



Social inclusion through Meaningful ageing

SEEing the potentials, and the social and meaning needs of older adults receiving care.



# SEEing the potentials, and the social and meaning needs of older adults receiving care.

Summary of a literature review and an empirical study.

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## Introduction

The population in Europe is ageing, and the number of older citizens is growing. Consequently, projections predict an increase in care needs. Currently, care mainly focuses on medical and physical aspects. However, ageing is also an existential part of human life, involving social, cultural and spiritual change. Therefore, a paradigm shift towards a positive perspective on ageing is necessary. A perspective that looks at older people's potentials and their social and meaning needs.

The SeeMe project aims to improve the quality of care for older adults by contributing to the knowledge on the needs of older adults and by increasing the skills and competencies of different groups of caregivers to respond to those needs. The emphasis here is on caregivers' competencies to SEE care as something more than physical and medical care, SEE the older person behind the patient, SEE social and meaning needs, and SEE the positive talents and dreams of older adults, not only their needs. In this way, the SeeMe project contributes to the social inclusion of older adults.

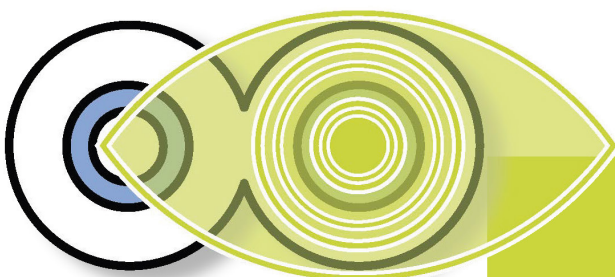
This report summarises an extensive literature review, an empirical study and six SeeMe 'good practices'.<sup>1</sup>

The report addresses the following issues:

- 1) Transitions in the care systems of European countries.
- 2) Different types of caregivers
- 3) The principles of person-centred care
- 4) Older people's potentials, social needs, and meaning needs
- 5) Sources for social and meaning needs
- 6) Social and meaning needs of older adults in the SeeMe project
- 7) Focal points for caregivers
- 8) Competences and skills caregivers need to SEE older adults
- 9) Competences and skills according to caregivers in the SeeMe project
- 10) Inspiring features of six care projects in the SeeMe project

Quotes from older adults in care projects of the SeeMe project illustrate the descriptions.

\*1] The three full reports can be found on the SeeMe website: [www.seemeproject.eu](http://www.seemeproject.eu)

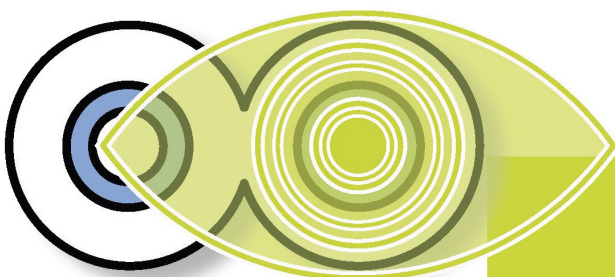


# 1. Transitions in the care systems countries in European

In many European countries, there have been significant transitions in care in recent decades, leading to shifts in the care division and the care roles of professionals and informal caregivers.

Critical points within these broader changes are:

- In most countries, the criteria for admission to institutional care have been tightened. Institutional care is now only for persons who cannot independently cope with physical, cognitive, or mental impairments or health-related burdens or demands.
- In institutional care, the emphasis is mainly placed on medical and physical health aspects. Different degrees of care are distinguished, determined by independent medical services.
- The quality of nursing care is controlled by audits from the (central or federal) governments, based on scientific findings. Expert standards follow a uniform, internationally coordinated procedure and apply to inpatient and outpatient care.
- Due to the shift from institutional care to home care, more and more older people continue to live independently in their private homes for as long as possible, even when they experience health problems.
- Various concepts and models have been developed to ensure that ageing people can continue to live in their familiar living environment. There is a wide range of home assistance, personal care services, and short-term or temporary care facilities.
- In addition, there is more emphasis on the older adults' competences and their social network. Professional care is supportive and complementary.
- Increasingly, care policies in different European countries emphasise the importance of informal caregivers and volunteers. They provide a vast amount of care and are an indispensable lynchpin in community care.
- All countries develop age-appropriate neighbourhoods. They aim to secure the necessary infrastructure for a good life in old age and support the development of supportive networks.
- Besides, alternative forms of housing are being developed to make a combination of professional and informal care possible (communal living, multigenerational living, assisted living, care living, service living, outpatient assisted living-care communities).



## 2. Different types of caregivers

In European countries, care systems address three types of caregivers: professional caregivers, volunteers, and informal caregivers. These caregivers each have their position and role in caregiving to older adults.

### Professional (formal) caregivers

Professionals are formal caregivers, practising a profession and being paid for their services. They have to deal with protocols and registrations to legitimise their help. Diplomas are required for various professional positions to prove competencies and expertise, including specialist knowledge for specific problems. Professional caregivers are formally responsible for the quality of the assistance provided.

### Volunteers

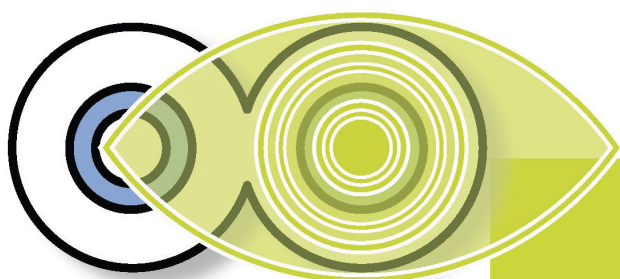
Volunteers are a very diverse group; the reasons people decide to volunteer vary widely, as do the types of activities they want to engage in and the time they are willing to invest. In this report, the term 'volunteers' refers to all forms of voluntary efforts that make a valuable contribution to the care for older people, whether organised or unorganised, compulsory or non-compulsory, 'paid' or unpaid.

### Informal caregivers

Informal caregiving is the primary source of care for older people in Europe. Informal caregivers (or 'family caregivers') have a social relationship with the person they care for. The care recipient may be a person with whom a kinship relationship exists or a spouse, friend, neighbour, or neighbourhood member.

**"The chemistry always has to be right. Some residents might be better with another colleague than with me."**

**"You have to take care of people like they are royalty."**



### 3. The principles of person-centred care

In recent years, much attention has been devoted to person-centred care. In person-centred care, the patient is central. It starts from a holistic view of caregiving in which the care recipient is seen as a person, not just a patient. This principle requires recognising the patient's desires, abilities, and means and supporting them in developing and using their strengths and talents. It also encompasses accepting limitations and receiving help and support where needed.

Person-centred care aims to meet the care needs derived from people's preferences and desires and to treat them as dignified human beings whose autonomy deserves to be respected. Caregivers should treat their patients with compassion and respect and be responsive to their subjective experiences and perspectives. The starting point is the patient's ability to make decisions about their lifestyle and care provision.

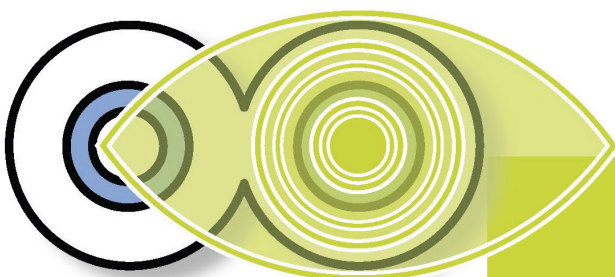
In this view, adequate care for older adults requires an approach that suits their heterogeneous needs and capacities. This implies individual care plans that have attention to the older adults' biography, personality, preferences, and talents.

Caregivers should give people meaningful choices in everyday life, safeguarding meaningful relationships with family, friends, and caregivers, and stimulating the use of their talents, even in physical or mental decline. They can help older adults maintain a sense of mastery despite the existential vulnerability they face. Caregivers can also provide support in dealing with unfinished issues and finding closure.

The core of person-centred care is how good care can take the diversity and heterogeneity of the older population into account so that individual people's needs are adequately recognised. Person-centred care opens up a space for valuing people's conceptions of what is meaningful to them, rather than subjecting them to a priori assumptions based on generalising stereotypes of older people as a group.

**"It's basic to realise that dreams are still there, that older people can still dream, and have the right to have and start life projects."**

**"Even if they're limited to a high degree, some activities they are able to, might be very important to them."**



## 4. Older people's potentials, social needs, and meaning needs

Dominant understandings of ageing depart from the assumption that old age is a phase characterised by inevitable processes of decline and deterioration, both in physical and mental health and in social contacts and position in society.

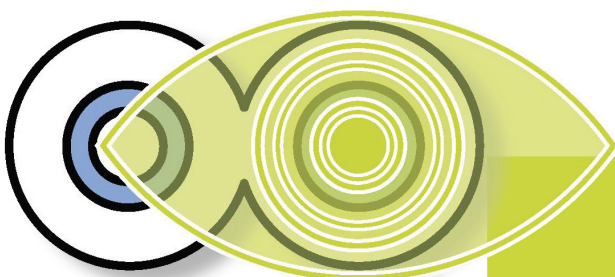
This bleak view of later life is not helpful to experience later life as a life stage with potentials and meaning and leads to the social exclusion of older people.

A more comprehensive view of ageing considers the *potentials* of older people and their *social* and *meaning* needs, gerotranscendence.

### *The potentials of older people*

The mental and physical wellbeing of older people is improved when their talents are seen and put to good use. Even in the face of severely disabling frailty and nearing death, people still desire to be recognised as who they are and be acknowledged in their purposes, motives and values. Three concepts that help thinking about the potentials of older people are generativity, ego-integrity and gerotranscendence.

- **Generativity** refers to older adults desire and ability to contribute to the next generation. Generative potentials can take the form of raising children, mentoring younger people, passing on one's experience and wisdom, or the desire to leave a legacy for future generations.
- **Ego-integrity** involves coming to terms with one's life in retrospect. Ego-integrity helps older adults reflect and look back on their lives, recognising what is meaningful to them and making peace with unresolved difficulties from the past. A coherent life narrative is vital for the experience of meaning.
- **Gerotranscendence** refers to spiritual development in later life. Gerotranscendence leads to new understandings of the self, relationships to others, and fundamental existential questions. These new perspectives help older adults come to terms with the challenges and losses they are confronted with.



## \* Potentials of older adults

### Generativity

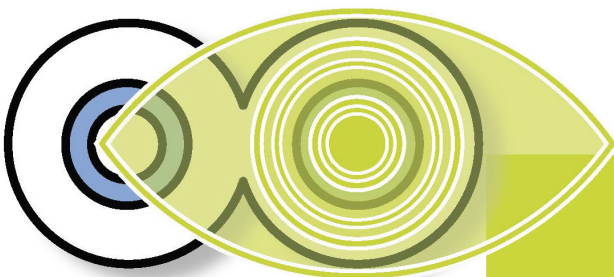
- Passing wisdom and experiences to the next generation
- Contribute to future generations or the common good
- Leave a legacy for future generations
- Generativity is beneficial for older adults' flourishing and wellbeing

### Ego-integrity

- Giving a meaningful ordering to life events
- Making peace with unresolved difficulties from the past
- Development of a coherent life narrative and a sense of closure
- Self-understanding, self-acceptation, and life-affirmation
- A coherent life narrative is necessary for experiencing life as meaningful

### Gerotranscendence

- The transition from ego-centred values to transcendent values (like wisdom, compassion, self-transcendence)
- Spiritual development in later life
- Coming to terms with challenges and losses
- Gerotranscendence leads to greater life satisfaction



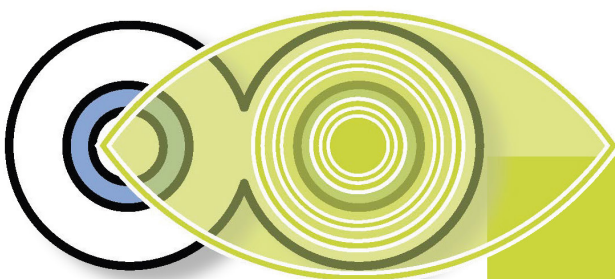


## *Social needs*

Social connections with others are a fundamental element of human life. People need to have personal contacts and feel union, closeness, or communion with others. Fulfilling relationships are important for people's health and wellbeing and contribute to the experience of a meaningful life.

- People need personal relationships to develop and maintain their identity and self-respect. The appreciation of significant others in daily life is crucial for our identity and a feeling of self-worth.
- People need to feel part of a social group they can identify with. Belonging to a group of people we regard as worthy also gives a frame of reference that influences the values and norms we develop and our choices and plans.
- People need social relationships that provide different types of social support. Social relationships form a protective factor when problems occur, thanks to their supportive effect.

With age, social needs are changing. Due to changes in emotional preferences and motivations, older adults become more selective in their choice of social relationships and activities. They need persons to communicate with on a deeper level, especially in case of severe illness, physical limitation or other crises, such as the loss of dear ones. Proximity to death also stimulates the purposeful selection of relationships that provide the most meaning.



## \* Social needs

### Personal relationships

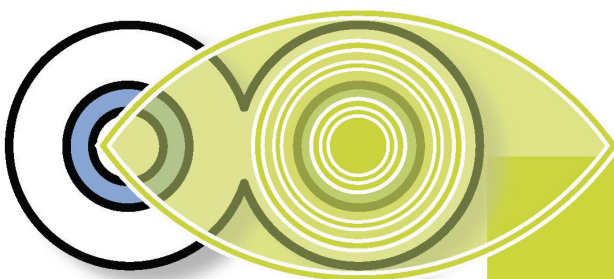
- Attachment, love
- A sense of security, closeness and comfort provided by others
- Reassurance of worth, supplied by the reactions of others
- Opportunity to care, to provide nurturance to others
- Reliable alliances for the provision of mutual assistance
- The opportunity to obtain guidance for dealing with various stressful events

### Social integration

- Belonging to a group of people who are regarded as worthy
- Feeling part of a social group to identify with
- Experience personal involvement and friendship
- Being together with others
- Sharing values and norms

### Social support

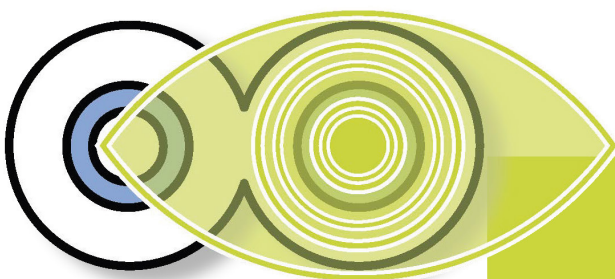
- Instrumental support (practical, financial, advice)
- Emotional support (love, affection, attention, friendship)
- Companionship support (visiting each other, joint activities)



## Meaning needs

Meaning in life refers to a broad field of experiences, needs, motivations, cognitions and emotions that constitute meaningfulness of people's daily lives. Meaning is related to a positive attitude towards life, a sense of communion with others, engagement in meaningful activities, and a sense of inner strength and harmony. Meaning has a buffering function against stress, depression, and even mortality and helps people cope with health issues and confrontations with death and finitude.

- People need a purpose that gives direction to their lives and connects present events with future events. The purpose may be aimed at a desired situation or inner fulfilment, such as love or happiness.
- People need values that are the basis for their actions and justify their way of life. These values ensure that a person has done the right things and that regrets, fears, guilt, and other moral distress are limited.
- People need efficacy, which refers to the need to have influence and a grip on situations and circumstances in life: When people have control, they can achieve their goals based on their values.
- People need a basis for self-worth to see themselves as valuable persons. People derive self-esteem from individual goals they achieve or through participation in a social group that they perceive as valuable.
- In later life, meaning seems to gain in importance. The death of significant others, a loss of social roles, and the decline in physical and mental health can significantly affect people's ability to experience meaning. Adverse life events may cause a loss of purpose, less experienced possibilities for personal growth, or a diminished sense of coherence.



## \* Meaning needs

### Purpose

- Having goals and aims to strive for
- An inner fulfilment
- Motivation

### Values

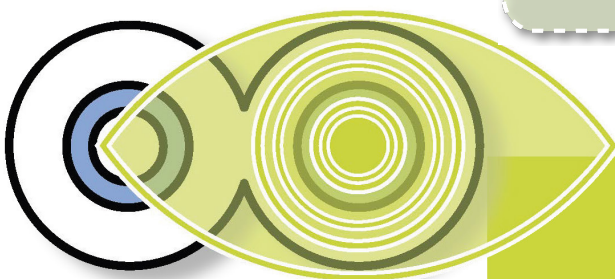
- Having a value orientation
- Feel connected to specific moral values
- A need to sense that one's life is following these values
- Moral worth
- Responsibility

### Efficacy

- Competence
- Having the feeling to control what happens in life
- The ability to influence the circumstances
- Understanding and being able to explain what is happening
- Comprehensibility
- Coherence, making sense of one's life as a larger whole
- Reconciliation of the past

### Self-worth

- Having a positive feeling about oneself and one's activities
- A positive self-evaluation
- A sense of self-esteem



## 5. Sources for the fulfilment of social and meaning needs

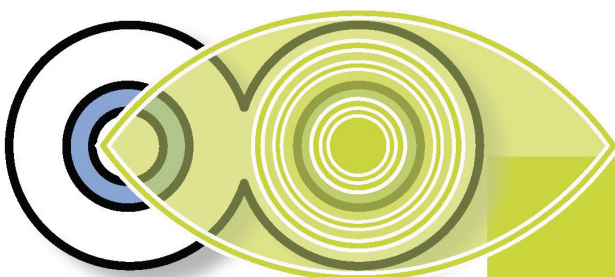
There is a strong relationship between older people's social and meaning needs. Having valuable social relations is also vital for the experience of meaning in life. As the balance of life is drawn up, existential questions about the lived life and the approaching end also come to the fore. Thinking and talking about one's life helps shape its elements into a coherent whole. Older people who have no one to share their thoughts and life experiences with may feel a sense of worthlessness, triggering feelings of meaninglessness and loneliness.

The connection between close relationships and meaning is reciprocal. Personal relationships and family connections meet the need for connectedness and increase the feeling that life is meaningful. At the same time, the belief that life is meaningful aids in forming new relationships. Having fulfilled meaning needs, such as purpose, self-worth, or coherence, enables people to engage in better social relationships, enhancing the fulfilment of their social needs. Therefore, efforts to improve the care for older people and their life situation should target social and meaning needs in conjunction, not as separated categories.

The most important sources for fulfilling older adults' social and meaning needs are personal relationships, social participation, and spirituality or transcendence.

### Personal relationships

In a life phase in which major life events such as health problems or loss occur more often, the need for meaningful social relationships increases. A network capable of providing adequate social support helps cope with changes and mitigate their adverse effects. Feeling socially connected also buffers against threats to meaningfulness, such as depression, loneliness and confrontations with loss and finitude. To deal with these issues, especially the emotional quality of the relationships in the network, is of great importance. Personal social contacts can also help older people to realise their potential for generativity, ego-integrity and gerotranscendence.



## Social participation in meaningful activities and the community

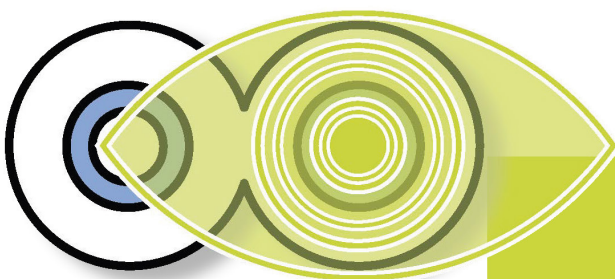
As people age, social participation may cease, including social contacts and a social role or status, such as having a job or raising children. Participation in meaningful activities is vital for maintaining self-worth and experiencing meaning. Carrying out generative activities, such as caring for grandchildren or dependent family members, is important to feel appreciated. The same applies to involvement in a church, sports club, a neighbourhood association, or other civic and political participation forms that contribute to the experience of meaningfulness. Volunteering is another opportunity for social participation that might positively affect the life satisfaction of older adults.

Meaningful activities in daily life also play an essential role in maintaining a sense of meaning. Daily routines and habits can be beneficial for experiencing a sense of coherence, give a sense of control and self-worth and help one to connect one's life to a larger context of social and cultural practices, many of which also rely intensely on shared routines and habits.

## Spirituality and religion

Spirituality and religion are important sources for social and meaning needs. Social needs can be fulfilled spiritually or religiously by situating oneself within a larger whole to which one considers oneself to belong. This is the case, for example, when people feel connected with God or nature or when they feel a desire for the wellbeing of future generations.

Religion and spirituality are also providers of meaning. They may provide a sense of belongingness, coherence, values and moral directions. It guides people in finding answers to pressing existential and moral questions, for instance, about one's nearing end. For palliative patients, spiritual wellbeing and meaning in life appear to be vital in coping with their nearing death and the psychological stress.



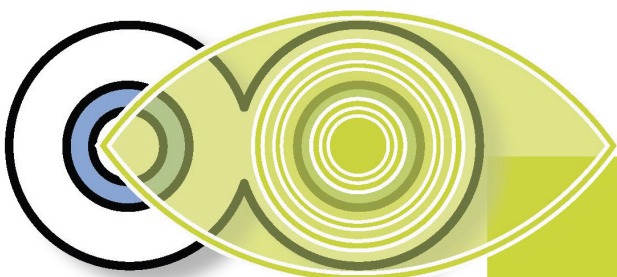
## 6. Social and meaning needs of older adults in the SeeMe project

The findings from the SeeMe interviews underscore the mutual relationship between social and meaning needs that is evident from the literature. The interviews with older adults indicated that social relationships and contacts are a core source of meaning in life. Activities for older adults and the role of the caregivers usually contain both social and meaning aspects, which is something that the older adults value. A good example of this dynamic is when a domestic helper is also a listening ear for biographical reflections or other meaning issues of the client.

In addition, an overarching theme in the interviews is that older adults often provide narratives or explanations to give meaning to difficult periods or events in their life. Not surprisingly then, they value activities that relate meaningfully to their life story and memories. In this line, connecting activities with what the older adults used to do and whom they used to be (i.e., to roles they had) is a preferred way to attune to individual needs. A good match and a respectful relationship between caregiver and client are vital in that respect, also in order to activate and facilitate the client well. This underlines that awareness of the diversity of clients is of particular importance for caregivers. The interviews also stressed the pronounced value that older adults attach to being part of a community, since it offers all kinds of (coincidental) resources, activities, and opportunities. Physical and other limitations seem particularly important because they frustrate such kinds of social participation. The SeeMe interviews illustrate that older adults show a clear awareness of their situation, both of the limitations and potentials that are present in later life. They coped with that in a positive, active way or by accepting the situation; in either case remaining autonomous and still having dreams were salient aspects in their accounts

**"If you're getting older, you have to let go of things and be grateful and happy for small things."**

**"We did everything we could do, what we felt like doing. And now I'm at that age, now I'm here, and I'm also quite satisfied."**



## 7. Focal points for caregivers

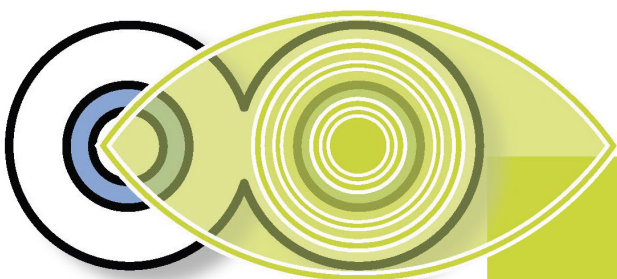
Some of the self-evident resources of the fulfilment of social needs and meaning needs are at risk of becoming unavailable in later life. A loss of functional abilities and significant others who previously safeguarded a sense of belonging and recognition and the loss of specific valued social roles and purposes may cause loneliness, a lack of meaning or feeling overlooked or excluded.

To appropriately meet the needs of older adults, caregivers should learn to consider some concerns:

- Knowledge about the potentials of older people (such as generativity, ego-integrity and gerotranscendence) can help caregivers in recognising and accommodating social and meaning needs.
- It is important to treat older people with respect for their autonomy and uniqueness as human beings. Awareness of the detrimental role of (implicit) ageist stereotypes in recognising the possibilities and meeting older people's needs can help caregivers adapt their behaviour and treatment.
- A sense of independence, choice, or self-determination, particularly over the activities and social contacts one engages in, is vital for older adults' experience of meaning in life. It is thus valuable for caregivers to learn how to accommodate people to exercise their autonomy and take their choices and preferences seriously.
- Making an effort to get to know people, not just as they are in late life, but their life narratives can be helpful in understanding the needs and wishes of older people. Caregivers can help them put their strengths and talents to good use, even if sometimes in adapted form due to physical or mental functioning restrictions.

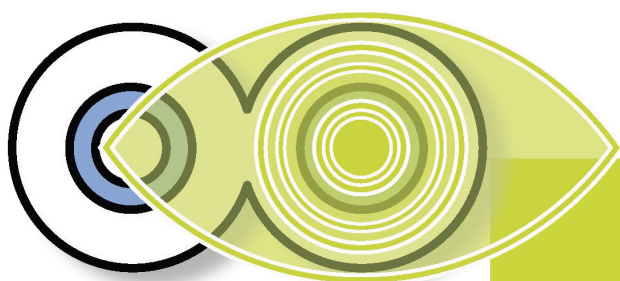
"I can't think about the past either because it's unpleasant. You also have things that make you suffer. The past brings me nothing but misfortunes, and I see the future as very black."

"I miss the sand and the air of the sea. This was my youth. My memories are important. These make my life less boring."





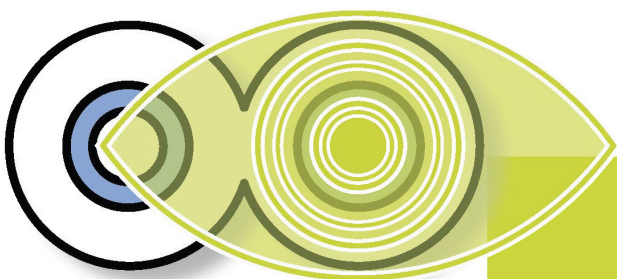
- Reciprocal and in-depth relationships between the caregiver and care recipient are essential, for fulfilling older people's needs and a source of social connectedness and meaning for themselves.
- People in later life are more explicitly confronted with existential issues concerning the loss of close relatives, dependency, and awareness of finitude and death. They have a strong need to talk with others about these existential matters. Sharing significant aspects of life is beneficial to the experience of meaning.
- For people who identify with a religious or spiritual meaning framework, offering access to religious/spiritual rituals and practices, and continuing to include them in the religious community even when institutionalised, is highly important in fulfilling their social and meaning needs.
- Older people in nursing homes want to have a say in how their daily life is organised and filled in. They need to live their lives as they choose, for instance, by having their preferences met when it comes to dinner and bedtimes, self-chosen company, having privacy in one's personal space or listening to the music of one's taste. A pleasant living environment with sufficient private room, a 'homely' feeling, the ability to go outside in nature, being surrounded by valued personal belongings are helpful.
- Participation in meaningful activities and a continued social engagement with family, friends and fellow residents are supportive factors to maintain autonomy. Because preferences about activities can vary significantly, this requires a person-specific approach that considers older people's needs and wishes.
- The proper fulfilment of social and meaning needs implies awareness of the diversity and cultural differences in older people, for example, gender differences, differences in ethnic background, socio-demographic characteristics, place of dwelling, sexuality, housing, availability of (technological or other) aids for mobility.



## 8. Competences for SEEing older adults

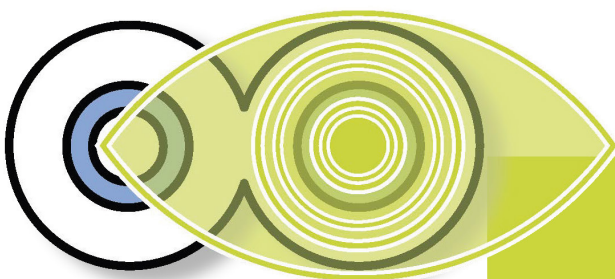
Older adults' needs are adequately served if they are seen as people with potentials, talents, and social and meaning needs. They need caregivers that take a holistic look at the person and respect their uniqueness. To adjust to their patients' needs, caregivers must utilise specific competences and skills. Below, the competences and skills (formal and informal) caregivers need to 'see' older adults' potentials, and their social and meaning needs are summarised. As the competences needed to see the client as a person are the same for all caregivers, we do not distinguish when describing the competencies.

- **Relational competences** refer to traits that allow caregivers to interact with their clients effectively. Relational competences include responsiveness, connecting, and attunement. Relational competences are overarching and encompass many of the other competences.
- **Communicative competences** refer to the ability to communicate in a given communicative setting. Communicative competences include dialogical competences, observational skills, skills to convey and interpret messages and negotiate meanings in a specific context, and social knowledge required for social interaction.
- **Empathic competences** refer to the ability to perceive and relate to another person's situation from an emotional point of view or mentally construct the experiential world of the other. Empathic competences include perspective-taking (both cognitive and affective) and compassion.
- **Moral competences** refer to recognising moral dilemmas, conflicting values and perspectives, balancing values, and moral deliberation. Moral competences include recognising the moral dimension of situations, moral deliberation skills, awareness of values, personal integrity, and wisdom.
- **Cultural competences** refer to the ability of a person to effectively interact, work, and develop meaningful relationships with people of various cultural backgrounds and awareness of stereotypical views. Cultural competences include sensitivity to the beliefs, customs, and behaviours of people from different groups (e.g., race, class, gender, sexuality).



- **Hermeneutic competences** refer to interpreting situations and responding to them by giving meaning to the situations. Hermeneutic competences include sensitivity for meaning issues, recognising layers of meaning in patient's stories, listening to the 'question behind the question'.
- **Narrative competences** refer to the ability to identify, listen to, understand, be touched by and act on the stories that one is exposed to. Narrative competences include sensitivity for (life)stories, skills to take in and understand these stories, being co-narrator if required, preventing narrative foreclosure.
- **Empowering competences** refer to the ability to facilitate and support people to use their skills and talents to benefit their wellbeing. Empowering competences involve recognising other people's strengths and helping them put these strengths to use.
- **Intervention competences** refer to the ability to notice and interpret a problem and select an appropriate intervention. Intervention competences include finding creative and tailored solutions for specific problems.
- **Self-care competences** refer to the ability to take responsibility for their health and wellbeing. Self-care competences include keeping both the body and mind fit and healthy, self-reflection, self-knowledge, awareness of personal boundaries and limitations.
- **Role competences** refer to the ability to take on a specific role, know how to act appropriately in this role, and decide whether to accept this role. Role competences include guarding boundaries and one's health, social, emotional, and practical needs.

The different competences are often linked to each other. Learning more about such patterns of competences is of great importance for creating optimal matches between the needs and capabilities of the caregiver and the care receiver. Such an optimal matching appears to be the primary condition for providing person-centred care well-tailored to the clients' social and meaning needs.

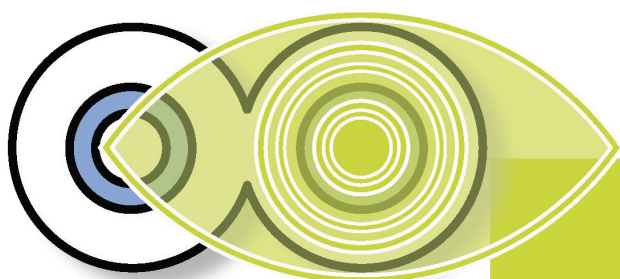


## 9. Competences and skills according to caregivers in the SeeMe project

The interviews on competences and skills of informal, volunteer and professional caregivers resulted in rather coherent and generic outcomes across the six European 'good practices' ([section 10](#)).

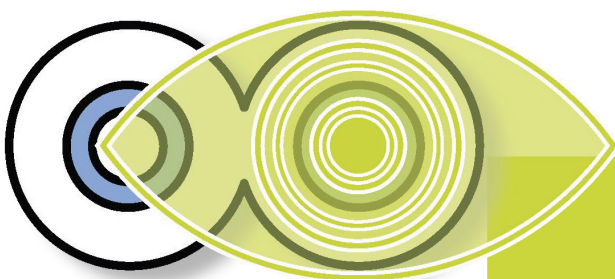
The main outcomes are summarized in four themes.

- The tasks performed by caregivers: generally are depicted as very wide-ranging, from health care tasks to transportation and administration. The scope of activities is particularly striking for informal caregivers, partly because their involvement in a 'meaning making role' with their relatives. Generally, a 'social role' is most prevalent in caregivers, also as coming along with practical forms of care; volunteers have a significant contribution here. Professionals add to this the importance of 'offering a perspective on life' to older adults.
- Attuning to the clients' individual needs: is central to each caregiver. Many state that caregivers require a skill to 'sense' what people need. Informal caregivers stress the importance of knowing the older person and his/her life history. Professionals also seek to connect to the clients' biography to offer perspective in life. A salient finding was the importance of matching capabilities and needs of clients with those of caregivers, as a prerequisite for good care.
- Competences and skills: Whereas the literature signified eleven competences and skills, the caregivers stressed seven of them: relational, communicative, empathic, hermeneutic, empowering, intervention, and self-care competences. Given this, volunteers emphasise being empathic, relational, hermeneutic (sensing what is going on) and self-caring (putting limits to demands). Informal caregivers show a similar pattern, adding aspects like adapting oneself to the older adult and creating a trustful meaning connection. Professionals emphasise communicative aspects, intervention, empowerment and role competence (organisational skills, networking).



- Improving competences and skills:

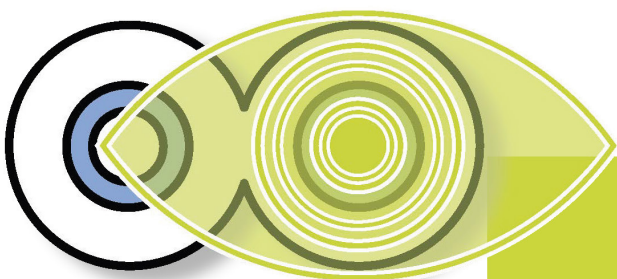
Concerning improving competences and skills, several caregivers doubt whether empathy – ‘really seeing and feeling what others need’ - can be learned. At the same time they had a clear interest in education, like learning about organisational and fundamental health issues. Particularly volunteers were eager to be educated about psychological and relational competences, to get supervision and learn from colleagues in practice.



## 10. SeeMe Good Practices: inspiring features of six care projects

### *The 'Good Practice' programs*

Before highlighting inspiring tactics of six European care projects on 'social inclusion through meaningful ageing', each of these comprehensive projects is introduced in a nutshell.



## \* SeeME Good Practices

### Belgium

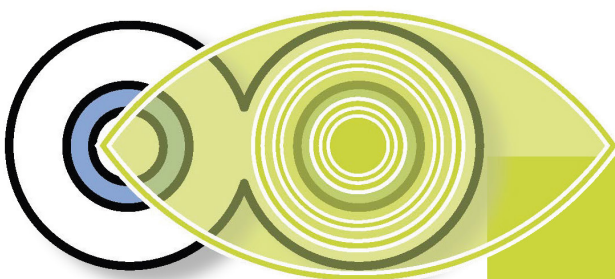
The 'Neighbourhood Pension project' (BuurtPensioen) is an extramural project in Brussels. It involves a network of neighbours, mostly older adults in vulnerable situations, who help each other in everyday life. Empowerment is central, believing in the power and capabilities of older adults in their social context. This program runs mainly on volunteers.

### Germany

The project of 'Altenheimat Vluyn' concerns an in-patient care program for older adults in Neukirchen-Vluyn. It includes intramural and extramural activities focused on promoting community and interaction between residents, staff and volunteers. The facility is strongly connected to the local city and employs this surrounding explicitly in its program.

### Italy

'Animazione' is an intramural project in Campobasso promoting meaningful ageing by offering older adults hands-on and creative activities, tailored to their individual needs. The program is coordinated by socio-educators who work in collaboration with other professionals: educators, psychologists, intercultural mediators and social workers.



## Netherlands

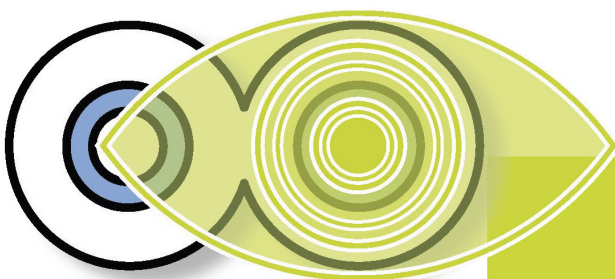
The 'Seniors Project' is an extramural project in Rotterdam directed at preventing social isolation and loneliness of older people. It is guided by professionals, but largely run by volunteers. Its central approach is connecting volunteers to older adults, facilitating encounters between the seniors and discovering their talents and competences.

## Netherlands II

'Enjoyment of life' concerns a Dutch intramural project, which aims to realise person-oriented care through the methodology 'Enjoyment of Life'. This approach is run by professionals with the help of volunteers and informal caregivers and seeks to explore the stories of the older client, leading to a personal plan and a roadmap for caregivers.

## Spain

Grandes Amigos' (Big Friends) is an extramural, statewide project in Spain that seeks to support older people growing old with dignity, good health and wellbeing. It is largely carried out by volunteers and focused on addressing loneliness by putting volunteers in contact with older people. The program includes a broad array of activities, from administrative help to cultural visits, and awareness-raising campaigns.



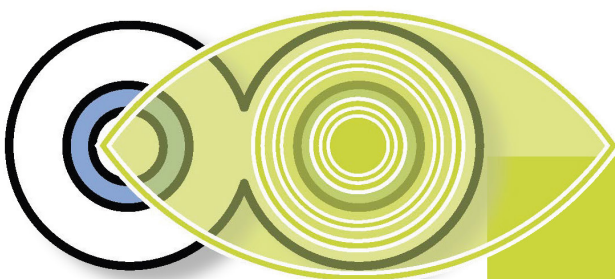


## *The Good Practices' inspiring features*

Based on the six SeeMe 'good practices on social inclusion through meaningful ageing', twelve principles are highlighted that stood out as particular innovative or inspirational.

### Relational focused themes

- Sense of community.  
Creating a caring community of reciprocal personal and professional relationships, based on values such as friendship, dignity and solidarity.
- Membership/ownership.  
Taking an empowerment perspective, creating equal relationships in a program 'owned' evenly by all participants, whether (professional, volunteer or informal) caregiver, clients or involved network. Using a decentralised organisation through which each group or area or has its own 'headquarter'.
- Reciprocity in time.  
Applying a time banking system for program participants to keep fair balance on time spend on helping others and time requested for help in return
- Attentiveness as an intervention.  
Taking abundant personal, respectful attention to clients as an intervention; not forcing programs but putting human attentiveness first.
- Volunteer as a buddy.  
Connecting volunteers as a buddy to older adults to establish a long-term symmetric relationship and to assist them to rebuild their social network.
- Outreach activities.  
Endlessly taking extra steps, lifting limitations and checking up on its members when older participants are at risk of getting out of sight of the program.

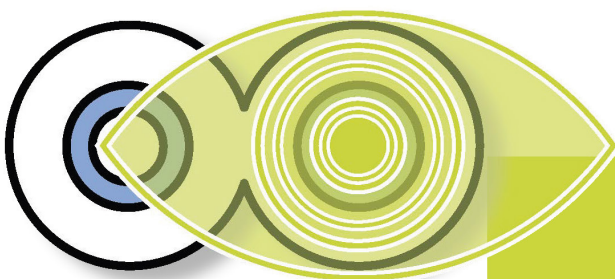


## Care focused themes

- Model based work.  
Using a theoretical model and systematic inquiry to build a personal care plan for each older adult to guide care activities or procedures.
- Biographical work  
Employing biography forms and a biography orientation; personal wishes and interests of older adults are determined and used to shape their daily lives in the care home.
- Tailored care / co-creation.  
Employing an individual focus and/or involving clients in shaping care.

### *Like:*

- a) adjusting the residential daily care schedule to the rhythm and interests of the individual resident;
- b) involving a multidisciplinary group of experts in co-creating activities that induce hidden needs and potential of the older adults.

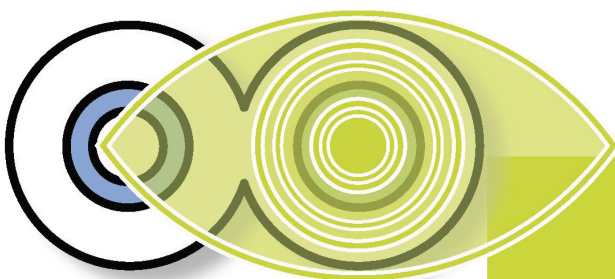


## Final words

Person-centred care also makes demands on the conditions in which caregivers work. Meeting older adults' needs requires several conditions, such as a manageable workload, satisfying contacts with colleagues, sufficient autonomy to organise their work, room for self-development, shared values, and personal and team development. Professional pride comes from a high level of satisfaction with work and recognition. It relates to knowledge and ability, self-confidence, commitment, moral courage, meaningfulness, and independence.

"Without knowing their life story or values, it is very difficult to make contact and connect. You have to consider the baggage that a person already has in life."

"You have to love people", which means a bundle of competences: empathy, attentiveness, observational skills, composure, acceptance, the ability to establish closeness and at the same time maintain a good balance of proximity and distance."





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