HSO30806 – Settings for Health Promotion

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For quality of life

Final Report

April 2013

Ter Aar Vernieuwd Verbonden: Residential (care) complex

An explorative study on the added value of the planned residential care complex

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1. Introduction

The Dutch population is gradually ageing. In January 2012, the Netherlands counted 2.7 million people of 65 years and older (Nationaal Kompas, 2013). This ageing process results in major challenges for Dutch society and government. One of the challenges is the provision of housing and care for the elderly. As many municipalities in the Netherlands, the municipality of Nieuwkoop is also faced with the growing need for elderly care. Nowadays, the municipality offers 160 nursing places and 202 independent houses suitable for home care. In 2020, the demand for these types of housing increase up to 1,074 homes. As a consequence, there are more than three times as many homes needed than currently available (Nieuwkoop municipality, 2013).

In order to meet this demand, in 2007 the municipality decided to develop and realise a residential care complex for elderly people living in Ter Aar and the surrounding area. The development of this complex is part of a broader project, called 'Ter Aar Vernieuwd Verbonden'. This initiative aims to combine housing, care, learning and wellbeing. Starting from the thought to connect young and old, plans emerged to create an intergenerational setting, where the residential care complex is built on the same ground as a so-called 'broad school'. The specific location for this multifunctional setting is in the centre of Ter Aar (Nieuwkoop municipality). Broad school is an umbrella term for educational developments and innovations in which the offering of services by school(s) is broadened; it is a network of facilities in which the school (or schools) are at the centre. In the project of 'Ter Aar Vernieuwd Verbonden', assumed participants are for example elementary schools, a library, day-care, preschool, after school care. In addition more neighbourhood oriented facilities could be located in this multifunctional building, like a tennis- and soccer association, a music academy and a meeting place for elderly.

The initial plan on the residential care complex was to establish group residences for elderly suffering from dementia, were intramural care is provided. In addition, these group residences would be surrounded by independent housing units were (on request) home care could be delivered. However, as the care coordinator has designated other locations for intramural care, this original idea is no longer realizable. The future complex is therefore only authorized to provide extramural care. In addition to the rejection of the intramural care application, the municipality is also revising the aforementioned plans to develop a broad school. Nevertheless, Nieuwkoop municipality still has the desire to develop a residential care complex, preferably in conjunction with the broad school. However, before plans are further developed, insights are needed in order to judge the viability of the care complex. The goal of this explorative research is to provide insights from the perspectives of different stakeholders give recommendations for further research and give advices on important factors that could contribute to the added value of the residential care complex and should be taken into account during the design and realisation process.

2. Theoretical framework

People are living longer, healthier lives and enjoying greater prosperity than ever before. As the baby boomers continue to age and the ageing population grows larger and becomes more diverse, policymakers, researchers and local community leaders will need to make decisions that support the health and well-being of the elderly (Minnesota Department of Health, 2006). The WHO refers to this form of ageing as active ageing: '*active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need*' (WHO, 2012). If people are ageing, maintaining their autonomy and independence is a goal for both individuals and policy makers. With the word 'active' the WHO refers not only to the participation in labour force or being physically active, also to the participation in social, cultural, economic, spiritual and civic engagements while ageing (WHO, 2012).

The WHO uses the term active ageing, which refers strongly to the participatory part of ageing. In addition, also the term 'healthy ageing' is used in research. According to Räftegård Fäggren and Wilson (2009, referred to in Naaldenberg, 2011) healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older people to take an active part in society. Besides participating, also enjoying an independent life of a high quality is important. These two definitions of healthy- and active ageing are quite similar and the starting point of this research. Both definitions view ageing from a salutogenic perspective.

2.1 Salutogenic approach

The salutogenic approach is about giving people tools to promote a healthy lifestyle. The view is to promote a healthy lifestyle with a result that people live longer in a healthy condition (Eriksson & Lindström, 2008). The quality of life is subjective and multidimensional in nature and includes both positive and negative dimensions of physical, psychological and social domains (The WHOQOL Group, 1995). The suggestion based on the model of Downie et al. (2000), is that health can be promoted not only by preventing ill-health but also by enhancing well-being and fitness, which is related to the salutogenesis approach of Antonovsky (1988).

In this approach factors maintaining good health is emphasised. In this theory, Downie (2000), stated, based on Antonovsky's theory, that a strong sense of coherence (SOC) maintains good health, by providing assets to cope with everyday tension. When stimuli, which result from the environment, are understandable, manageable and meaningful for an individual, a (higher) sense of coherence can be achieved (Downie et al., 2000). This can be applied to this setting by motivating the elderly to cope with the adverse situation that they may encounter in their everyday life, including stress, loneliness, and the loss of their family and friends. According to Downie et al. (2000), the main concern of health promotion is empowerment of individuals which enables them to develop self-sufficiency by improving their abilities to control one's life, to express personal will and to develop their talents.

In order to map and display the setting in which the salutogenic health promotion should take place, system thinking and the settings approach are very helpful ways of viewing health promotion challenges. System thinking en the settings approach are two approaches which are derived from the salutogenic perspective. In these perspectives the holistic view is the basis, because healthy ageing can only be achieved when the whole context, with all its determinants is taken into account (WHO, 2012).

2.1.1 System thinking

Health issues are often complex. In order to capture the complexity, this research will consider the system thinking approach, focusing especially on the concept of the whole system thinking discussed by Mark Dooris and the critical system thinking elaborated by Alan Best et al (2003).

Dooris (2009) argues in his article that in order for projects of health promotion to be successful it is important to consider the context around the health issues that the project aims to deal with. He calls this approach the "whole-system" approach (Dooris, 2009). Elaborating on this theory, Dooris (2009) mentions three important key issues relating to health promotion: implications, challenges and opportunities. As challenges he alludes for example, inequalities between and through settings, referring to the interrelatedness of settings operating at different levels. But also the issue of power relations, stressing the importance of the social, political and environmental context. He argues further that for an effective implantation of a health related project challenges must be tackled and opportunities revealed (Dooris, 2009).

Another article by Alan Best et al. (2003) also emphasizes the importance of the system thinking approach and focuses especially on critical system thinking. Best et al. (2003) differentiate between different kind of system thinking, hard system thinking, soft system thinking and critical system thinking. In *hard system thinking* the structure of the system is given and static; therefore actions are predictable and controllable. In *soft system thinking* structures are in a continuously changing and dynamic process. The soft system thinking is useful to analyze social complexity and dynamics. In *critical systems* the nature of the structure of the system is the same as in soft systems. The difference is that in critical system thinking the aim is to make use of diversity and flexibility in a way that it would be most desirable for all the actors involved (Best et al. 2003). The authors of the article state that essential for critical system thinking are: critical awareness, emancipation, and theoretical and methodological pluralism.

Crucial for critical system thinking is an integrated approach. The authors define four main models that together form the basis for an integrated approach: social ecology, life-course health development, health promotion planning, and community partnering. Social ecology refers to the complexity and interrelatedness of social structures and environmental aspects. Life-course health development refers to changing health needs in the life-span, health promotion planning addresses effective contribution to enhance health, and community partnering focuses on collaboration of communities (Best et al., 2003).

2.1.2 Settings approach

In order to understand the settings of a healthcare promotion project it is of importance to take the following subjects into account: (1)Diversity across and within categories of settings, (2) received knowledge, (3) localized determinants of health, (4) stakeholders and interests, (5) power, influence and social change (Poland, Krupa & McCall, 2009). When looking at categories of settings there needs to be awareness on what the categories are and what their function is in society. Besides that, the diversity among the categories has to be taken into account, in order to compare and understand different types of settings, since every residential care complex is unique (Poland et al., 2009).

It is important to identify who the stakeholders are and what are their interests concerning the realization of a project. To get an overview of this situation a stakeholder analysis will be made, which includes the roles, tasks, influence and power of the different stakeholders. Besides an overview of the several stakeholders, it is also important to know what the assumptions are towards the project, from the perspective of different stakeholders (Poland

et al., 2009). For example, with the ageing society, the Dutch government may assume that there will be an increasing demand for care and places were care can be delivered more easily. At the same time there may be lack of money from residential services and the elderly population to invest in a new place. By investigating and making an overview of these assumptions, stakeholders can become aware of the limits and opportunities of the setting and decide to join or leave the project.

2.2 Types of elderly care

With the ageing society, the enormous increase in the number of elderly, there will be an increase in the demand for different types of elderly care in the future. Elderly care can be divided in three categories, *intramural care (residential care), extramural care (home care), and informal care*. *Intramural care* includes all care necessary for people who need it, especially elderly people with disabilities (Medical Dictionary, 2013). People will live in a residence where they will be helped any time they need it with everyday tasks. An example of this type of care is a nursing home.

There are several definitions of *extramural care* available, extramural-/ home care as a phenomenon and a concept is not clearly defined (Thomé, Dykes & Hallberg, 2003). In all these different definitions there is a general idea of extramural care, which is chosen as the definition in this research. Extramural care is health care or supportive care provided in the patient's home by licensed healthcare professionals, in order to promote, maintain, or restore health or minimize the effects of illness and disability (Medical Dictionary, 2013; Ministry of Public Health, Wellbeing and Sports, 2013; WHO, 2013). Care like personal care (e.g. help with (un)dressing), nursing with mild medical problems and guidance can be received at home (Ministry of Public Health, Wellbeing and Sports, 2013). In the ageing population, many people suffer from functional impairments and need support to carry out daily activities (personal activities of daily living, PADL) (Thomé, Dykes & Hallberg, 2003). With personal activities of daily living you can think of bathing, dressing, transferring, using the toilet, eating, and walking. Besides the personal activities of daily living, also instrumental activities of daily living (IADL) become more difficult to carry out (Thomé, Dykes & Hallberg, 2003). Instrumental activities include light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money. It is necessary that elderly can perform these activities in order to be able to remain in their own homes and live longer independent and improve their general quality of life (Ministry of Public Health, Wellbeing and Sports, 2013).

Extramural care, thus, makes it possible for people to remain at home rather than use residential, long-term, or institutional-based nursing care, which corresponds to the definition of healthy/active ageing by the WHO (2012). Social care forms a part of extramural care. Social care contains organized day programs for the elderly who ensures socializing with other people from society and providing activities throughout the day, by for example a social worker. Meta analyses about the effectiveness of extramural care showed an overall significant decrease in long-term mortality, decrease in the number of hospital days and admission to hospital or nursing home (Thomé, Dykes & Hallberg, 2003). Extramural care can also be divided into assisted living and independent living (Medical Dictionary, 2013). When the elderly live independently the care they receive will not be care provided from the hospital or a healthcare institution. The care need can be physiotherapy, a specialist from outside of the hospital, home care or a general practitioner visiting. For assisted living the concept is the same but they will be living independently with other elderly people in a home. They can receive additional housekeeping and have activities offered.

Next to these options of formal care, *informal care* might already being used in the families of the elderly. With informal care is meant the long-term care for a person in need of help that is provided by people from that person's immediate environment. The care is unpaid and informal care is about long term intensive care (Ministry of Public Health, Wellbeing and Sports, 2013). These caregivers will take care of the needs of the elderly but will not provide professional medical care. The extramural care can thus be provided at home, where the elderly already live. Most of the time elderly live in a family house, which might become too big for them, when the children leave the house and the elderly stay behind. Then, a complex with apartments might be a solution, because then the house is smaller and all the rooms are on the same floor. Factors that may influence the movement to a smaller apartment are described in the next paragraph.

2.3 Factors influencing movement to a residential care complex

2.3.1 Policy/ funding issues

Policy and funding issues are some of the main factors that influence the elderly either to live in their own home or in a residential care complex. For elderly to move to the residential care complex it is important to put in to account the affordability of the cost they need to pay for their care. Studies about elderly care conducted in United Kingdom for example, pointed out that future funding of long term care for elderly should be estimated based on the long term care service needs of the elderly associated with the expected changes in their life and health expectancy and socio-economic variables. In addition, the research indicated the importance of considering how much cost will be needed to meet the expected demand for care and how it will be distributed under diverse policies and funding mechanisms. (Wittenberg, Raphael, et al, 1998).

Worldwide, the WHO advices countries to incorporate an active ageing approach to policy and programme development. By implementing this kind of policies, both individual and population ageing can be addressed (WHO, 2012). All kinds of fields should incorporate the active ageing policy, like the health care, labour market, education and social policies. This will lead to fewer premature deaths, fewer disabilities associated with old age chronic diseases, higher quality of life experienced by the elderly and a higher participation rate in society among the ageing population (WHO, 2012). But the most important consequence of the active ageing policies is the lower costs related to medical treatment and care services (WHO, 2012).

Personal responsibility (self-care), age-friendly environments and intergenerational solidarity should be balanced and encouraged; the active ageing policies and programmes acknowledge the necessity for it. According to the WHO (2012) it is important to prepare yourself and your family for older age. Adopting positive personal health practices during the life course should not be left out when preparing. Besides the personal effort in preparing for older age, also supportive environments are required to make the healthy choice, the easiest choice (WHO, 2012).

Next to the personal reasons for incorporating active ageing policies, there are also good economic reasons for incorporating these policies and programmes. The major reasons are the increase in participation rate and the reduced costs in care. People who adopted a healthy lifestyle when ageing, encounter less restriction if they continue to work. The existing trend to retire earlier than 65 (in the Netherlands) is in large part due to social policies that encourages early withdrawal from labour force (WHO, 2012). If there will be more and more elderly, the

pressure on those policies will increase, because the elderly are and feel fit and are thus able to work till later age. If then, the elderly work longer, till they reach the age of 67, this will help to decrease the costs in pensions and monthly allowances and compensate for the rising medical costs of the older group of elderly (80+). As people age in better health, medical costs may not increase as rapidly (WHO, 2012).

In the Netherlands, the Dutch law for special medical expenses (AWBZ) reimburses long-term care for people with severe disabilities. It is about disabilities caused by a handicap, chronic disease or old age (Rijksoverheid, 2013). It covers medical costs which are not covered by the health insurance and which are hardly payable for anyone. If someone lives or works in The Netherlands, then that person is always insured for the AWBZ. You pay the premium for the AWBZ via your wages (a fixed percentage) or via the monthly allowance when you are unemployed (Rijksoverheid, 2013). To receive the AWBZ-care, you need an indication.

AWBZ-care with an indication (Rijksoverheid, 2013)

- For the following types of care and support, financed by the AWBZ, an indication is necessary:
- Personal care (e.g. help with showering, dressing or going to the toilet)
- Nursing (e.g. taking care of injuries or inject a person)
- Guidance (e.g. guidance of activities, day care)
- Treatment (revalidation or the treatment of a chronic disease)
- Long-term stay in a healthcare institution (e.g. living in a nursing home)
- Short-term stay in a healthcare institution (maximum of 3 days per week. E.g. a child with a handicap goes a couple of times per week to an institution to unburden the parents)

Care which is not covered by the AWBZ (Rijksoverheid, 2013)

- Usual care/ standard care; when a patient needs less than three months of care, someone within their own family or household can help the patient with the daily care. The patient is not eligible for care covered by the AWBZ
- Informal care; when a patient needs more than three months of care. If there is (temporarily) no informal care available, then care covered by the AWBZ can be requested.
- Resources and facilities; domestic help, wheelchairs and adjustment to the home are not covered by the AWBZ, but are covered by the Law Societal Support (WMO), which is carried out by the municipality.
- Hospital stay; admission to the hospital is covered by the Health Insurance Law.

If in the future, the health care sector has to deal with more budget cuts then as a consequence people have to pay a higher amount of personal contribution to the AWBZ. Due to the higher amount of premiums someone has to pay, less money remains for buying a new apartment. These funding issues may hinder the movement of elderly to a new home.

2.3.2 Environmental factors

The role of environmental factors in health promotion interventions have been recognised since the Ottawa charter for health promotion proposed creating healthy environments is one of its main target areas (WHO, 2004). A supportive environment in a health promotion context refers to the physical and social aspects of the environment. This aspect focuses on providing equal access to all people to resources for living and other chances to empower them, despite their impairments or other impeding factors (Sundsvall, 2004). For example, Ulrich (1999) suggested that in addition to ill-health, which may promote stress, stress itself leads to negative health outcomes and may hinder recovery processes and pointed out that its experiences could be relieved by creating favourable environmental conditions.

According to the conceptual model by Ulrich (1999), there are five key features of supportive health promoting environments that play a great role in stimulating individuals to control their health, namely: access to privacy, access to social support, safe environment, availability of good services and access to nature and to other positive facilities. Creating supportive environments in the planned residential care complex will have a significant effect on facilitating elderly's ability to recover from illness and cope with stress and loneliness. This, in turn results in improved health. A green environment triggers people to go outside and take a walk (Wahl et al., 2011). A lot of green outside is also stimulating for social contacts, by designing meeting places and parks where people spend their leisure time.

2.3.3 Personal factors

Individual preferences or situations are some of the major factors that motivate or hinder older people to move to a residential care complex. These personal problems which many elderly face include, sorrow and loss of family members and friends, social isolation, fixed income in the period of increasing inflation, impaired physical and intellectual functioning and gradual reduction of autonomy and self-esteem (Walters, 2002). If elderly feel sad and lonely due to the loss of a family or friend, they are encouraged to move to residential care complex which could help them to minimize the stress that they feel if they live alone, because they may have social support of other elderly people living nearby then.

Past research on elderly movement has identified several associations of setting choices, which can be categorized broadly into amenity and cost factors (Walters, 2002). Amenities include physical amenities, cultural amenities, and access to services. Physical facilities, such as pleasant climate and nearness to recreational opportunities are often found to be significant factors of movement (Clark & Hunter, 1992). Presence or absence of these factors in a residential care complex will have a significant influence to motivate or hinder the elderly to move to that complex. In addition older people who live in high crime rate areas and in neighbourhoods with lack of intimacy prefer to move to residential care complex in order to be secured and get social interaction. Studies also show that the high demand of many elderly for health services, such as the numbers of physicians, hospital beds, and quality of nursing have positive impact to choose for residential care (Walters, 2002). Improved quality of housing comparable to their financial situation, individual preferences to live alone or with others, level of income they have, the level of health and social care they need, are among the personal factors that need considerable attention. When planning a health promotion intervention, that involves the elderly, it is necessary to take the above mentioned points into account.

2.4 Analytical map

The map in figure 1 illustrates the overview of the applied concepts in this research. The concepts are differentiated into 3 layers of a circle, which are continuously influencing with other. The outer layer represents the analytical lens of this research. The whole research is framed by an approach which is a mix of salutogenesis, system thinking and settings approach. The middle layer contains factors that influence elderly's decision to move or not to move to a residential care complex. These factors are identified as individual factors, political factors, and environmental factors. The inner layer distinguishes between three different types of care, residential care, informal care and homecare. Homecare is emphasised by an extra circle because the focus of this research is on homecare.

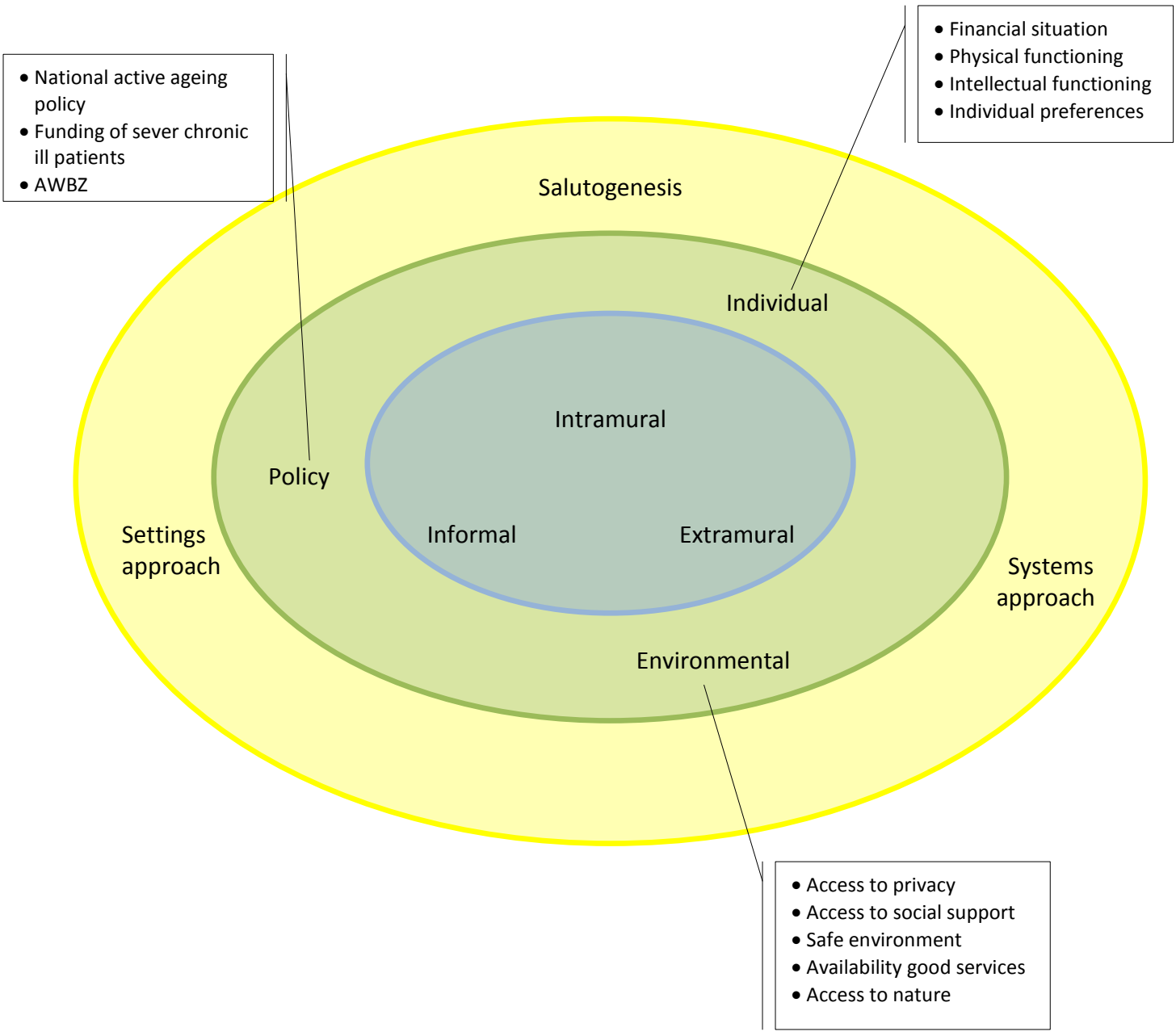

Figure 1. Analytical map of this research

3. Methodology

3.1 Main research question

As stated in the introduction, in order to enhance successful realisation of the residential care complex, it is important to get an understanding of the views from the primary stakeholders involved, especially potential future residents. The objective of this research therefore is to provide insight into the possibilities for home care and characteristics of the complex that influence moving to the building. Consequently, the main question of this research reads:
What should the planned residential care complex in Ter Aar offer in order to attract potential residents?

3.1.1 Sub questions

1. What does the setting look like?
2. What are the possibilities for providing home care?
3. What factors motivate or hinder the movement of elderly to the residential care complex and why?
    a. What factors related to policy and funding motivate or hinder elderly to move to the complex and why?
    b. What personal factors motivate or hinder the movement of elderly to the residential care complex and why?
    c. What environmental factors motivate or hinder the movement of elderly to the residential care complex and why?

3.2 Mixed methods

This explorative research offers the municipality of Nieuwkoop insights into the setting of their project, the possibilities for home based care and determinants that might stimulate or impede the movement of elderly to the planned residential care complex. Since this research attempts to gain access to the stakeholders' views of and experiences with the planned residential care complex, a qualitative research approach is adopted (Bowling and Ebrahim, 2005). The fieldwork was conducted in week 12, 14 and 15 of 2013 in Ter Aar (Nieuwkoop Municipality) and can be broadly divided into three overlapping phases. The aim of the first phase was to get insight into the setting of the project. Therefore, two meetings with the commissioner where organized and additional information on the residential care complex was collected. The data gathered resulted in the development of a stakeholder analysis, which in turn was used to determine primary stakeholders. Besides information on the setting, also information was gathered about the policy and funding issues regarding healthy ageing. A literature search was carried out to find out the policy of the WHO regarding healthy ageing and the funding strategies of care in the Netherlands.

Based on this analysis, in the second fieldwork phase we performed semi-structured, in-depth interviews with four stakeholders. In preparation of the interviews, we developed four (in two cases slightly) different interview guides in order to structure the encounter. The guides consisted of a mix of 'open' and 'closed' questions, which allowed the content of the meeting to be planned, but also flexible (Bowling and Ebrahim, 2005, p.218). The interview with care organization 'ActiVite' was mainly about ActiVite's stance towards the project, possibilities for extramural care and their willingness to provide this care in the planned complex. During the meeting with housing services 'Aarwoude', we discussed their views on the initial and revised plans, their possible contributions to the future building and criteria for success. The third and

fourth interview with respectively the 'Catholic Elderly Organization' of Ter Aar and 'Foundation Wellbeing Nieuwkoop' were mainly focused on both organizations' knowledge on the views and experiences of the target group: elderly people living in Ter Aar.

In order to get a clear view on what factors motivate or hinder elderly to move towards the planned care complex, the last phase was dedicated to conducting focus groups. Focus groups are an efficient and powerful research tool, which can be used to assess the views of people who are rarely asked for their opinions and produce 'rich data very quickly in ways which may not be possible with other qualitative or quantitative research methods' (Bowling and Ebrahim, 2005, p. 220). Given that previous attempts to contact our target group failed, our contact person from the Foundation Wellbeing Nieuwkoop advised us to invite people that are already living in a (similar) residential care complex. Besides his advice, the contact person also provided us with some results of 'wellbeing visits' to people aged 75 or older. The secondary data were used to place the results in perspective. These people have previously made the transition towards a care complex and are therefore valuable experts by experience. Via snowball sampling (network of our contact person) we were able to organize two focus groups with elderly currently living in a residential (care) complex in Ter Aar or Langeraar. These discussions gave us the opportunity to explore people's opinions through group interaction. Both focus groups started with an introduction to the research, the researcher and the elderly themselves. This introductory part was followed by an interactive session identifying positive and negative aspects of their current building. After this discussion, participants were taken on a 'journey' and asked to think about how the future residential care building should look like. The pictures below show the two focus groups, one in Langeraar (figure 2) and one in Ter Aar (figure 3).

Figure 2. The focus group in the residential care complex in Langeraar

Figure 3. The focus group in the library in Ter Aar

4. Introducing the field

4.1 The Nieuwkoop municipality

Nieuwkoop is a municipality in the Dutch province Zuid-Holland. Nieuwkoop is situated close to Alphen aan de Rijn, in the middle of the 'Groene Hart' (The 'Green Heart'), which can be seen in figure 4 and 5. The municipality Nieuwkoop has been merged on January 1st 2007 with the municipalities Ter Aar and Liemeer. This new municipality also has the name Nieuwkoop. Nieuwkoop has currently 27.073 inhabitants (Gemeente Nieuwkoop, 2013).

Figure 4. Location of the Nieuwkoop municipality in the Netherlands (Google maps, 2013)

Figure 5. Zoomed closer to the location of the Nieuwkoop municipality in the Netherlands (Google maps, 2013)

4.2 Demographics

Globally there is a trend to be seen in countries towards the development of a larger older population. According to the Centraal Bureau voor Statistiek (CBS) in the Netherlands the same situation occurs and this has to do with the decreasing mortality rates of cardiovascular diseases. Also the large baby boom generation and the amount of non-western immigrants explain the development of the elderly population in the Netherlands (Garssen, 2011).

When we take a look at the municipality of Nieuwkoop the same trend is to be seen. The municipality expects the elderly, in the age group over 55 years, to grow older and stay in Nieuwkoop and the younger population, in age group up to 54 years, to decrease. This will translate into an increase of 72.4% of elderly above 75 years in 2020. After 2020 the municipality expects the increase of elderly people above 75 years in the population of the municipality of Nieuwkoop to continue (Gemeente Nieuwkoop, bestemmingsplan, 2013). Approximately 4600 inhabitants live at the moment in the core of Ter Aar (Gemeente Nieuwkoop, Feiten en Cijfers, 2013). From that group approximately five hundred people are older than 65 years. When the municipality looks at the region Ter Aar their expectations are that in 2020 the population above 75 years old in the core of Ter Aar will be doubled (Gemeente Nieuwkoop, bestemmingsplan, 2013). Hence we can see a decrease of young people being born and staying in Ter Aar and an increase of elderly people.

4.3 The location of the planned residential care complex

Due to the ageing population, also in the municipality of Nieuwkoop, more (lifecycle proof) houses are needed, where elderly can live with all the rooms, e.g. kitchen, living room, bathroom and bedroom, on the same floor and close to different facilities. As people age, housing modifications become important to compensate for and assist in their adaptation to declining functional capacity in order to maintain a sense of wellbeing and independence in daily life (Oswald et al., 2007). This is the reason why the municipality of Nieuwkoop designed a plan for a residential care complex, in combination with a broad school and a residential area with family houses. This whole project is called 'Vernieuwd Verbonden'.

The centre of the village of Ter Aar is designated as the ideal location to build the new residential care complex, in which between 30 and 40 apartments are planned.
In figure 6 is shown how the setting looks like where the whole project 'Vernieuwd Verbonden' is planned. The planned residential care complex is indicated with a circle.

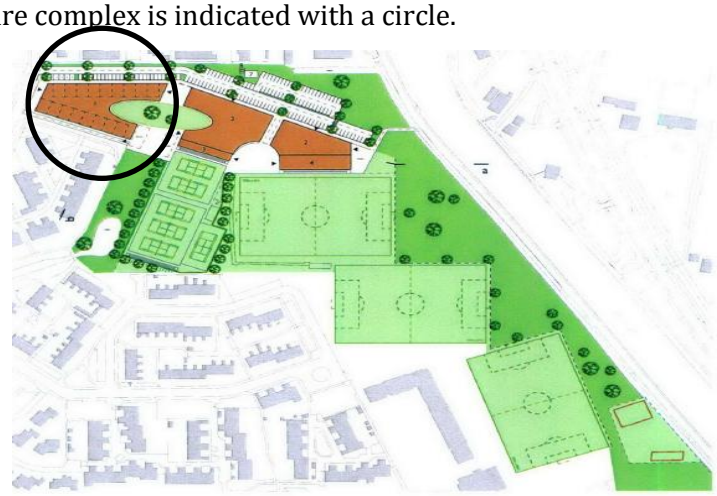

Figure 6. The map of the 'Vernieuwd Verbonden' project (Nieuwkoop Municipality, 2006)

To give a better image of the setting, the following pictures are included. It shows a street view of how the setting looks like right now. On the grass area in the middle of the pictures, the residential care complex is planned to be build.

Figure 7. The street view of the location of the 'Vernieuwd Verbonden' project (Google street view, 2013)

4.4 Description of the setting

The setting of 'Ter Aar Vernieuwd Verbonden' consists of several buildings containing a residential care complex, a broad school, sport fields and -associations, a library, family houses and apartments. This setting is similar to other care complexes, in that it consists of apartments for the elderly, with all the modifications already existing in the houses and close to the facilities in the neighbourhood. Just like in other complexes, elderly can receive extramural care. In general, the plan to include the broad school and other sports facilities together with a residential care complex will definitely makes the setting unique.

There are several current examples of existing multifunctional care homes that are based on the concepts of salutogenesis, system thinking and the settings approach. In the literature it is argued that multifunctional care homes can have positive and negative effects on health promotion for the elderly. Bernard et al. (2007), for example, are researching in their article on the case of villages for elderly in England and argue that living in the village has positive effects on the mental health and the security of the wellbeing of the elderly. The authors identify aspects such as the natural environment, social support, availability of care staff and care packages as important factors for enhancing the health of the elderly (Bernard et al., 2007). These aspects are very well applicable to the concept of salutogenesis and environmental and individual factors of health.

Bevan's article (2010) on park homes for the elderly in England focuses even more on the environmental aspects in a broader system approach. He criticizes that the decision of moving to the park-homes is restricted by a limited choice through economic aspects. For the elderly the park-homes are often not their first but consider it as acceptable. Thus, many elderly are confronted with limited housing options because of financial aspects. In this situation the elderly often find it hard to identify them with the new place, which can lead to adverse health effects. On the contrary, similar to Bernard et al. (2007), he also argues that these park homes can have positive effects on the mental health and the security of the wellbeing of the elderly. The impact of the park homes of the elderly health depends on their personal context (Bevan, 2010).

The elderly in the focus group of Ter Aar stated that it has been so long since the plan was made to build the residential care. They also pointed out that it would be good to ask the elderly people who are already living in a complex in order to know what is needed and what is not needed to include in such a complex. Besides the elderly agree that the location of the complex is quite good as it is not in a very busy street and close to the town. Regarding the combination of the broad school with the complex the elderly in both focus groups had a different opinion. Some of the elderly argue that it is quite good idea to build a school within the complex so that the elderly could have close interaction with the kids. Besides, they agreed that they could be a reading mom or dad and may also help the children during the lunch time. On the other hand some of the elderly in both focus groups argued that there would be a lot of noise from playing kids and the traffic.

In their opinion they do not support the idea of combining the broader school and need it in a very well isolated place. Regarding the need for the extramural care in the complex, the elderly in the focus groups argued that they did not see its added value as this type of care is already possible for elderly living in their own house. So they feel sad about the complex where an intramural care is not an option anymore.

4.3 Stakeholder analysis

It is important to identify who the stakeholders are and what are their interests concerning the realization of a residential care complex. Although there are many stakeholders involved in the project ' Ter Aar Vernieuwd Verbonden' (TAVV), the focus only is on six stakeholders who have a key role in the realisation of the residential care complex. This analysis of the stakeholders was done base on the results from the in-depth interview conducted with a representative of each stakeholder.

The municipality of Nieuwkoop has high importance and power because it has the responsibility to approve the ground. Besides the approval, the municipality has to buy the plot and is then responsible for the plot. The municipality has an important role in the application of the budget for extramural care (from 2015 on) from the Dutch government. So the municipality of Nieuwkoop plays a key role in this project and by this it is a primary stakeholder. **The residential services Aarwoude** have high importance as they are the one who provide the social housing and have to build and finance the building of the complex. They therefore have an enormous influence in the designing- and creating phase of the building.

The elderly are very important stakeholders, because it is the target group of the residential care complex. They should be willing to move to the complex. That is why it is very important to include the target group from the beginning by brainstorming about the complex and designing the complex. Till now they are not involved in the project 'Vernieuwd Verbonden', therefore they have limited influence, but they should have more influence. The organization **ActiVite** has high importance as it has a potential organisation to provide the care needed by the elderly. But it is not quite sure whether the elderly will choose their own care provider (which can be ActiVite or another care provider) or that another organisation is assigned to the complex by the municipality via the AWBZ.

The Catholic elderly organization (in Dutch 'Katholieke Bond voor Ouderen' and hereafter referred to as KBO) has a lot of elderly members, therefore could be of high importance, because it is the target group of the complex. Up to this moment the KBO is not involved in the project, which makes the KBO less influential. **The Foundation Wellbeing of Nieuwkoop** (in Dutch 'Stichting Welzijn Nieuwkoop' and hereafter referred to as SWN) has less importance as they are also concerned with the needs of elderly in general, but they can play a role by the dissemination of information of the wellbeing visits at the elderly. But since they are not involved in the project up to the moment, they have no any influence in the project. Table 1 shows the summary of the primary stakeholder analysis based on their interests, the role they play in the project, their importance and the power or influence they have in the project.

Table 1. Stakeholder analysis residential care complex in the project 'Vernieuwd Verbonden

STAKEHOLDER	STAKE/INTEREST	ROLE/TASK	IMPORTANCE	INLFUENCE/ POWER
Municipality of Nieuwkoop	• React to the trend of an ageing society • (Potential) owners of the ground	Coordinating the project	++	+
Residential services Aarwoude	• Organisation which is socially involved • Profit making	Providing social housing	++	++
Elderly people	• Potential future residents	X *** two public consultation meetings were organised by the municipality	++	_ _
Caregiver ActiVite	• Support people to live independently as long as possible • Profit making	Providing good extramural care	++	-
Catholic Elderly Organisation (KBO)	• Wellbeing of the elderly living in Ter Aar	Representative of the elderly people living in Ter Aar	+	-
Foundation Wellbeing Nieuwkoop (SWN)	• Improving care and services available to the residents of Nieuwkoop	Providing information, guidance and execute wellbeing visits	+	-

4.4 Assumptions of the different stakeholders

For a residential care complex it is important to know what the assumptions are towards the project, from the perspective of different stakeholders (Poland et al., 2009). The Dutch government assumes that, because of the ageing population, there will be an increasing need for residential care complexes (Nationaal Kompas, 2013). At the same time there is a lack of money from the Dutch government to provide intramural care in the residential care complex.

The Municipality of Nieuwkoop assumes that the combination of the broad school, the sport facilities and the apartments in the residential care complex would play a key role in the intergenerational aspect of the setting. They assume that intergenerational learning can be beneficial to increase the close interaction between the elderly and the youth. The municipality argues that the elderly will have easily access to social support and social interaction which in turn will improve their psychological wellbeing. Aarwoude assumes that there will not be many people of 70 years old and above who are willing to move to the new complex, if rent is higher than they are paying right now. ActiVite thinks people will not move to a complex, which has two parts offering services, because of the distance between the complexes. If the facilities are thus spread over two buildings, people experience this as a hindering factor to move, according to ActiVite. The KBO doubts the added value of the broad school and assumes that it may hinder the movement of some elderly. The SWN is convinced that it may work, he assumes that it is a nice experiment to put the broad school in the same setting as the residential care complex. The elderly assume that there will be much complains about the fact that the broad school might create problems like noise and a traffic jam on the streets in the neighbourhood. However, other elderly have a positive view in that it will help them to increase their social interaction and support.

The KBO assumes that the location of the project 'Vernieuwd Verbonden' is well chosen, close to the facilities in the centre of Ter Aar. As a contrast, the SWN assumes that the location is too far from the centre and the facilities of Ter Aar and that public transport might be necessary. The KBO assumes that the financial situation of elderly is crucial in the decision whether to move to the new complex or not. In showing these assumptions stakeholders can become aware of the limits and opportunities of the setting and decide to join or leave the project.

5. Possibilities for extramural care

For the project to be accomplished it is important to be sure that there is sufficient demand for a 'regular' extramural care housing complex. Residential services Aarwoude mentioned that the Regionale Commissie Gezondheidszorg Zuid-Holland Noord calculated an increasing demand for both intramural and extramural care for the elderly in Zuid-Holland Noord (in which the municipality of Nieuwkoop is situated). During focus groups with elderly living in a residential complex in Ter Aar and Langeraar, it became clear these elderly see a great need for intramural care and are not completely satisfied with the providence of care when they are in urgent need of it.

> *The care services need too much time to attend when there is a demand for immediate help, especially during nights*. (Female resident of complex Langeraar)

> *I think there would be a much higher demand for this building when intramural care would be provided. In a normal house it is already possible to receive care. We feel very sad the project continues without the intramural care*. (Resident of complex Ter Aar)

Unfortunately intramural care is not possible to integrate in a new residential care complex in the centre of Ter Aar due to budget cuts of the Dutch government. Therefore it is necessary investigate the care options which a care organization, like ActiVite, can offer in a future residential care complex.

ActiVite provides care to a large area in the west of the Netherlands, namely the "Bollenstreek" region situated between Den Haag, Utrecht and Amsterdam. Seventy per cent of the care ActiVite provided is extramural care compared to thirty per cent of intramural care. ActiVite provides exclusively extramural care for the inhabitants of Ter Aar. ActiVite has the perspective to stimulate people to live independently on their own without care, when the elderly are still able to perform their daily tasks. For example, people who are short of breath can live their lives perfectly independent without help, they only need some medication, but not per se nursing care or domestic help. ActiVite can offer all the extramural care activities to either residents with a care indication or residents who have a private demand for care. Yet, the group of people who are suffering from Alzheimer will in any case need intramural care. The provision of extramural care in the potential care complex definitely depends on the care needs of the elderly who will live there. For the inhabitants of Ter Aar with mild care needs can live independently in the building in normal apartments. The extramural care possibilities in this situation consist of washing people, getting them dressed and preparing meals.

5.1 Types of extramural care provided by ActiVite

When people are in need of extramural care they can get help with household chores, care and nursing. The household chores consist of cleaning, doing laundry, ironing, preparing meals and taking care of animals or plants. The care aspect is divided into Daycare, Medical and Nursing technical actions, Guidance and CareCircle.

Daycare consists of proving activities as gymnastics, bingo, memory training or taking a stroll. Medical and Nursing technical actions is supportive care for people who are in need of professional help during their recovery after coming home from the hospital. For Guidance ActiVite provides help by social work professionals when people are in need of support with

getting their life of track. The CareCircle contains of Day and Night care and the Professional Alarm Monitoring. Day and Night care is planned and unplanned care whereas unplanned care will be given after a 'patient' asks for help by using an alarm. With Professional Alarm Monitoring a patient will be helped immediately by a nurse. Together with pharmacies in Alphen aan den Rijn, ActiVite started a new project regarding providing medication on a distance. The client receives the device Medido, which provided the client with medicine at certain times. An alarm is implemented in the device which ensures the people using it they are being looked after. If an alarm is missed the product user will receive a phone call. When the phone is not being picked up a nurse will go to the house to check on the product user. The aim of ActiVite regarding this project is for people to take their medicine in time but also to live independent longer (ActiVite, Zorg Thuis).

According to Van der Hoorn of ActiVite, cooking together could be an activity provided in the house but at the same time be an aspect of extramural care in the building. Regarding the feeling of safety and being 24/7 monitored the people in the residential complex can wear an alarm on their body, around their neck. Van Der Hoorn mentions this is a rather old method. Nowadays they are using tablets which people can use to talk on a distance to a professional of ActiVite about their needs and worries considering their health. Next to these options ActiVite mentions a reception could provide a safe and secure feeling for the inhabitants. This idea is confirmed by Aarwoude who argues that recently they are building a care complex which is a combination of extramural care and intramural care. For Aarwoude it is important there are professionals available 24/7 to give help to the inhabitants of the building in case of emergency in the complex which they are currently building. They believe having always at least one person available for help in the building is also important concerning the building that might be built in the centre of Ter Aar in the future. Even if the intramural care would not be implemented in the complex, some of the respondents of the focus groups could see the complex as a realistic project where elderly would move.

> *I see our apartment as a house and when the time comes I will be in need of care I will just buy care. I absolutely do not see our complex as a transitional stage*. (Resident of complex Ter Aar)

> *People would really like to live there, the older you become; the greater the need for social contact will be. Such a complex is a real good solution then*. (Resident of complex Ter Aar)

> *Downstairs, for example, lives a man who is in his lasts months (of his life) but with help of ActiVite or WIJdezorg he can pleasantly continue living at home. This is very enjoyable for him. You are who you are, therefore it is good when you can continue living where you want to live*. (Resident of complex Ter Aar)

6. Factors influencing movement to a residential care complex

6.1 Factors related to policy/funding

The types of factors that motivate or hinder the movement of elderly to the residential care complex that will be explained first are the factors related to policy and funding. Policy and funding issues play an important role in the decision elderly make either to live in their own home or in a residential care complex. The policies which are adopted nowadays influence the financial situation of the elderly, but also the financial situation of a large amount of health care institutions and care providers.

Developments in the AWBZ

In order to keep health care accessible, good and affordable, the Dutch government will implement reforms the coming years. Besides the reforms, also measures will be taken to make sure that people can get care at home for a longer time (Rijksoverheid, 2013). By this, the health care will stay affordable. Besides the affordability of the care, the people also keep the freedom to decide about their own lives for a longer time. More people will get an indication for care at home (extramural care) in 2013. From 2015 on the heaviest, long term care will only still be covered by the AWBZ. The milder forms of care will be taken care of by the municipalities or the health insurance companies. The municipalities will take care of the guidance and personal care delivered to the home (e.g. help with dressing and washing). Domestic help will only be paid by the municipality if you have a low income. Health insurance companies will take care of the medical care like nursing and long term mental health services. The Dutch government stays responsible for the long term care. This means the more severe care for the elderly and the disabled in institutions. However, these patients have to pay a higher amount of personal contribution to the AWBZ (Rijksoverheid, 2013).

Opinions of different stakeholders regarding policy and funding issues

During the in-depth interviews with several stakeholders, the policy and funding issues were frequently mentioned. The alderman of the municipality, the residential services Aarwoude and the elderly in the municipality, all mention the great need for intramural care places in Ter Aar. However, the government assigns the places to a municipality and in this case not to Ter Aar. The plan for the residential care complex which offers intramural care was therefore rejected. Besides the assignment of intramural care places, also the AWBZ budgets are stopped, mentions the alderman. The AWBZ budgets are kept at their current level. For example, previously you got 15 hours of care in a nursing home. Nowadays, this care is not reimbursed anymore by the AWBZ. As a consequence, the elderly stay at home and get some help there. This implies that the houses in which the elderly live, should be made suitable for receiving the care which is needed argues the alderman. A nice solution for these budget cuts is building a complex in which extramural care can be received and where the housing modifications are already done when it will be build. The complex will only be built if there is a need for it, because the rent will be a bit higher than where people currently live. However, the admission requirements for the residential care complex are not set yet.

The municipality provides the plot and is a facilitator in the project. At this point, the plot needs to be bought by the municipality. Residential services Aarwoude is still open to participating in the project, even though no intramural care can be provided in the building. However, yet they cannot give any guaranties because of the present absence of funds to finance the building. Especially the extras of the building, regarding the improvement of the wellbeing of

people cannot be financed. At the moment, Aarwoude waits for the municipality to come with a plan since the intramural care is not an option anymore and the building plot is owned by the municipality. For the project to be accomplished it is important to be sure that there is sufficient demand for a 'regular' extramural care housing complex.

Considering their own policy, Aarwoude clarifies that the rent for a social apartment will never be higher than 680 Euro per month (excluding housing benefit from the government for people with a low income). According to Aarwoude, when the target group will be contacted to find out their opinion on moving to a new building two problems will arise. One problem is that this housing complex will only be available for elderly households with an income less than 34.299 Euro per year, which excludes many elderly people from that project. Another issue is that even the rent is relatively low, yet it is still higher than many elderly people are now actually paying for their current houses rent by Aarwoude, which means that the building must be characterized by a high added value in order to motivate the elderly to move to that housing complex.

The chairman of the KBO doubts the willingness to move to the new complex, because of the higher amount of rent which should be paid every month. He argues that the movement is very dependent of the amount of housing allowances , funded by the government. Besides the this financial factor that may hinder the movement of elderly, the chairman also mentioned the fact that the AWBZ funding is decreasing and as a consequences, in the end, it does not matter where you live, because you have to pay for all the care you receive. In the end, no intramural care is possible anymore, all care is delivered from external care givers, because of the budget cuts, argues the chairman.

Also the elderly themselves agree on the fact of the dependence on the amount of housing allowances, funded by the government. Also a combination of owner-occupied apartments and social housing is a nice solution to make the building more realisable.

> *The rent is increasing more and more nowadays, and we cannot do anything about it. Above a certain amount of rent for a house, you are not eligible for the housing allowances. It is thus important that the building will consist of social rent apartments (social housing), otherwise it will be unaffordable for elderly.* (Female resident of the complex in Ter Aar)

> *A combination of apartments will give a nice mix of people in the building'*. (Female resident of the complex in Ter Aar)

One important point, which was coming back during the entire focus group was the fact that the apartments should be payable when your partner dies. It should not be the case that if your partner dies, you cannot afford to live in the complex, this is something which should be thought of thoroughly. The representative of SWN mentions the fact that there were earlier projects, established and designed with tremendous facilities and extra's, but then when the realisation phase starts, all the extra's and facilities were deleted because of financial and funding issues. In general, the issues with the budgets of the AWBZ who are on a hold and the rising rents of the apartments and houses, lead to hesitation to move to the new residential care complex.

6.2 Personal factors

During our meetings with the municipality of Nieuwkoop, ActiVite, Aarwoude, KBO, SWN and the elderly, several important personal factors came forward that could stimulate or hinder movement of elderly towards the planned complex.

6.2.1 Demotivating factors

One topic that emerged repeatedly is that of the financial picture. First of all, the municipality of Nieuwkoop as well as housing service Aarwoude and the KBO all recognize that the monthly costs for future residents of the complex will be higher than what this target group currently pays. Many senior citizens live in family homes, with relatively low monthly charges. Consequently, Aarwoude believes that 'there will be few people with an age of seventy and up who are willing to move to a new home when they have to pay higher rents than they are paying now'. Another financial issue is related to the income levels of the target group. If Aarwoude is going to build the complex, then the units automatically become subsidized renting apartments, which will only be available for elderly households with an income less than 34.299 Euro a year. In this way, a large group of elderly are excluded from the project.

According to the KBO, several people in this excluded group are willing to move towards the new building. However, in addition to the income limit, they have to deal with other financial obstacles. Many of them own a private house that needs to be sold in order to make the transition towards a residential care complex. Due to the economic crisis, senior citizens are not able to sell their homes and do not want to take the risks of a double burden. That the financial crisis an important demotivating factor for movement is also emphasized by the KBO: 'we live here in a horticultural area; many people have their private house next to their greenhouses. The pension of people is in their house and business that are for sale, but due to the economic crisis, the market is locked and the people stay where they are, in their own homes'.

The participants in the focus groups agreed on the negative impact of the current crisis on people's ability to move. Thereby they argued that the planned complex should provide social housing rents which are not too high, because above a certain amount you are not eligible for housing allowance:

> *When we moved in this complex, we could choose between different rent. There was quite a difference between them. We did not choose the largest and most expensive apartment because we were afraid that if one of us passes away, the other cannot afford the rent anymore.* (Female resident of Ter Aar complex)

They suggested that the future building should offer a combination of subsidized rental apartments and owner-occupied housing. In this way, you provide groups with different income levels the opportunity to live in a residential care building and you have a nice mixture of elderly.

In addition to the financial demotivating factors, it became clear that a large part of the seniors is just not concerned with moving towards a residential (care) complex. As appears from the wellbeing-visits carried out by SWN (2012) under 75-year olds, the group of participants were active elderly of which above 75% lived more than 10 years in their current homes and less than 15% is enrolled for alternative housing (i.e. an apartment or assisted living). Thereby, participants of the wellbeing- visits defined their health as good and indicated that they made little use of home care. The majority experiences contacts with family, friends and neighbours as

sufficient for a good social environment. However, the SWN explains that this picture alters if we assume that this group in the coming years will experiences the same changes the SWN has observed in the study aged under 80. This will lead to a sharp increase in the use of care and support. The group of 75-year olds has indicated that it has sufficient contacts, but whether this group in due course can appeal to their social network for care and support in remains to be seen (Stichting Welzijn Nieuwkoop, 2012).

6.2.2 Motivating factors

Apart from the demotivating issues, during the focus groups elderly where relatively unanimous about the factors that motivated them to move towards the residential care complex. In general, they argued that the transition towards their complex was more convenient than staying in their former home. One of the main reasons for their movement was the need for a smaller house:

> *Before, we lived in a big house. But once our children left the home, we would like to live smaller. Our house was too big, we had this whole extra floor we did not use anymore. We did not want to adjust our house with all kinds of amenities, we just wanted to live smaller*. (Female resident of Ter Aar complex)

Related to people's wish to live smaller, was their desire to have all rooms in one floor. In this way, their living area is better adjusted to future ailments, for example a decrease in mobility. The 'youngest' couple in the complex situated in Ter Aar also moved to be prepared in view of future: 'we moved here because we wanted to take precautions for the future, what if anything happens to us?'

A second factor that motivates elderly to make the transition to a residential (care) complex is related to social interaction. Both groups from Langeraar and Ter Aar stated that a need for social interaction was an important reason for them to move. Especially elderly in the first group argued that feelings of loneliness stimulated them to make the transition. The second group (with relatively young and active elderly) indicated that they really liked the idea that there is always somebody around when you are in need for help or if you just wanted to have a chat. In addition, all appreciate the strong social control in the building. In order to stimulate mutual interaction, they would highly recommend a public space where people can meet, something that is absent in their own complex. The importance of social relations and interaction is also endorsed by the KBO, SWN and housing services Aarwoude. All indicate that as people grow older, their social network becomes smaller. So the older people get, the more the need for social contacts increases. Moving to a residential care complex might be a good solution to oppose social isolation among elderly.

A third personal factor refers to the location of the residential care complex. Opinions on this issue are divided: opinions about the importance of location as well as views on the location of the planned complex. Both SWN and the focus group in Ter Aar underline the influence of a central location of a complex on people's willingness to move to the building. This statement was less apparent during the meetings with Aarwoude, KBO and the focus group in Langeraar. In addition, opinions also different on the centrality of the planned location. Where some elderly stated that it is a nice location in walking distance of the centre, others argued that it is too far away from important facilities (i.e. supermarket, doctor and hairdresser), especially when your mobility decreases. Besides, stakeholders have different ideas on the combination of the care

complex with a broad school. Both the municipality of Nieuwkoop and SWN take a positive stance towards the setting, the municipality by emphasizing 'intergenerational learning' and SWN by perceiving this combination as a constructive experiment. On the other hand, the majority of the elderly in our focus groups believe that potential residents are cannot appreciate the noise and large crowds that a broad school brings with it. One candidate argued particularly against the idea of intergenerational learning.

> *My ideas about children and how children behave nowadays do not correspond. We live in two completely different worlds that do not fit to each other*. (Male resident in complex in Ter Aar)

In contrast to this prevailing view, there was one senior who saw the added value of the broad school, by suggesting that potential residents could help as volunteer (i.e. 'voorlees-opa/oma). So, whereas for some the combination with the broad school is seen as an advantage, for the others it can be seen as a reason not to move to the complex.

6.3 Environmental factors

Environment is a broad concept, it contains several types of environments. To make a good analysis of the results and have a nice and clear overview, the environmental factors are divided in factors inside the building, the home environment and factors outside the building, the neighbourhood environment.

6.3.1 Inside built environment (home environment) - Complex in general

During our meetings with the different stakeholders, practical issues on the complex in general came up; issues that could increase the willingness of potential inhabitants to move towards the new building. It became clear that the presence of a common space is viewed as a significant added value. The elderly themselves as well as the KBO and residential services Aarwoude emphasize the importance of a joint meeting room, preferably in the building itself. SWN also endorses the importance of such a place, though they have the experience with another care complex where a similar room was provided and not used by the residents. Housing organization Aarwoude is as well in favour of building a communal room, but then declares that they do not have the financial resources to build this place. However, they suggested that they are willing to explore alternatives in order to realize this important facility.

In addition to the presence of a public meeting area, corridors in the planned building should be broad enough for mobility scooters, wheelchairs and other walking aids. Thereby, sufficient parking spaces and charging spots should be provided:

> *There is no space for recharging your mobility scooter, not to mention a place where you can store them; some corridors are overcrowded with devices like walking aids. I had to park my scooter and bike in the small extra bedroom in my apartment.* (Male resident or Ter Aar complex)

Besides, the KBO and senior citizens both argue that a lift in the building is indispensable in order to make all facilities accessible for residents who are not able to walk the stairs anymore. Also the focus group in Langeraar argued that having a lift in the building is very important for the mobility.

The presence of a reception is another added value to the building, suggested by both care organization ActiVite and housing services Aarwoude. This latter claims for the building to

be successful, it is required that the reception is staffed continuously in order to support the residents. Again, Aarwoude indicates that they are not in the position to finance the construction of this desk in the building. ActiVite argues that having a reception in the building will make people feel safe and secure while living there. This fits well with the elderly's need for security: 'a receptionist in the building can keep an eye on who is going in and out'. Related to this issue is the demand for cameras in the new building. Especially elderly in the focus group of Langeraar were expressing a desire for cameras in the building to feel safer. The focus group in Ter Aar did not express the need for the presence of a receptionist or security camera's, instead they underscored the usefulness of a bulletin board in the central corridor: 'on this board, we keep each other up to date with messages about people who are ill, maintenance dates and party invitations'.

Final factor that might add extra value to the new complex is related to the climate within the complex. The elderly in Langeraar where criticizing that there is no air conditioning in the entrance hall of the Atrium building. In summer it is too warm and in winter too cold. The elderly in Ter Aar stated that they were quite satisfied with the newly introduced geothermal system in their complex. When giving recommendations they again stressed the importance of a good air condition and laid emphasis on the satisfaction with this system: 'It is really ideal. At first, we had to get used to it, but now we love and would like nothing more'.

Apartment specific

In addition to the issues related to the complex in general, important apartment specific characteristics were stressed. In both focus groups, small practical issues in the apartments were considered of high added value to the planned residential care complex (see table 2). Most of these recommendations are structured around the criteria of constructing the apartments in a lifecycle proof way.

Table 2. Apartment specific added values

Issue	Recommendation	Argumentation
Rooms	All rooms on the same floor	With a view on decrease in mobility
Doors	Broad enough, not too heavy	Doors have to be big enough so that elderly are able to enter the doors with a wheelchair or mobility scooter.
Doorsteps	No or low thresholds	Physical accessibility: walking aids, wheelchairs, mobility scooters
Sockets	Should not be placed to low	Many elderly have difficulties with bending down.
Kitchen facilities	Height adjustable	Sometimes important facilities are placed too low or too high and not adjustable
Cooking plates	Automatic switch-off	Prevention of dangerous situations
Windows	No high windows	Difficult to clean: 'In five years, I do not see myself cleaning these windows anymore. The architect might like high windows, but they do not fit in a lifecycle proof apartment'
Toilet	Floating toilets Apart from bathroom	Convenient for cleaning To have privacy when living together with a

		partner or hosting visitors: 'Visitors do not have to see what is in your bathroom, which is a private area. It is also not convenient if you live as a couple and when one of the two becomes needy. If the nurse comes and you have to go to the toilet, you will need to sit with them in the same room'.
Light	Sufficient light in apartments	

6.3.2 Outside built environment (neighbourhood environment)

The outside built environment plays an important role in the concept of healthy ageing. The KBO and the Municipality find it both important that the residential care complex is located at a place where public services, such as shops, GP's, restaurants and a library, are close by. Also the SWN emphasises the importance of locality of the residential care complex but in contrast to the municipality and the KBO, the SWN criticizes that the distance between the plot where the residential care complex is planned that the facilities are not in a walking distance. The SWN argues that there is public transport necessary to take the elderly to for example the shopping mall and the GP. During the focus group of Langeraar it became clear that it is of high importance to have public serves nearby and public transport easy accessible. The elderly where criticizing that the supermarkets and buses where too far away. However one person of the focus group in Langeraar appreciated that the dentist is nearby and another person argued that despite the inconvenient public transport she appreciated the taxi services. The focus group in Ter Aar appreciated a lot that they are living in a central area but they also mentioned that they would not like it if the town was too busy. Both focus groups recommended for the new project to take into account that the facilities and public transport are easily accessible.

The focus group in Langeraar as well as the elderly of the focus group in Ter Aar mentioned the topic parking space. However, the focus group in Ter Aar agreed on the fact that they have sufficient parking space available, while in Langeraar the elderly were criticizing that there is not enough parking space. The elderly of the focus group in Langeraar also started to think about the solutions for creating more parking spaces. They thought of a car park underneath the building, to save space in the outside environment. When the car park is not possible, then they want a parking space as close to the building as possible, because of mobility problems they face.

During the focus group in Langeraar and also in Ter Aar it came out that the elderly are not very enthusiastic about sharing facilities with school children. Elderly in Langeraar argued that their grandchildren will come to visit them with their bikes anyway. Other arguments by the focus group in Ter Aar are that there might be too much noise having a school in the direct neighbourhood: 'you have to isolate the building very well, in order to have no impediments of the noise'. Another person thinks that the interests of children (their worldview) and the interests of elderly would be too different, which makes it really difficult to do some activities together. However other elderly of the focus group in Ter Aar and Langeraar argued that it would be nice to have children around, so they engage in voluntary work as a 'reading grandmother' or taking care/guiding of the children during lunch.

Besides these built environmental factors, also the green environment in which the care complex is situated is very important to the elderly. It should be attractive to go outside and

have a walk in a (to be designed) park next to the residential care complex. There has to be a lot of trees, flowers and grass, with some nice pavements, where elderly (with or without mobility problems) can take a walk en spend their leisure time. In addition, one women of the focus group in Ter Aar mentioned that there have to be benches in the park, where they can rest during their walk outside. About the idea whether the park has to be closed (only open for residents) or a public park, no agreement was achieved in the focus group in Langeraar.

6.3.3 Social environment

During the focus groups is was mentioned several times the people felt involved in each other's lives and looked out for one another in the building. They enjoy having many neighbours which they can go to for help or to talk too.

Social cohesion and a feeling of social control according to the results of the focus groups can be increased by a common room or community in the building. During the focus group in Langeraar and also the focus group in Ter Aar the importance of a community room became clear. The demand of a community room in Langeraar was so urgent that the elderly created a community room themselves in the basement of the Novitas. In this building they can come together for a tea or coffee, play games and more. Yet there is still a high demand for a space for recreation and leisure possibilities in the building. The municipality and the care provider ActiVite think that a community room is of high importance as well. The community room should be in the building or very close to the building so that the elderly do not have to walk long distances. Also the Catholic Elderly Organization emphasises on the importance of a common meeting place. The elderly of Langeraar argued that there was a time when residents were hardly interacting with each other, which made them feel lonely. When the youngest couple just moved in they noticed people were hardly interacting with each other and expressed feelings of loneliness. According to the residents this ambiance has changed since they do more together in the complex nowadays as a result of the new common room in the basement of the building Novitas created by the residents themselves. The Foundation Nieuwkoop also thinks that a community room is important but also mentioned contrasting findings, where a provided community room is not being used. We can see a common room can contribute to increasing the social cohesion but nevertheless it is important to listen to the needs of the potential users of a common room in a residential care complex.

Regarding social interaction with children it appears this is not a priority for the elderly. During the focus group in Langeraar and also in Ter Aar it was clear that the elderly are not very enthusiastic about sharing facilities with school children. An argument made by the focus group in Ter Aar is that it can be too noisy having a school in the direct neighbourhood. Elderly in Langeraar argued that their grandchildren will be coming to visit them with their bikes whenever they want to. Another argument is that the interests of children and the interests of elderly would be too different regarding doing activities together. However other elderly of the focus group argued that it would be nice to have children around and combining this with doing voluntary work as reading books to the children or taking care of them.

Other activities which can ensure a higher level of social involvement were mentioned in the focus groups and by the stakeholders. ActiVite thinks it is important that the building provides enough room for activities and for example cooking together can be a valuable group activity. The focus group of Langeraar confirms this by claiming it is important having activities for recreation and leisure inside the building. The KBO also thinks that social control in the sense that people are caring for each other is an important element promoting the health of the elderly. There is quite some social control in the buildings among the residents since the elderly

in Langeraar as well as in Ter Aar mention that they appreciate to live in a building where people where looking after each other, which gives them a more safe feeling. Yet the residents of the complex in Langeraar would feel more safe if there would be in any form or shape more control all day and night.

7. Discussion

Settings approach

According to the results the concepts of the whole system thinking, the critical system and the settings approach are useful to understand the health related issue in a broader context. We have used the factors environmental, political and individual factors to analyse the settings from different levels. It was helpful to get more insight into the power relations and inequalities between different stakeholders and therefore the possibilities and challenges of the project. By applying the settings approach we got a better insight into the context of the project. Considering the roles and assumptions of different stakeholders contributed to a better understanding of how different stakeholders are involved in the project. About the combination with the broad school exist different opinions among the elderly, some see the added value of the combination, but other people think that the school will hinder them in their daily life.

Types of elderly care

When linking the salutogenic approach of promoting a healthy lifestyle to the meetings with the stakeholders we can see that every stakeholder values the idea of elderly living longer healthy and independent. Downie (2000) argues that enhancing well-being and fitness is a way to promote health and prevent ill health. We have seen during the focus groups sessions that the residents think about having a fitness area in their complex would improve their wellbeing and health. Besides, every option for extramural care which ActiVite offers is connected to the idea of people either living in their own house longer independent or living in a complex with other people, yet still independent with no care or extramural care. For example the devices as the alarm around the neck, the tablet or the medicine machine show how people can live independently with care on a distance but without intramural care.

Factors influencing movement to a residential care complex

Worldwide, the WHO advices countries to incorporate an active ageing approach to policy and programme development. (WHO, 2012). The most important consequence of the active ageing policies is the lower costs related to medical treatment, care services and a higher quality of life experienced by the elderly and a higher participation rate in society among the ageing population (WHO, 2012). Currently in Holland the aim from the government is to let people age older independently but with financial restrictions. Related to the project 'Vernieuwd Verbonden' Ter Aar this means there is a possibility for building a residential care complex yet without intramural care not be financed by the government. We will give recommendations to the municipality on how to adapt to this development.

According to Walters(2002), older people are motivated to move to a residential care complex to seek better social support and social interaction. The decision to move can also be a consequence of less income and impaired health condition. Our results have revealed that indeed the need for better social support plays an important role in motivating the elderly to move to a residential complex. Especially feeling safe and looked after, and not being lonely anymore, were mentioned a couple of times during both of the focus groups. Most of the elderly live in a family house right now, which is eventually too big for them, if the children moved out. The need to live smaller is a strong motivating factor to move to the smaller apartments in the complex for the elderly. In contrast to what is stated in literature about the impaired health condition, this was not mentioned at all in the focus groups. They all mention that other factors are more important. This is why we think the complex is not a residential 'care' complex. It is

just a residential complex with apartments, where people can receive care if they need it, just like in their own houses where they currently live.

The financial situation of the elderly was more a hindering factor to move, because of the fact that some of the elderly had still an owner-occupied house, which needs to be sold before they could move to the complex. In literature, however, you see the reason to move to a complex is less income, which is contradictory with our findings during the focus groups. They didn't mention less income at all, they only mentioned that the current house needs to be sold en besides that, also that the rent of the new apartment would be even higher as they pay now. This means that the reason to move is absolutely not lower income. Also several stakeholders mentioned these hindering factors partly due to the economic crisis.

Next to the personal situation of the elderly, they also mentioned practical issues, of their preference, related to the building an designing of the complex. Lifecycle proof apartments is a term which was heard a lot during the focus groups. Also the government points out the importance of it. However, the other primary stakeholders have not such a clear idea what lifecycle proof is and how it should be included in the building. The elderly do know some issues related to that, and also know the practicalities like broad doors, kitchen cabinets should be height adjustable and enough space to recharge your mobility scooter.

Clark & Hunter(1992) stated that access to recreational areas and pleasant climate play significant role in motivating the elderly to move to a residential care complex. These factors are also compatible with the findings of this research. Most of the elderly in the focus group argued that the feeling loneliness was a stimulating factor, motivating them to move to a residential complex. Also a nice recreation space or park can be a motivating factor according to the elderly. One factor that is not mentioned by the authors is taking precautions for the future, which the youngest couple of the focus group in Langeraar stated as a motivating factor to move to that residential complex.

Another factor also not considered by Clark & Hunter (1992) is the added value of intergenerational contact by sharing the setting with a broad school as mentioned my some stakeholders. The elderly in the focus groups mainly opposed the idea, as they were concerned about the noise and arguing that because of different worldviews and interests it may not be an added value to link the residential complex to the broad school.

The importance of a common space in form of a community room or a communal area for social interaction was very dominant in all three concepts. Related to the common space is also the importance of several activities provided in the building. According to security only the elderly of the focus group in Langeraar highly emphasised the importance to have cameras and that the care provider in the building is reliable and fast if immediate help is necessary. The reason that only one focus group emphasised the importance of cameras and a reliable care provider could be the age difference as the estimated average age of the focus group in Langeraar was higher than the estimated average age of the focus group in Ter Aar.

Another striking finding is that for the argument that the building has to be life cycle proof mainly came from the elderly itself. Some stakeholders had a vague idea about the importance for the building to be lifecycle proof but the elderly could elaborate it in much more detail. Also highly contradicting was the idea about the necessary space for the elderly. The housing association Aarwoude stated that the apartments should not be too large and instead there should be more space provided for common areas. But the elderly themselves where mentioning problems according to sufficient space in the apartment (separate toilet from the bathroom) and in the corridors. On the contrary, the SWN mentioned that houses can also be modified to the wishes of the residents, and then people can live longer in their own houses.

For the outside environment the residents mentioned they value having green area nearby, like a park with benches. Ulrich (1999) suggested that in order to reduce stress and promote healing processes there should be favourable environmental conditions. According to his conceptual model, he mentioned that the key features in supportive, health promoting environments that play great role to stimulate individuals to control their health, access to privacy, access to social support, safe environment, availability of good services, access to public transport, access to health care facilities and access to nature. As Ulrich (1999) already mentions that in order to promote health it is important to create favourable environmental conditions. In relation to social environment the results confirmed that social support is a significant factor to promote good health. The elderly highly valued being in contact with the other residents in order to not feel lonely, which contributes to a feeling of security. They emphasized also on the importance of privacy in their own apartment.

7.1 Limitations

During the process of writing a research proposal, reaching the target group and gathering data, we faced some problems related to the short timeframe we had. Due to this tight schedule, not all the wishes of the municipality could be investigated. For example the wish to investigate all the care needs of the elderly (the potential residents of the complex in Ter Aar). We focused on the added value of the building and what motivates or hinders the movement to the complex. Reaching the elderly of the Ter Aar was challenging during the project, since it took some time to find the right contact persons who were able to get us in touch with a group of elderly, who recently moved to a similar complex. During the focus groups with those elderly, there were some difficulties with the Dutch language, because a part of the project group is not native Dutch. The language barrier became really apparent, when all the data of the meetings with the stakeholders, the policy documents and the focus groups had to be analysed. However, with the translations of the native Dutch speakers, everyone could work on the result section. The results which we got from the focus groups are of high value, because some topics were revealed, where we as researchers did not think of before.

There are also a couple of content related limitations. One limitation might be that the focus groups were held with elderly who are already living in a residential (care) complex. The opinions of these elderly may not be generalisable to the potential residents of the complex, but give a unique insight in the personal opinions regarding a new complex. The factors mentioned by the focus group can be seen as meaningful advices for the realisation of the new complex in Ter Aar. However, during the focus groups we observed that the participation of the elderly was not fully equal all the time. Some elderly were clearly present and some of their opinions were dominant, in a way that other elderly did not speak out their opinions. This may have influenced the results, a bias could be found in the results. Another disadvantage of the focus groups is that the relatively public setting of the groups did not allow us to collect sensitive information (Bowling and Ebrahim, 2005). When discussing about the role of the broad school, the broad school was not considered as a stakeholder itself, due to time constrains. Including the broad school as stakeholder might have contributed to a broader picture of the setting and environment. We can state that within this time frame, we came up with some results which are very useful for further research.

8. Conclusions and recommendations

Despite the loss of inpatients care places, the municipality of Nieuwkoop has the plan to develop a residential care complex offering independent housing units for the ageing population of Ter Aar and surroundings. This is very much in line with both the Dutch government's desire to let people live independently as long as possible and the WHO's definition of ageing, which is referred to as active ageing:

> *Active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need* (WHO, 2012).

If people are ageing, maintaining their autonomy and independence is a goal for both individuals and policy makers. However, before plans are further developed, insights are needed in order to judge the added value (and feasibility) of the care complex. Therefore this research focused on what the planned residential care complex should offer to attract potential residents. In order to get an answers to this main question, research was conducted on the setting of the complex, opportunities for extramural care provision and motivating or demotivating factors for elderly to move towards the new complex.

Looking at the setting, two general conclusions can be made. First, different views are present on the location of the complex. Where some stakeholders appreciate the proximity to the centre, others argue that the future building is too far away from everyday facilities. Secondly, the majority of the elderly is not excited about the combination of the complex with a broad school, designation nuisance of children and traffics as main reasons. The SWN and few elderly interpreted the combination with a broad school as an added value, stating that elderly could volunteer at various activities. With reference to the possibilities for extramural care, ActiVite takes a positive stance towards care provision in the new building and offers a list with various care opportunities, depending on the people's needs.

The most important motivational factors for elderly to move towards the future building are the presence of a common space, social interaction and lifecycle proof apartment. Financial barriers and the location of the building might demotivate people to make the transition towards the complex. First of all, seniors currently living in owner-occupied housing are not able to sell their house, are not taking the risk of a double burden and consequently stay where they are. Second, people living in social housing are afraid the high rental rates in the new building, especially elderly couples.

Concluding, it becomes clear that (personal) factors influencing movement towards the residential care complex are in general not directly related to people's care needs. In our view, the added value of the complex is not so much in the possibilities for care, but more in: 1) financial attractive apartments; 2) location; 3) the presence of a communal room to stimulate social interaction and 4) design of the apartments in a lifecycle proof way. Since it is not possible to offer intramural care in the building and the focus during the conversations with the elderly was mostly on social and environmental aspects of care linked to healthy ageing, we argue that the term 'residential care complex' is inappropriate and should be replaced by a description as 'residential complex'.

Recommendations

Based on our results, several recommendations can be provided to our commissioner, the municipality of Nieuwkoop

Prior to the construction of the residential complex

- ✓ Define the target group more clearly, paying attention to: age, (future) care needs and income levels.
- ✓ Decide whether the complex is offering only rental homes or a combination of owner-occupied apartments and social housing
- ✓ Get insight into the views of all stakeholders involved, since we found that there are different views on the plan itself and the feasibility of the project.
- ✓ Improve communication about the project, both to stakeholders and inhabitants of Ter Aar. During the focus groups, nearly all elderly where under the impression that it was still the plan to build a complex proving both intramural and home based care.
- ✓ Quantitative study among the elderly in Ter Aar in order to get insights into their (future) care needs.
- ✓ Explore possible financial arrangements in order to take away some of the fear and uncertainty of potential residents.
- ✓ Explore alternative ways of funding a common area (and reception desk + staff)

When deciding to build the residential complex:

- ✓ Both the specific target group as well as elderly that are already living in a similar complex should be involved as co-designers of the building. Among others, their views are particularly useful for practical adjustments to the building in order to make the complex lifecycle proof.
- ✓ Provide a common area

When deciding not to build the residential complex:

- ✓ Explore possible alternatives and possibilities for elderly in Ter Aar to live longer independently in their current homes, as advised by the SWN.

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