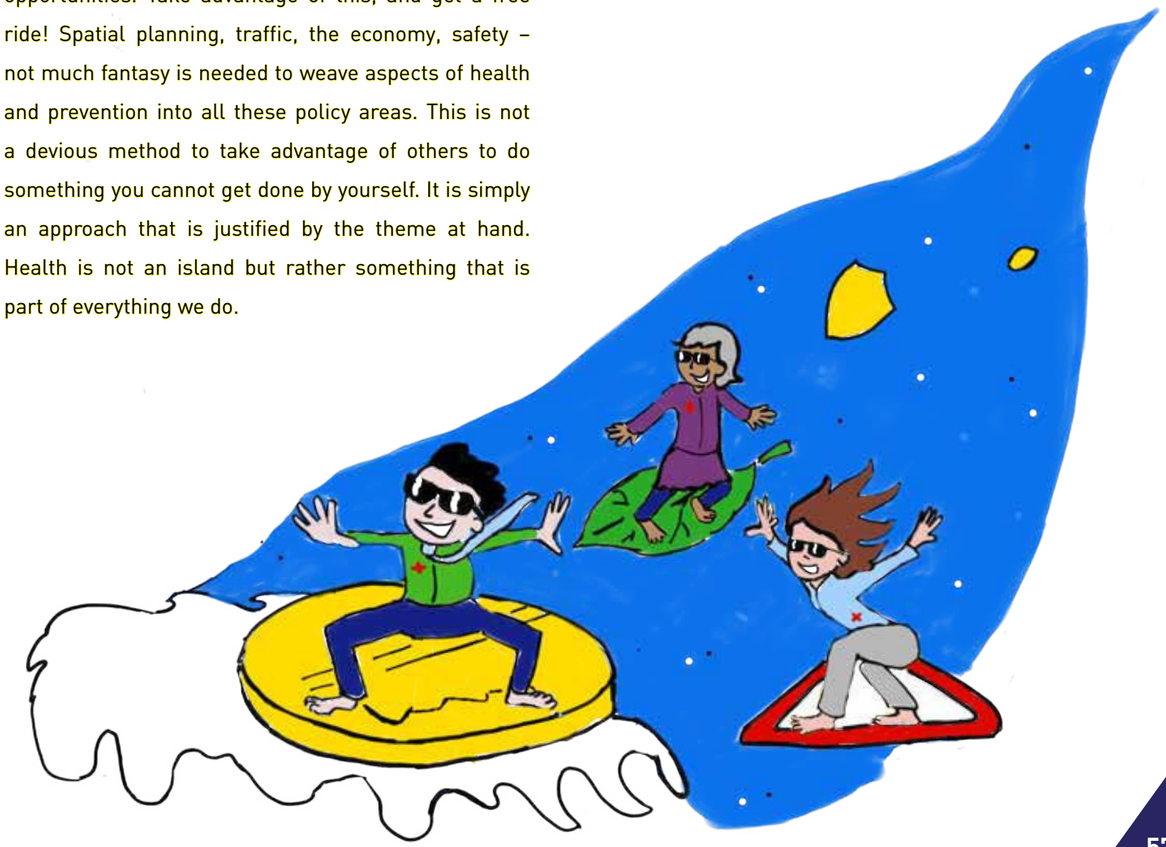
Studies show that voters almost without exception consider healthcare an important if not decisive topic in determining their vote. But care is not the same as prevention. Care focuses on a concrete and specific person, someone who needs help and probably needs it now. Care is something concrete and often acute. Care has a face: this doctor, that patient. Politicians love this aspect of it, as they love to make things personal: *Joe the Plumber*, Henk and Ingrid, Ahmed and Fatima.

Prevention on the other hand focuses on everyone and therefore on no one in particular. It targets a problem that does not yet exist in the hope that it will never come into being. Prevention is impersonal and at first sight does not seem to be urgent. The interventions themselves are also not all that popular - eating healthy, exercising more, stopping smoking, and not drinking - not exactly what most people would call a party.

But nevertheless, prevention is better than curing. Prevention does exactly what it says: it prevents sky-high healthcare costs and terrible suffering. Prevention is in fact extremely important and a typical responsibility of government. It is perhaps the most important responsibility of all but also one that we barely seem to notice.

Fortunately, health is a very universal topic. There is almost no area of policy with which health and prevention are not intertwined. That creates opportunities. Take advantage of this, and get a free ride! Spatial planning, traffic, the economy, safety – not much fantasy is needed to weave aspects of health and prevention into all these policy areas.

Fortunately, health is a very universal topic. There is almost no area of policy with which health and prevention are not intertwined. That creates opportunities. Take advantage of this, and get a free ride! Spatial planning, traffic, the economy, safety – not much fantasy is needed to weave aspects of health and prevention into all these policy areas. This is not a devious method to take advantage of others to do something you cannot get done by yourself. It is simply an approach that is justified by the theme at hand. Health is not an island but rather something that is part of everything we do.



The fact that health is such a complex, overarching, and interrelated theme makes it important to ensure that the project organisation does justice to the nature of the theme at hand. Be careful not to make the success or failure of the project dependent on the qualities, energy, and enthusiasm of a single person. Instead, create a working group, with broad participation on the part of all relevant stakeholders, in which knowledge and insights can be shared and in which tasks and responsibilities can be distributed and, when necessary, taken on by a different person. And in any case, the individual qualities and enthusiasm of the members are much more productive within such a broad-based setting.

Involve all relevant levels. Work bottom-up and top-down. After all, initiatives undertaken by the target groups and volunteers are much more likely to succeed if the mayor and the alderman also support the process.

The administrative structure of the care and prevention domains differs greatly per country. This undoubtedly also has an impact on how various activities can be organised and implemented. And although there is currently a lively ongoing debate at all administrative levels in all the countries concerned regarding the advantages and disadvantages of the various structures, this is not something that a municipality can really influence. As the English say, *Choose your battles*. It's best to accept the existing administrative structure as a fact of life and to make the best of it. And if that means that a specific activity has to be implemented very differently than in one of the neighbouring countries, then that's just the way it is.

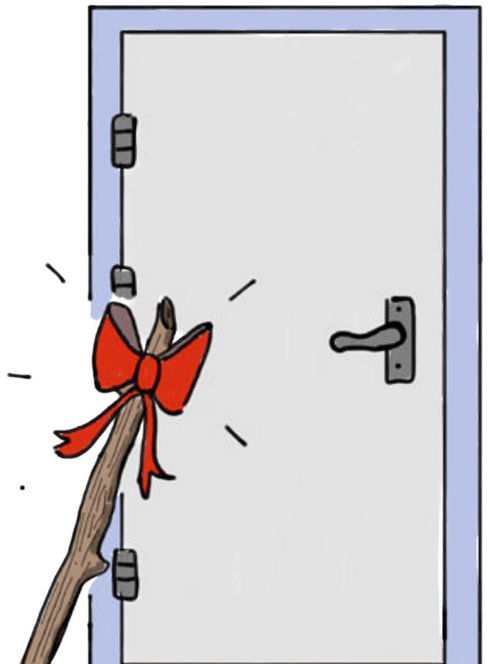
LESSON LEARNED

10. TAKE ADVANTAGE OF EXTERNAL IMPULSES

It's striking that the simple fact that the euPrevent-project *Senior Friendly Communities* existed, with a starting point and an ending point, encouraged municipalities to take steps within the term of the project that they would otherwise not have taken. When asked, most municipalities indicated that, even in the absence of the project, that would have taken action at some point in the future, and a few municipalities had actually already implemented policy aimed at improving the well-being, health, participation, and safety of seniors. But, nevertheless, all the municipalities also indicated that they did more, did other things, and did things earlier than they would have if the project had not existed. The importance of the theme at hand is recognised by everyone, but the urgency is not always felt by everyone equally.

What makes a real difference is the commitment, the agreement to actually do something during the term of the project. But what also makes a difference is having an overview of the matter at hand. The initial assessment was an eye-opener for many municipalities. Many had no idea that late-life depression was so common. Now they know, and this awareness is a strong motivation for action.

By formalising the process and making plans, developing a strategy, formulating targets and goals, entering into agreements, assigning tasks and taking responsibility, you ensure that something actually gets done. And an external impulse, the so-called "big stick", can also help in opening these doors to action.



LESSON LEARNED

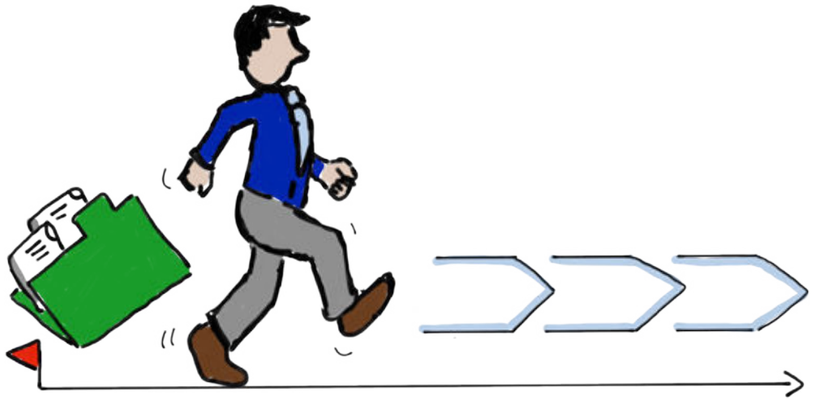
11. PLANT A PROJECT AND HARVEST A PROCESS

The idea of starting a project aimed at developing a more senior-friendly municipality, with a starting point, specific ambitions, and concrete goals in mind, is a great idea. But it's important to bear in mind that this project does not have an end date. There will never come a time when you have finally become a senior-friendly municipality and can sit back and relax. A specific activity within the framework of developing the municipality may have an end date, but the process of development is an ongoing process that needs to be continually nourished, maintained, and safeguarded.

It's also a long-term process. One of the most important pitfalls - and municipalities are themselves very much aware of this - is the danger of a short-term focus, whereby the activities are implemented on a one-off basis and the results that have been obtained slowly fade into the future.

The euPrevent-project *Senior Friendly Communities* started at the end of 2016 and now, three years later, is approaching completion. But for the municipalities involved, this is not the end of the line. They have already taken some significant steps, but they owe it to themselves and their residents to continue along the path they have taken.

It's a work in progress, and a work that will remain in progress.



APPENDIX 1 **GUIDELINE FOR RESILIENT COMMUNITIES**

How to become a resilient [1] community [2] & prevent depression [3]

Communities can use this guideline for the promotion of resilience & prevention of depression through step-based policy & action development and implementation.

If you want to know how up-to-date your policy is for creating a truly resilient community, take the resilient community test.

1 Resilience

Resilience refers to a person's capacity to cope with changes & challenges & bounce back during difficult times or in the face of adversity.

2 Community

A community refers to the people living in one particular area (town, city) or people who are considered as a unit because of their common interests, social group, or nationality.

3 Depression (DSM-5)

A person must be experiencing five (or more) of the following symptoms during the same 2-week period and at least one of the symptoms should be either depressed mood (e.g., feels sad, empty, hopeless) or loss of interest or pleasure in all, or almost all, activities most of the day, nearly every day.

The other ones can be one or more of the following symptoms:

- significant and unintentional weight change
- change in appetite
- insomnia or hypersomnia nearly every day
- psychomotor agitation or retardation nearly every day
- fatigue or loss of energy nearly every day
- feelings of excessive guilt or worthlessness
- diminished ability to think & concentrate and recurrent thoughts of suicide

The resilient community test

The resilient community test was inspired by a step-based evaluation form for dementia-friendly communities (https://www.dementie.be/wp-content/uploads/2016/06/Download-hier-het-dementievriendelijk-groeipad.pdf).

Sum up your scores: Interpretation of the scores:

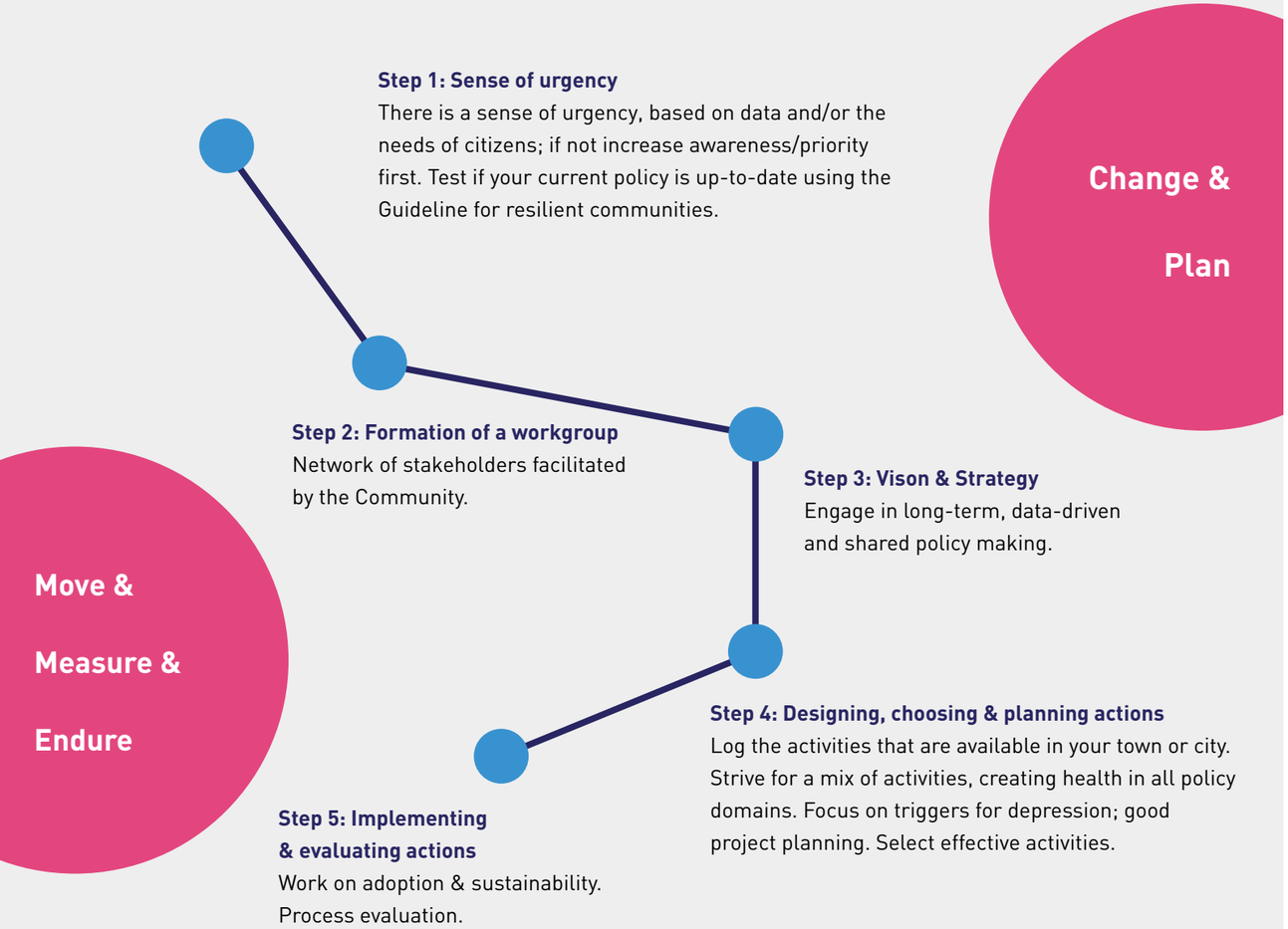
If the majority of the items in your community are scored with agree or strongly agree and the rest is neutral, then your community is 'up-to-date. Now you can try to reach an excellent level by focusing on one element and trying to search for good examples in other communities to get inspired to challenge your community even more.

If you have scored average on several items, your community's policy is in line with the current recommendations, but there is also room for improvement. Look at the steps or elements that could be improved and emphasize them in the next year, monitoring the effect of your actions.

However, if several items are scored with disagree or completely disagree, the policy in your community is not up-to-date anymore. Try to start the step-by-step approach to quickly improve your policy.

	Strongly disagree	Disagree	Neutral	Mee eens	Strongly agree	SUM
My community has a sense of urgency about strengthening resilience & mental health & it is a priority.						
My community works with concrete data on (triggers for) depression to monitor the effects of its policy.						
My community tries to set up networks with local, regional & national stakeholders to create well-coordinated multidisciplinary and broader programs for strengthening resilience.						
My community is focused on user participation that goes beyond informing or consulting the citizen, emphasizing collaboration and empowerment of user or citizen networks.						
Multiple employees from different departments receive time, training, and other resources to embed health in all policies. [4]						
My community makes sure that citizens get access to a mix of interrelated activities that increase wellbeing and health (e.g. combination of lifestyle, culture and wellbeing in one activity).						
Every employee, at every contact point with the citizen, is able and engaged to give information to citizens about resilient communities, pointing out relevant activities.						
Every employee has access to adequate activities or information to increase his or her own resilience at work (the Community serves as a role model).						
SUM	**x 0**	**x 0**	**x 1**	**x 2**	**x 3**	

Work to do? Follow the step-based approach:



Guideline For resilient communities

Step 1: Sense of urgency

A sense of urgency is the best motor for change. Try to look for regional data on (triggers for) depression. Identifying different risk groups in your community & opting for selective or indicated prevention leads to better results. Make leadership care about this topic & take responsibility. The job can't only be in the hands of health professionals but should be a priority on the political agenda. Next to the value of citizens' wellbeing, you might need to create a good business case. Let's look at some facts & include them in your own policy documents:

- Depression is the leading cause of disability in the world.
- 5% of the global population suffers from depression.
- The number of cases increased by 50% in the last 20 years.
- Communities with a maximised focus on prevention avoid 15-30% of new cases.

What about economic arguments?

- Return on investment of €0.81 to €13.62 for every €1 of expenditure in mental health promotion programs at the work setting.
- Evidence on the cost-effectiveness of nonmedical interventions to tackle social isolation and loneliness is emerging for older people.
- Future research will provide us with social cost-benefit analyses, emphasising the true value of prevention projects from a broader societal perspective, taking into account benefits through increased health or productivity.

Moreover, in this step, the role & responsibilities of the community for prevention of depression should be clarified. Which responsibilities should be taken by towns or cities, and which are shared with or belong to other actors (see step 2). Try to look for existing laws, agreements or policy plans to link your policy or actions to and include it as a strategy (see step 3).

Step 2: Formation of a workgroup

With the sense of urgency in place, you might continue to check who should join the table to be engaged from early vision development to final action design & implementation. Experts state it is crucial to start with user involvement as soon as possible. Every stakeholder should be represented and one of them should take the lead & facilitate cooperation (city/town). This means all actors with an interest or responsibility in the prevention of depression:

- healthy citizens
- representatives from high-risk groups (e.g. older people with chronic diseases)
- patient groups (e.g. depressed)

  Aim

  Active involvement of users should be implemented at the highest levels, collaboration and empowerment instead of informing and consulting. This approach leads to health equity, improved project quality and adoption because of a better tailoring to citizens' needs.
- regional politicians (e.g. mayors, aldermen)
- national policy makers
- health care professionals
- public health actors
- societal partners (e.g. foundations, sports or cultural organisations, volunteers)
- private partners (e.g. small, middle and large companies; private insurance companies)
- health insurance fund
- knowledge partners (e.g. universities, research centres)

Step 3: Vision & strategy

Experts are clear about key elements for the vision on resilient communities: positive health [5] & health in all policies. However, it is important for your planning group to come up with its own vision & strategy formulation. In this step, the planning group should define their vision on resilient communities for the prevention of depression. Therefore, you need to answer 4 questions:

Which ideals do you have?	What is your audacious goal?
Which core talents or qualities do we have?	Which core values do we have?

Your strategy consists of middle and long term goals that guide you in the right direction. They should have the following characteristics: ambitious, motivating, inspiring, relevant, distinctive and authentic. Strategic goals have to be translated into operational goals in the short term using the well-known SMART-technique (specific, measurable, attainable, realistic, timely). This technique can be used to plan your actions in step 4.

4 Health in all policies

This means that you look across thematic or structural borders to increase mental wellbeing. Mental wellbeing is influenced by different factors such as income, housing & living environment, education, marital status, gender, age, and social support. You could cooperate across different domains to combine budgets and resources for the good cause. e.g. You might want to have a look at urban planning to create contact with water or green spaces for relaxation or to encourage sports. Changing functions of buildings or neighbourhoods for people to be able to meet and be creative at the same time.

5 Positive health

Health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges. Positive health consists of six dimensions: bodily functions, mental functions & perception, spiritual-existential dimension, quality of life, social & societal participation, daily functioning.
https://www.zonmw.nl/en/research-and-results/positive-health/

Step 4: designing, choosing & planning activities

It is important to check the existing activities in your community. Perhaps some activities that target triggers for depression (or mental health) are already in place. Look for all activities that might have an impact on potential triggers for depression and determine if you will opt for universal, selective or indicated prevention.

Example: preventing depression in old age?

If you want to focus on older people, this is called selective prevention because you are targeting a well-defined risk-group. This can be valuable because depression is often underdiagnosed as older people are less prone to seek help for their psychological problems, and they are confronted with specific triggers or risk factors for depression: loss of autonomy or independence, bereavement, comorbidity, polypharmacology, chronic brain diseases, and loneliness. The type of activity or scope could then target these specific triggers.

Know that designing (cost-)effective interventions requires the right scientist, amount of time & money and is often not feasible for a town. You have a number of options:

- If your planning group already includes a knowledge partner, you can ask them for support.
- You can do it yourself & use the Intervention Mapping Approach
- You can consult a database that is available on effective interventions & choose activities with proven effects
- If the above is too ambitious for your Community, look for projects in neighbouring cities or towns with a positive evaluation & try to replicate them

Get everyone into a project planning mindset (at project & action level) and execute as planned.

Step 5: implementing & evaluating actions

To keep the motor running is probably more difficult than to get it started. Many good projects fail when motivation or budget runs out. One of the approaches to tackle this is to plan program adoption, implementation & sustainability beforehand. The main goal would be institutionalisation, incorporating the project into routines for the sake of its survival. Look at your actions as an iterative process that is never completed, but a continuous loop of planning, doing, checking, and acting (PDCA).

You can check local or regional data on (the triggers for) depression to have an idea of the relevance of your project in the long term. Experts advise cities or towns to focus on checking or evaluating implementation and adoption instead of focusing on an effectiveness evaluation which is often found to be too difficult (see step 4).

Guideline has been developed by the following persons:

Nele Jacobs of Faresa (BE). And on behalf of the project group: Marja Veenstra, Ruud Kempen, Frank Willems & Frans Verhey.

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Step 4

- Intervention Mapping Approach: https://interventionmapping.com/
- The Netherlands: https://www.loketgezondleven.nl/leefstijlinterventies/interventies-zoeken-en-invoeren
- Belgium: https://www.ebpnet.be/ (but mainly aimed at care professionals)

The Roermond model

Many municipalities are currently involved in efforts to become more dementia-friendly. But how exactly do you go about making a municipality or community more dementia-friendly? The Municipality of Roermond has a great deal of experience in this area. In recent years, the municipality has developed an approach that actually works, one which makes the municipality friendlier, safer, and more accessible for people with dementia.

In this appendix, we – the Municipality of Roermond and the Alzheimer Centre for Limburg – present the "Roermond approach" in the hope that our example will inspire you to also make your municipality or organisation more dementia-friendly. In Roermond, it all started with the awareness that the municipality and community are increasingly having to relate to people suffering from dementia, including residents, day visitors, and passers-by. This was followed by the realisation that the municipality has a social task in this regard and should do something about it by taking on a role in this area.

In this appendix, we describe the steps taken by Roermond during the period from 2015 to 2019, which started with an increasing awareness of the urgency of the matter at hand and was completed by safeguarding the developments and results realised. Of course, every municipality is different, and the approach taken by Roermond as described in this appendix is therefore not a blueprint, but rather a document that is intended to serve as an inspiration for a specific (local) community-based approach.

The number of people with dementia is increasing

In the Netherlands, the number of persons with dementia is expected to double in the next 10 years. In 10 years, someone with dementia will also be living on your street. And there will be an increasing number of persons carrying for someone else with dementia. These informal caregivers and at risk of having to do too much and are continually searching for a balance between caring for their loved one and reserving some time for themselves. Practical and emotional support can help them in doing so.

In 2015, the Municipality of Roermond realised how urgent this matter was and decided to work towards creating a dementia-friendly municipality. The municipality then contacted the Alzheimer Centre for Limburg in 2015. In the following years, dementia-friendly Roermond was developed in collaboration with the Alzheimer Centre for Limburg, the Dementia Support Network for Mid-Limburg, and the Alzheimer Nederland section for Mid-Limburg.

What is a dementia-friendly municipality?

In a dementia-friendly municipality, the residents have some knowledge of dementia and are aware of their neighbours with dementia. Those with dementia remain part of the community, and they can continue to take part in the outdoor public space as freely and normally as possible without any negative confrontations. They can continue their pattern of daily life insofar as possible, and have greater choice and control over their daily activities. In addition, persons with dementia as well as their informal caregivers are encouraged to look for help and support and also know where such help can be found.

In a dementia-friendly municipality, organisations, businesses, and, for example, schools and shop owner associations are aware of dementia and take action themselves to help ensure that persons with dementia can participate and continue to participate. As a result, persons with dementia feel more valued - that they still make a difference - as they can continue to remain mobile as they see fit and continue to take part in out of doors activities as long as possible.

How did the Municipality of Roermond tackle the issues involved?

Step 1

Sense of urgency and creating a local coalition

In collaboration with organisations that were already actively involved in dealing with persons with dementia as well as their informal caregivers, the Municipality of Roermond formed a coalition, the members of which worked together to communicate the urgency of the social issue at hand. In Roermond, the coalition consisted of a steering group with members from the Municipality of Roermond, the Dementia Support Network for Mid-Limburg, Alzheimer Mid-Limburg, and the Alzheimer Centre for Limburg. Together, they took the initiative to create a local dementia-friendly network.

Step 2

Vision and strategy

Long-term movement

The steering group aimed to create a long-term movement and sense of community awareness to ensure that persons with dementia could continue to participate in society. The focus is then on the environment in which persons with dementia actually

APPENDIX 2 **A DEMENTIA-FRIENDLY MUNICIPALITY**

TEXT BY JOYCE LARUE

live. This environment, in other words the local dementia-family community, is the key.
The most important themes:
• breaking the taboo;
• activating organisations and residents.

Over the course of time, these goals were worked out in more detail, whereby effective care and support served as the basis for a dementia-friendly environment.

Perspective of persons with dementia

The perspective of local residents with dementia and their informal caregivers forms the point of departure. The efforts and activities of a municipality, business, or organisation in this regard must provide added value for persons with dementia and their informal caregivers.

What can you do?

"What can you do?" served as the motto. In Roermond, the steering group realised that the environment is a critical element in making a difference! The motto adopted therefore served as the unifying theme of the entire movement as well as a critical message to communicate. Communication, which is an essential part of the overall activities, focused on the person and not on the disease - on what the person in question is still able to do and not on what he or she can no longer do.

Goals of a Dementia-Friendly Municipality (DFM)

1. Care and support for persons with dementia form the basis of a Dementia-Friendly Municipality.
2. Informal caregivers must be able to find a balance between the care they give to their loved ones and time out for themselves.
3. Persons with dementia continue to participate.
4. Expanding the movement for a Dementia-Friendly Municipality to a senior-friendly society.

Essential elements are:
• breaking the taboo surrounding dementia;
• creating greater awareness: what is dementia, how can I best deal with it, and what can I or my organisation actually do?

Step 3

Create a support base

Administrative and policy-related support

The City Council of Roermond made the effort to establish a Dementia-Friendly Roermond part of its coalition programme and policy. In 2015, a project manager was appointed with the role of initiating and speeding up concrete activities and expanding the Dementia-Friendly Roermond (DFR) network. During the first years of the dementia-friendly movement, an annual plan was presented to the City Council each year. The Council adopted a two-year plan for 2018 and 2019, thereby guaranteeing municipal support for the movement. The alderman on the Council with the portfolio in question served as the chair of the DFR network meetings and was actively involved in the activities organised. A policy official from the municipality closely followed the relevant policy developments and ensured effective coordination with various areas of policy, including Health and WMO (Social Support Act) policy.

Support base in society at large

A dementia-friendly environment can be realised only with support from within that environment. This was the seed behind the idea that sprouted in Roermond in 2015 to work together with informal caregivers, professionals, organisations, and businesses to further explore what was needed and what was possible, and to do so within the framework of a working conference. This conference was a mix of:
• information about the increase in and impact of dementia;
• inspiration drawn from inspiring examples and stories of persons with dementia;
• becoming more proactive by doing something yourself on the basis of ideas and concrete solutions.

The conference resulted in 50 ideas and 25 volunteers who were willing to work out the ideas in more detail.

Step 4

Activities and short-term successes

At the start of the movement in Roermond, various working groups were established, which were later integrated into a Public Information Working Group, an informal Caregivers Sounding Board group, and a World Alzheimer's Day group. The municipality also designated a policy officer to work with the Informal Caregivers Sounding Board group in order to quickly respond to bottlenecks and to signals from the group.

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Public information

The Public Information Working Group provides information and training opportunities for businesses and organisations as well as volunteers and professionals. The project manager initiates contact with businesses, gives introductory interviews, and arranges appointments. A substantive expert collaborates with an informal caregiver to provide information and/or training. Before starting, the trainers follow the Dementia-Friendly Together training.

World Alzheimer's Day working group

This working group decides which activities will take place each year in connection with World Alzheimer's Day on 21 September. Examples include unscheduled one-hour walk-in sessions for persons with dementia and their informal caregivers and organising excursions. In Roermond, the Mid-Limburg Alzheimer organisation serves as chair of this working group. The organisations involved organise their own activities and take care of their own publicity. The working group coordinates the various activities, structures communication channels, and, for example, decided to produce a flyer to present all the activities organised in connection with World Alzheimer's Day.

Informal Caregivers Sounding Board group

In Roermond, informal caregivers made it clear that they felt as if they were not always being listened to. This resulted in the creation of a sounding board group, which meets 3 to 4 times each year. The members discuss the progress being made in creating a Dementia-Friendly Roermond and share their experiences. Whenever necessary, actions are agreed upon aimed at improving the effectiveness of the approach taken.

Communication and short-term successes

Effective communication is essential to create and maintain a support base, to expand the network, and to celebrate short-term successes. The website www.dementievriendelijkroermond.nl contains updated information in this regard. In addition, there is a distinctive logo/communication image and various communication tools are available including banners, beach flags, and postcards ("what are you doing?"). The municipality also sends out a digital newsletter and of course communication also takes place via social media and the communication channels of the network partners.

A communication calendar is prepared each year listing all the dates and resources available as well as an overview of the media channels that could be effective in (again) focusing attention on DFR. This can include existing initiatives, such as World Alzheimer's Day, or new initiatives such as presenting awards to Dementia -Friendly organisations or the creation of a choir for persons with dementia.

Learning by doing

The Municipality of Roermond has learned by doing, and has discovered what works and what doesn't work via the trial and error principle, which of course is the best method for any municipality or organisation involved in such processes. If there is sufficient support from the persons concerned and an activity can make a positive contribution, then action is taken. A quality improvement cycle is a fixed component of the approach taken in accordance with the Plan-Do-Check-Act principle. Each year, the network evaluates the activities from the previous year, the results are presented (fact sheet), and input is collected for the plan for the following year.

Step 5

Staying the course and anchoring the process

The network meets twice each year. The meetings are proactive, inspiring, and appreciative gatherings in which the participants collaborate on topics such as "What can my organisation do?", "How can I be the most effective ambassador possible?", and "What went well and what can go better?". The results achieved are shared and celebrated together.

The goal is to ensure that organisations involved in the network actually integrate the activities into their own organisation. For example, that the local cinema or neighbourhood clubhouse shows a film each year focusing on dementia, that the local library or school has up-to-date books on hand about dealing with dementia, that public lectures are organised, that relevant employees receive (refresher) training each year, and that restaurants make their menus more "dementia-friendly" et cetera. The network is continually striving to renew and improve itself! This is even more so if new organisations are continually joining the network, providing their own expertise, thinking along with the rest, and contributing to the approach and activities as well as their evaluation.

Care and support form the basis

In Roermond, the stories told by informal caregivers about bottlenecks in the area of care and support are listened to. What are the problems experienced by informal caregivers and the persons they care for? Of

course, they talk about what goes well, but also about what can and must be improved. These signals have resulted in the creation of an infographic on respite care, the start of the "Partner in balance" training, a support group for persons in similar situations, and agreements between care teams (social neighbourhood support team) and case managers. Consultations take place with the care office and healthcare insurance provider on improving the quality of care and support as well as the feeling of health experienced by the persons in question.

Strength in numbers

The Municipality of Roermond is not doing all this on its own. It works closely together with experienced and professional collaborating partners with a long track record. The municipality searches proactively for cooperation by others whenever and wherever it is convinced that such cooperation will provide added value to the residents of Roermond and the dementia-friendly movement in the municipality.

There is an ongoing search for other organisations that wish to cooperate and contribute to improvements in areas such as leisure time, mobility, living facilities, social networks, and informal care. Greater collaboration and integration is needed at the provincial, national, and even European level in order to ensure effective knowledge sharing and the ability to learn from each other's experiences. All these efforts should lead to strengthening the Dementia-Friendly network.

Ongoing assessments are continually being made to determine whether new collaborative agreements actually help strengthen the local approach in place. For example, the Municipality of Roermond is working together with the Dementia-Friendly Together campaign, volunteers from the information working group followed the "Train the trainer" course, and agreements were entered into with the Alzheimer Nederland Association about communicating information and providing training opportunities. The municipality also collaborates proactively with the "My Brain Coach" programme of the Limburg Alzheimer Centre and participates in the euPrevent Senior-Friendly Communities project: www.euprevent.eu/nl/sfc/

Don'ts

Creating long-term change:

→ Start slowly, stay the course, and celebrate the successes achieved in the meantime.

Responding to the multitude of offerings from external parties including commercial ones:

→ Always evaluate the added value provided by new collaborative agreements.

The participating organisations' own interests:

→ Regularly discuss the value provided by the mutual cooperation. What are the interests involved, what is going well, and what can be improved? Make agreements!

Don't forget existing effective activities:

→ Discuss them and show your appreciation of them.

Ignoring the bottlenecks/obstacles experienced in the area of care and support:

→ Listen closely, and think about who best can do what.

A big network can actually cause delays:

→ In Roermond, a choice was made to create a compact steering group.

Do's

Ongoing focus on creating and maintaining support:

→ Create an ongoing process of mutual feedback and communication between the activities implemented by the project manager on the one hand and the working groups, steering group, municipality, City Council, and residents of the municipality on the other.

Listening to informal caregivers and persons with dementia:

→ Organise meetings or informal walk-in consultations on a regular basis.

Maintaining your focus on the sustainability of activities and initiatives:

→ Keep the other core values of the municipality or organisations in mind.

Involvement of informal caregivers and persons with dementia:

→ Keep communicating, and respond to signals and questions. Keep the persons concerned updated on the progress being made.

Integration into various areas of policy (prevention, housing and health policy, WMO policy, dealing with persons who show confused behaviour):

→ A dementia-friendly environment intersects with several other policy departments.

Collaboration with experienced partners (ACL, Alzheimer Nederland, Dementia Support):

→ Keep in mind the knowledge and expertise already possessed by other organisations.

Annual communication calendar with several key communication dates:

→ Focus, for example, on World Alzheimer Day, Informal Caregivers' Day, or a new initiative.

Celebrating successes:

→ During the network meetings, also focus on what is going well and the results already achieved. Show your appreciation for the efforts of the residents and organisations involved.

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