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University of Applied Sciences



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Caring Communities

In rural parts of the Northern–Netherlands and Northwestern Germany

EURECO 2021 -Tackling the 'digital divide'. Thursday, 2 December 2021

'Networking' – Collaboration of citizens and professional service providers to promote and stabilize an inclusive community network

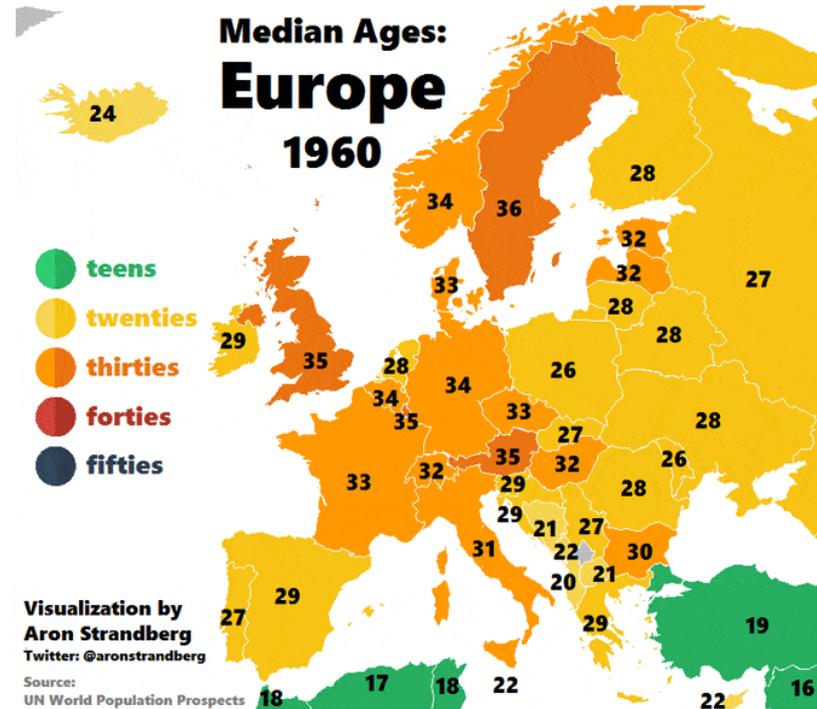
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Rising numbers of (very) old persons 1960-2060

The ageing of the EU-27 population poses challenges to the labour market, due to the shrinking size of the working-age population

...other potential challenges include **pressures on the healthcare system, higher age-related public spending** and the depopulation of certain regions.

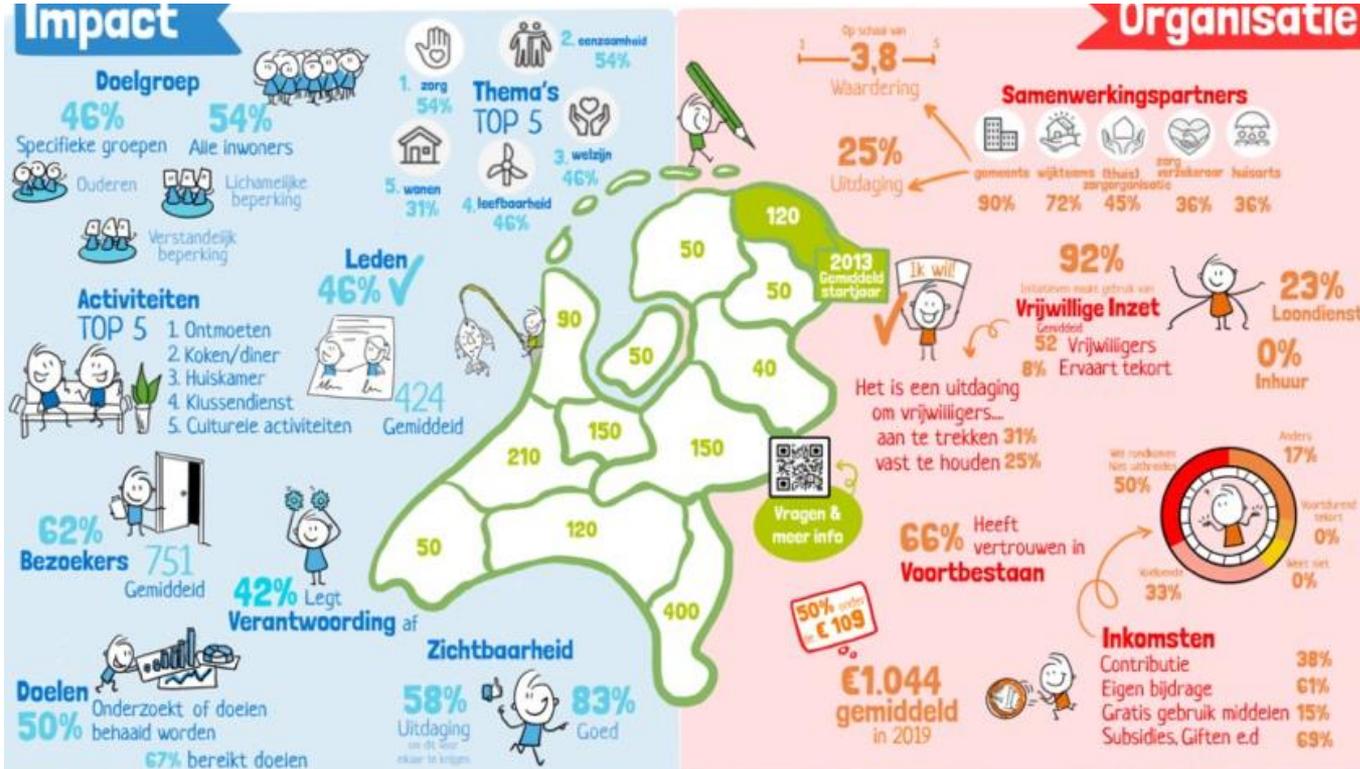
(Source: EPRS, *Demographic Outlook for the European Union*, March 2021)



Demography, civic initiatives & social innovation

- * The last decades citizen initiatives, *burgerparticipatie* (in the Netherlands) or *Bürgerbeteiligung* (in Germany) became a popular policy tool (Hurenkamp and Tonkens, 2020) in line with the **Big Society ideology**, launched in the 21st century in the UK.
- * Through direct involvement and local knowledge, residents themselves are better suited to respond to local needs (Meerstra et al., 2020) and local challenges (population decline, ageing, etc.). For this reason residents' initiatives **can become the engine for social innovation**.
- * In the Netherlands we have especially seen an increase in local initiative to work on **liveability issues in rural areas**, for example concerning energy, **care**, private commissioning, keeping open facilities like a village shop, a bakery or pub.

Caring Communities in the (Northern-)Netherlands



Caring Community: Wedde dat het lukt

WEDDE DAT
'T LUKT!

MET
HULP VAN DE
DORPSONDER-
STEUNER



In this **care initiative** (4 villages with in total 2.190 inhabitants), that was initiated by the general practitioner, villagers, associations, professional care providers and other organizations work together to **maintain and improve the quality of life in their villages**. It focusses on all residents from 0 to 100 years and older. **With special attention to the vulnerable elderly.**

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Wedde dat 't lukt

- * A foundation, set up in 2014, that appointed a **professional village support worker**, who connects those seeking help, volunteers and professional care providers.
- * **Costs** are covered by the community (salary village support worker), national insurance (general practitioner), the province and LEADER (start up costs).
- * Different ways in which the village support worker **creates (social and economic) value.**
 - Linking the demand for informal and formal care to the supply;
 - Reducing the workload of the general practitioner ;
 - Saving healthcare costs;
 - Welfare-enhancing effects for the volunteers involved;
 - Social structures in the village are strengthened (Jong a Pin, 2020)
- * **Digital platform?** Website and physical contact and in COVID-time by telephone, given limited digital skills in the rural areas.

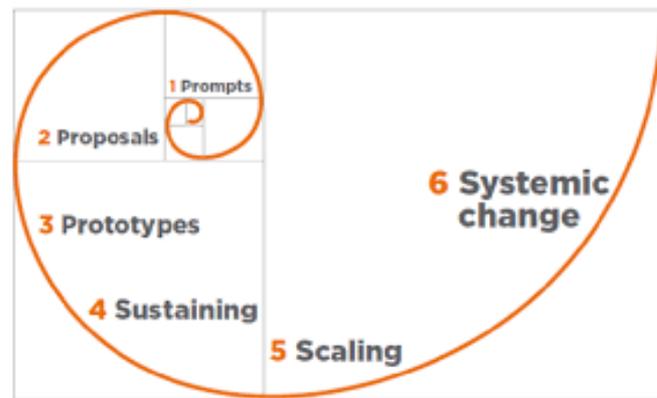
Different types of social innovation

Proactive social innovation is based on different motives and requires different skills than **reactive social innovation**.

Proactive social innovation acts on the basis of perceived opportunities (Wedde dat 't lukt);

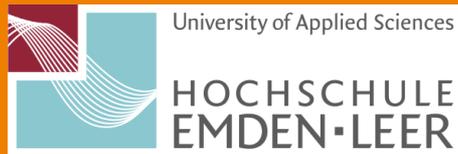
Reactive social innovation acts on the basis of necessity.

In the latter case, the importance of involving other parties (eg the municipality or a knowledge partner) has become apparent in practical cases, precisely because this creates a different dynamic. (Bulder & Melis, 2021).



Caring Community (reactive social innovation)

- * Since 2020 Emden University of Applied Sciences is **developing a concept of a caring community** for a rural municipality with 6.500 inhabitants;
- * **Initiative came from a communal care organization** aiming at creating a kind of inclusive or dementia friendly commune;
- * First step was carving out the practitioner's specific aims and problems in workshops;
- * **Role EUAS** in this phase was bringing out the knowledge and aim of the practitioners;
- * Second step was to involving the mayor and through local stakeholders the wider community;
- * The concept was ordered by and developed with the care organization, but meanwhile the commune stands behind the project and will actively support it;
- * **Next challenge** is involving local stakeholders like sports clubs and the church and reduce prejudices against people with dementia and other peculiarities.



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