



**Limburg  
Living Lab**

*in ageing and long-term care*



# Colophon

## long-term care organisations

MeanderGroep Zuid-Limburg

Sevagram

Envida

Zuyderland

Cicero Zorggroep

Vivantes

De Zorggroep

Land van Horne

Proteion

## educational institutions

Zuyd University of Applied Sciences

Gilde Zorgcollege

VISTA college

Maastricht University

◆ further reading

\* background

┆ quote

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# Preface

*The Executive Board of the Living Lab in Ageing and Long-term Care  
Jos Schols, Daisy Janssen, Sandra Zwakhalen, Hilde Verbeek and Jan Hamers*



We are proud to present our first international magazine on our Living Lab in Ageing and Long-term Care. Founded in 1998, the Living Lab is a formal and structural collaboration that drives scientific research in long-term care in co-creation with end-users, including older people and their relatives, professional caregivers, managers, policy makers and educators. For almost three decades, our Limburg Living Lab model has proven to be a sustainable way of conducting scientific research and innovation in long-term care, which better addresses needs of older people and their caregivers. We bring together science, practice, education and policy through key characteristics of scientific and practice-based linking pins, empowering frontline staff and engaging older people and their families in scientific research. This is highly warranted to address the changing needs and demands of the future.

We receive a large interest from all over the world for our approach. And we are happy to share and facilitate transfer of our Limburg Living Lab model to the context of other countries. A highlight for me was the start of NICHE Leeds (UK), the first to use our model abroad in 2018. I was honoured to be a guest on their 5th anniversary last year. The NICHE linking pins made a short film about their experiences with their role and what it meant to them. This was a role I held in our Living Lab model for over a decade, spending much time developing and trying to articulate its significance. Hearing others explain what they do - better than I ever could - being excited about their linking pin role, telling

what it brought them and their work and relations with older people was a true eye-opener. I felt honoured because it's not just us and all together we can make an impact.

With this magazine, we aim to inspire others by sharing our stories and giving a face and voice to all the people who have made the Living Lab what it is today. A place where people with various backgrounds come together and discuss their ideas, values and views to make life better for older people and their caregivers. Collaboration in scientific research: that is the strength of our approach.

Enjoy reading!  
On behalf of our team and partners,

Prof. dr. Hilde Verbeek  
Chair Living Lab in Ageing and Long-term Care





**About the Living Lab in  
Ageing and Long-term Care**



# About the Living Lab in Ageing and Long-term Care

The Living Lab in Ageing and Long-term Care is a long-term partnership involving four educational institutions: Maastricht University, Zuyd University of Applied Sciences and two intermediate vocational educational institutes: Gilde Zorgcollege and VISTA College, along with nine care organisations: MeanderGroep Zuid-Limburg, Sevagram, Envida, Cicero Zorggroep, Zuyderland, Vivantes, Land van Horne, Proteion and De Zorggroep.

The mission of the Living Lab is to use scientific research to contribute to:

- the quality of life of older individuals and their families;
- the quality of care;
- the quality of employees and their work in long-term care for older people.

At the Living Lab, people from different sectors, like practice of care, policy, research and education, work together on projects. They learn and share knowledge by asking questions, creating methods, and interpreting results. These tasks happen in various places, both inside and outside different organisations.

The Living Lab has several distinctive features:

- **Linking pins**

Linking pins, the employees in dual positions, are the foundation of the Living Lab. There are two groups of linking pins: scientific and practical. The scientific linking pins are senior researchers with a PhD, who, alongside their position at Maastricht University or Zuyd University of Applied Sciences, are connected to a care or educational organisation for one day a week. Practical linking pins are employees from care organisations, intermediate vocational education,



Research theme

or higher education, who commit one day a week at the university on research promoting activities. Both groups collaborate closely, bridging the gap between science and practice. They initiate and coordinate research and educational activities.

- **Interdisciplinarity**

Various fields within care and broader domains (such as service sciences, data sciences, and education sciences) collaborate in scientific research. The main goal is to advance knowledge that contributes to the mission of the Living Lab.

- **Customisation**

The fulfilment of roles and participation in projects and activities are tailored to individual partners as much as possible.

### Support and care

Our research at the Living Lab focuses on making daily life better by improving the support, care, and treatment people receive. We're studying how to help people cope with different challenges, like physical or emotional struggles, how they adjust to changes in their lives and exploring how to help older people build stronger social connections and networks. We're also looking into issues related to care, such as pain, nutrition, and pressure sores.

Sharing knowledge about our Living Lab model helps others set up similar collaborations between research and care practice. Our tips? Start small, be clear about expectations and build trusting relationships between partners.

*Verbeek, H., Zwakhalen, S.M.G., Schols, J.M.G.A., Kempen, G.I.J.M. & Hamers, J.P.H. (2020). The Living Lab In Ageing and Long-term Care: A Sustainable Model for Translational Research Improving Quality of Life, Quality of Care and Quality of Work. J Nutr Health Aging 24(1):43-47*

### Human resource and innovation management

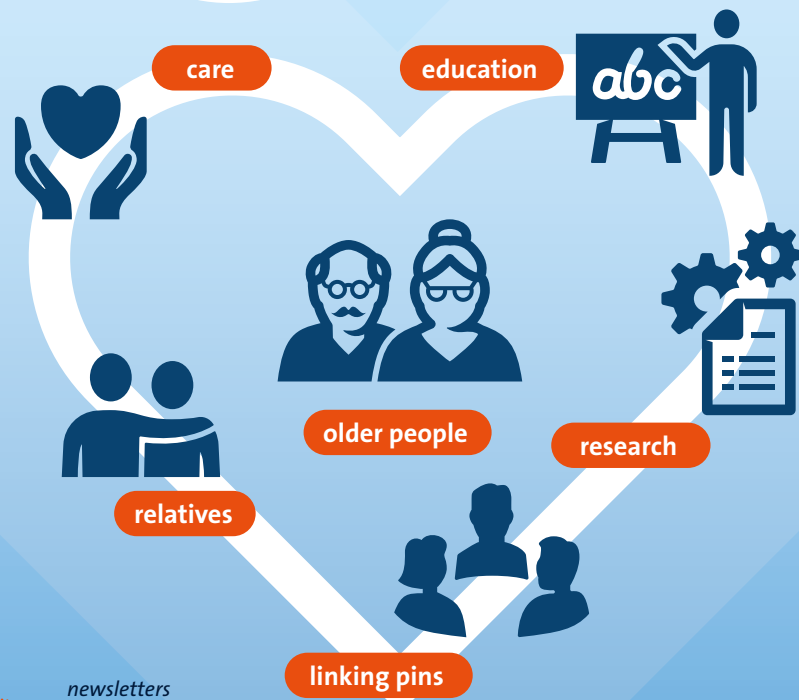
Giving employees the right tools is the key to better care for older people and their families. We're studying what skills employees need to do their jobs well, how to put together the best team, how leadership can support them, and what strategies organisations can use to adapt to changes in how their work processes.

### Redesigning care for older people

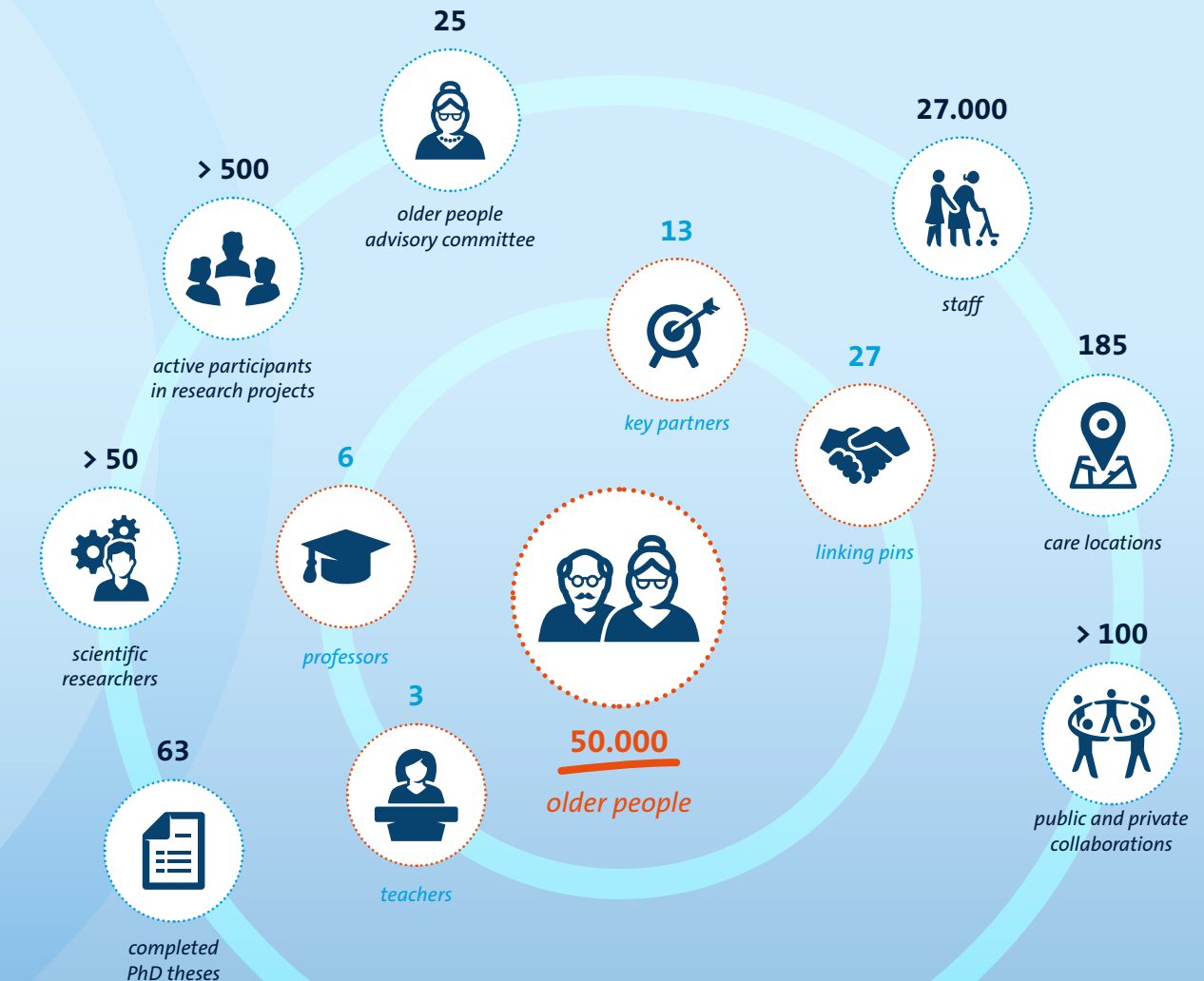
Sometimes, big changes are necessary to improve long-term care. That's where our theme of redesigning care for older individuals comes in. We're looking at different ways to design care and services to better meet the needs and desires of older people and their families. Examples include creating new types of care homes or finding new ways to pay for care.



# Improve life, care and work in elderly care through scientific research



\* average, over a period of 5 years



## key partners

- care organisations
- MeanderGroep Zuid-Limburg
- Sevagram
- Envida
- Zuyderland
- Cicero Zorggroep
- Vivantes
- De Zorggroep
- Land van Horne
- Proteion

## educational institutions

- Zuyd University of Applied Sciences
- Gilde Zorgcollege
- VISTA college
- Maastricht University

## professorships

- Care for older people
- Nursing sciences
- Old age medicine
- Long-term care environments
- Service sciences
- Community care
- Assistive technology in healthcare
- Shared decision making by nurses



## What does the business model of the Living Lab in Ageing and Long-term Care look like?

Important to emphasize, is that no external funding or grants are needed for establishing the Limburg Living Lab model. The basic infrastructure of the Living Lab is funded through in-kind contributions and financial support by its partner organisations.

### Collaborative partners

We work with many different organisations locally, regionally, nationally, and internationally. Our research happens in everyday life across the Netherlands, in communities, nursing homes, rehabilitation centers, and innovative care settings like care farms. Our partners come from all sorts of sectors, including doctors, hospitals, insurance companies, and government

agencies like the Health and Youth Care Inspectorate. We also team up with businesses, housing groups, public organisations like cities and the Province of Limburg, advocacy groups, and educational institutions. Everyone brings their own knowledge and skills to the table, and together we are pushing the boundaries of what we can learn and achieve through scientific research.

All partners of the Living Lab provide a small annual financial contribution. In return, a senior researcher (PhD level) of Maastricht University works for one day per week at the partner organisation, also known as the scientific linking pin. Additionally, participating organisations contribute in kind, for example enabling their employees to take part in research projects, local science committees, and thematic groups. Maastricht University finances the infrastructure by performing the coordination and communication of the Living Lab. Furthermore, the university brings in tenured scientific and support staff, and covers the costs of workplaces of practice-based linking pins at the university.

Research projects of the Living Lab are mainly funded by external sources: we apply successfully for competitive research grants from national and European funding organisations, such as Care Research Netherlands

(ZonMw) and the European Commission. However, the partners within the Living Lab sometimes decide to jointly invest in research projects themselves. Finally, third-party entities like healthcare insurers, private companies, or government bodies also express interest in funding specific research projects.

The expansion of the number of partners (care organisations and intermediate vocational education institutes) in the Living Lab requires an increase of the number of scientific linking pins. Looking at the Living Lab's impact on long-term care, the Dutch Ministry of Health, Welfare and Sports decided in 2017 to provide annual co-funding. As a result, the number of partners has expanded since then. In 2024 the ministry decided to extend the co-funding for twelve years.



# The whole Living Lab idea was laughed off. Now, we serve as an example!

26 years ago Jan Hamers (57) and Roger Ruijters (63) pioneered the Limburg Living Lab. Hamers, at that time a young employee at the Health Sciences department of Maastricht University, teamed up with Ruijters, the director of Hambos nursing home in Kerkrade. With pride they look back on that moment.

"What are we proud of after these years? That the Living Lab still exists! In all my years in care for older people, I've rarely seen something like this succeed. Collaboration is much harder than you think, and we've managed to keep everyone on board. In fact, we've grown: there are nine care organisations plus higher and intermediate vocational education institutions. We're proud, especially considering how small it started."

Hamers nods in agreement. "It started small, with just one nursing home and the university. And haha, I was representing the university." Jan had just gotten his PhD and Roger was doing the master's program. That's how they met. "Nursing homes were uncharted territory in scientific research, nobody thought it was interesting."

From the beginning, Hamers and Ruijters believed that the collaboration needed to be visible through dual roles. Hamers: "I spent one day a week at your office to set up a research infrastructure. That idea of dual roles became the driving force behind the entire Limburg Living Lab story. We later started calling them the scientific linking pins, senior researchers from Maastricht University who work one day a week in a care organisation as

well as working in higher and intermediate vocational education. Then the reverse followed, practice-based linking pins: care workers or lecturers from higher or intermediate vocational education being exempted one day a week for activities within the Living Lab."

*Why was this collaboration viable when so many others weren't?*

Ruijters reflects: "I think it was safe, there were no competitive feelings, and yes, it probably has to do with the culture of collaboration in (South) Limburg. Health insurers said what we achieved is much harder to achieve elsewhere."

*Would you call it the famous Limburg 'friendship republic'?*

"In politics, I wouldn't rule it out, but in care, no way. The playing field in care in Limburg is also straightforward; it can't be compared to other parts of the Netherlands. Plus, there's often a personal connection and the feeling you have to do it together."

## Dismissed with laughter

Not everything went smoothly in the academic workplace for care for older people in those 25 years. It started within the university, at his own former faculty of health sciences, where he submitted a proper proposal to the board requesting financial support for his plans. It turned into a disaster. Hamers says: "The director of my research school, present at that meeting, came by afterward: 'Jan, it's been shot down, they don't see anything in it at all. It was literally laughed off,' he told me."

But a university wouldn't be a university without space for a little anarchy. So Hamers went his own way, even without administrative support. And it remained that way.

## Discussion

Even the concept of the Living Lab itself: the close integration of scientific research with the practice of care, education, and policy, didn't (and doesn't) come about easily. Hamers: "Those worlds are very different, so it causes discussion and friction, that's part of it. You have to invest a lot of energy into it. At the beginning, people in the care organisations wondered what the added value of the university was." There were sometimes misunderstandings. "For example: the linking pin in your organisation will solve all your problems. That's not true. We're not consultants and we don't conduct a study fast. Scientific research works slowly. But the most important thing we've proven in the meantime is that by developing knowledge, you can improve things."

Unfortunately, that same scientific research also occasionally creates problems for care partners. The government decided to allocate tens of millions for small scale living in care for older people. Care organisations had plans to build them, but PhD student Hilde Verbeek showed that small-scale living arrangements didn't necessarily deliver better results. Hamers: "They were completely shocked and some directors told us: 'do not publish'. But that's part of science, we always publish. In the end, the majority of directors agreed. And mind you,

Jan Hamers and Roger Ruijters at the start of the Living Lab in Ageing and Long-term Care

1998



we didn't say that they shouldn't build on a small-scale, we simply said that it's not necessarily better."

### Vulnerable

It's a careful process, emphasizes Hamers: "Although all our partners, including those in education, have voluntarily joined us, a care organisation could easily say: I'm quitting, I'm leaving the Living Lab. That has never happened, and I think the reason is they trust us. Taking part in such research means making yourself vulnerable because you suspect you can improve things. Then it's important you can trust us to go public in a fair way and not engage in naming and shaming. We never disclose specifics, even with positive news. Internally, of course, we do share the results."

### Burst the bubble

Researchers hope their recommendations are widely adopted. But that's not always happening. Hamers: "As an example: we've demonstrated very positive effects, and you think: all partners will immediately follow suit. Other policies will be introduced. Well, that's not how it goes. Quite the contrary, even when we established years ago that using physical restraints in people with dementia is not safer, it took ages for the phenomenon to disappear."

*But you meet regularly. You present irrefutable results. Doesn't everyone say: let's implement this?*

Hamers: "I'm going to burst your bubble. We have nine major care organisations with about 27.000 employees

and a lot of managers, and they all need convincing. It doesn't happen automatically."

Ruijters: "Any change is difficult in such large organisations, I experience it myself. It always takes longer than you'd like. But one thing I'm sure of: without the Living Lab, it would be much harder. And that linking pin formula helps. If a university comes up with something without practical connection, the chance of success is ten times smaller."

*What happens if something good is presented and organisations still don't adopt it?*

Ruijters: "That's their choice. And they'll face the consequences. If nobody wants to reside at your place because your care system is stuck in the Stone Age, well, then it's their own fault." And Hamers stresses: "We're not forcing people to buy from a single supplier. Everything is public and available, organisations choose for themselves."

### Celebration

It's September 2016, at Maastricht University, a new rector magnificus steps in, a woman, and not from within the university itself. That's already three novelties, and then the fourth is yet to come: the content of her speech. Rianne Letschert questions the cult of academic stars, emphasizing the importance of teams in science and advocating for space and appreciation for various roles in research and education, both for scientists and support staff. She also emphasizes the importance of applied research. These were the initial outlines of

the program that would later be named Recognition and Appreciation and has since gained national and international recognition.

Hamers: "I thought: hooray! Finally, recognition for something we've been doing for years and which was laughed at by administrators back then. We work in teams, we believe that new ideas arise from the interaction between researchers and practitioners. My best discussions are with our older individuals advisory board, which includes clients and client representatives, passionate and engaged people who think critically and

The first Living Lab PhD thesis was defended by Sandra Zwakhalen in 2007. It led to the development of a pain scale for people with dementia: the PACSLAC-D. The pain scale is still used by carers and nurses and is included in Verenso's pain in vulnerable older people guideline. *Zwakhalen, S. (2007) Pain assessment in nursing home residents with dementia. Maastricht University: PhD Thesis.*

question what certain research results actually mean for people in care. What we were already doing back then, they now call it with fancy terms 'team science and citizen science'.

The fact that the Living Lab went international in the meantime only strengthens this, he says: "In Leeds, Halle, Cologne, and Graz, they are now replicating our approach, which is nice, but what matters to me is what it brings us. Various visits take place where employees and client representatives go out together. They talk to each other, so that's also knowledge development. This makes it sustainable."

*Has the recognition of your approach led to more support from the university? Also financially?*

Hamers: "It's mainly moral support, we're often cited as an example. When it comes to money: we are successful in attracting research funding in competition, both in the Netherlands and in Europe. But when you're successful, you need more teachers and people to supervise PhD students. Structural funding, through what is called the first stream of money. However, within our faculty, you know beforehand: the moment you want to hire more people, this has to be paid from the same money the department cardiology uses. So the conclusion is: that's never going to happen. So, I lobbied the Ministry of Health, Welfare and Sport for structural co-financing. Many colleagues in the country and here in the faculty were cynical: 'hahaha, Jan won't succeed', well, it did succeed, 900.000 euros a year, we could hire a lot of



young talents. The ministry has decided to expand it. I got a big bottle of champagne from those colleagues back then. They liked the fact that I'd persevered."

### Figurehead

According to Ruijters, connective leadership is the reason behind the success of the Living Lab. Hamers is visibly trying to hide a broad smile. Ruijters: "I think, with a different figurehead it might not have succeeded. Jan is able to connect everyone in a serving manner. He is sensitive, knows what is going on in the various organisations, he looks at the work floor and how research can support practice."

### *But what if Jan gets hit by a bus?*

Ruijters: "About six years ago, it would be a problem, but nowadays there is invested in young talent. There is a group of professors with the same mindset, that allows you to say: if Jan is hit by a bus, it's no longer the end of the Living Lab. By the way, don't go getting hit by a bus, huh."

### *Which direction would care for older people and the Living Lab go?*

Ruijters: "We started the workplace from nursing home care, but that is changing enormously. Home care is becoming increasingly important. We are moving towards more hybrid forms: part-time admission, for example, three days in the nursing home and four days at home. Or you sleep in the nursing home so that your partner has a quiet night. Or the therapist comes

to your home. The question at hand revolves around how to manage it all, what is considered desirable, and the implications for professionals. In nursing homes, they have a different DNA than in home care. I call it 'decompartmentalizing' care, also in terms of financial flows because they are more based on the medical model than on the client's needs. I would like to see that whole process scientifically supported, so that the merger goes smoothly. But where exactly it will go, we don't know, there is no dot on the horizon."

Hamers: "I started as a registered nurse, and when I see how things are still going now..., too much is still the same as 26 years ago. How are we not managing to accelerate the transformation? We know how not to do it, but not how to do it. We need to focus on that, try out other forms of care. I look forward to a future where directors of health care organisations are more inclined to take risks and think outside the conventional boundaries. What is stopping them? Good question. Perhaps it's wise to start with something similar on a smaller scale, given the size of these organisations."

Ruijters: "There's a whole 'system world' around older people care. The funding, the quality frameworks, the privacy laws, the opportunities for collaboration: all these act as barriers. It's also a zero-incident environment: if you stop confining people with dementia, something will go wrong at some point. Conversely, if you do confine them, eventually something will go wrong too. Changing how we think is essential."



Jan Hamers and Roger Ruijters



# We wanted to become members for a long time

## Three CEOs from care organisations in North and Central Limburg

Three care organisations in North and Central Limburg joined the Living Lab in Ageing and Long-term Care three years ago. Now the Living Lab covers the whole province.

### Why did it take so long to join?

Wiel Ploegman of Proteion explains: "Back then the partnership had an emphasis on South. The tide turned three years ago. Before that, we are told, the organisations thought the collaboration was big enough: they didn't want to expand."

Jan Hamers, former chairman of the Living Lab, explains the main reason was the structural financing. "Ploegman had been advocating it for a long time. But we are dependant on scientific linking pins that could be attracted once the ministry provided sufficient structural funding. The ministry agreed with the caveat that it will stay that way. If it gets too big, the mutual commitment may diminish."

### No-brainer

All three CEOs had their own reasons for joining the partnership, but they all had a common starting point: the desire for more scientific input in care practice.

Marjon van de Mortel (Land van Horne): "I'm a health scientist and what always amazed me is how far apart science and practice are. That's unfortunate, because it sometimes leaves you chasing things that don't help at all. Here, the drive came from the care professionals; it then became a no-brainer in administrative terms. Joyce Heffels, a project leader for the Huntington's specialisation and PhD at Maastricht University, was the driver force. About five years ago, we formed a research and development committee, and it received a lot of enthusiasm. At that time, we were also examining the policies regarding COVID-19. In one of our branches,



Wiel Ploegman, Marjon van de Mortel and Marc van Ooijen

Mariënburcht, we experienced a significant number of infections and sadly, many client deaths. This prompted the question: What's the best way forward in this situation? What can we achieve, and what are the limitations? Internally, we decided to draft a letter expressing our interest in becoming a member of the Living Lab."

### Social side

This is the second living lab which De Zorggroep joined. Marc van Ooijen: "We're already affiliated to the

University Knowledge Network for Older Adult Care Nijmegen (UKON). I also wanted to join the Living Lab because I'm enthusiastic about a number of professors in Maastricht and the research being done there. This extends beyond the scope of the research of the UKON. Especially the social side, the concept of Positive Health and also the chair of Hilde Verbeek (care environment for vulnerable older people). So, living conditions and the quality of life are important to me."



Just as vital, he mentions, with the others in agreement, is that within the Living Lab, the organisations are linked at multiple levels: "This encompasses not only the administrative level but also researchers, client councils, and quality staff. That collaborative model has been well thought out."

He also connected Nijmegen and Maastricht, because "There is no more academic rivalry." Now, he has researchers from both living labs in-house: "We put them in a room together, and they collaborate."

#### **Transformation**

Proteion also has its specific characteristics. For example, together with the Maastricht University Medical Center (MUMC+), they share a centre of expertise for chronic organ failure, Ciro+, in Horn. Ploegman notes: "There are various ongoing research initiatives, particularly in the area of respiratory health, including COPD. We want to learn from the experience of the Living Lab and share it, so the entire region can benefit. And with input from the Living Lab we inspire people in our organisation regarding research."

Van Ooijen: "The link between higher and intermediate vocational education is exceedingly vital. Over the next two decades, the demand for care is projected to double, while the workforce is expected to remain at the current level. We're facing a huge transformation. The profession is set to undergo significant changes, and it's crucial to ensure that education keeps up. We need to move closer

together: the university of applied sciences and care organisations. Research is an element in that." Ploegman: "Care workers will have to work differently. You have to shape that together."

#### **Enthusiasts**

How do they inspire enthusiasm within their own organisations? Is that difficult? Van Ooijen: "There are always people on the operational side who are keen to contribute their insights. They don't all have to care about scientific research, but you obviously need some enthusiastic people. And people figuring out for us what we do and don't want to participate in. That's what our science committee does."

Ploegman: "We're still working to fit it into the structure of the organisation. You have to have some initiators who involve employees and get client councils to join in. The nice thing is, if you make space for research in your organisation, you also become a more attractive employer. The idea is that within your organisation, there's not only room for nursing or caregiving but also for pursuing alternative career paths, engaging in job sharing, and participating in both care and research endeavours."

Van de Mortel can confirm this: "I see that with us too. People are happy to become part of their profession and research. They take pride in the fact that our logo is now prominently displayed at the Living Lab."





## The Living Lab in Ageing and Long-term Care serves as a prime example



Rianne Letschert • President of Maastricht University

Maastricht University has great appreciation for the Living Lab in Ageing and Long-term Care, especially since Rianne Letschert, president of Maastricht University, visited the Living Lab in 2016. "I'm a serious fan of the Living Lab, I really am."

Her enthusiasm arose when she started at Maastricht University and became rector in 2016. "One of my first working visits was to the Living Lab in Ageing and Long-term Care. I was welcomed by a very diverse team of scientists, policymakers from care institutions and care workers. To demonstrate: this is how the Living Lab works. Because if only scientists had attended, well, it would be just an average department at a university. That afternoon, through a variety of presentations and discussions, they showed how they try to bring together stakeholders in care for older people, how they formulate and readjust research questions, how they apply 'interventions'. And they deviate from the conventional approach: where those in practice are given a voice at the end. Because that very practice has been there from the beginning, including the clients, their relatives and employees. The idea of learning together and from one another is truly inspiring. Furthermore, it's not just a buzzword; terms like 'collaboration' and 'co-creation' are deeply engrained here. Anyway, since then they allowed me to come to their events."

**Was it because you were enthusiastically cheering them on?**

"Ha ha, not at all. I genuinely saw that this could be an example for many other groups. The word living lab says it all, you all work together on research to come up with solutions for the future. This can be applied in more areas, not only in the care sector. Take our School of Business and Economics where they are working on emerging markets, emerging economies. It's a great place to work in a living lab-like setting with stakeholders, people working on development aid, non-governmental organisations (NGOs) and ministries. Progress is underway, and perhaps it will gain further momentum with the National Recognition and Rewards programme."

**Figurehead**

Letschert refers to the programme in which she is one of the national figureheads. "It was the reason I wanted to become rector: to change the way staff are treated in research universities, where it's assumed that everyone should excel at everything and that research and education depend solely on individual performance rather than teamwork. It means that in a career, different





emphases are possible and you are rewarded for them. Everyone has their role. Do you work a lot with the practical field? With science communication? Both are important but if you are not rewarded, you will stop doing it."

Letschert says what struck her about the Living Lab is that those principles have been embraced there from the beginning. "Before they knew what the National Recognition and Rewards programme was, they fitted very well into the line of thought. And because that programme is now part of University Maastricht's HR policy, it's finally possible to promote people on something other than supervising a lot of PhD students or bringing in a lot of research grants. Take Hilde Verbeek, she is a versatile professional and also a member of The Young Academy of the KNAW (Royal Netherlands Academy of Arts and Sciences). She aspires to shift her focus, not feeling compelled to manage every aspect. Our programme allows her to achieve that and reap its benefits."

#### **Motivated**

Another element in the National Recognition and Rewards programme is attention to leadership, Letschert says. "I have spoken to Jan Hamers about that. Because running such a Living Lab takes a lot of time. They expected him to run it alongside his scientific work. That has to change, if you have the right people for something like that, you have to create space for it. So, as far as I am concerned, the Living Lab is really an example of how

to use different talents: impact on the outside world? Applied research? Fundamental research? It's all possible; everyone has their role, as a real team."

And the clients in care for older people also fit in that team. "That input could be called a kind of 'citizen science'. Their knowledge is utilised, people do not like being presented with a questionnaire where they have not been allowed to contribute to those questions, for example. That is well developed at the Living Lab."

There seems to be no end to Letschert's eulogies. "Ha ha, that's true, but I don't have any tips for them or anything either. It's a club of incredibly motivated people in a field that wasn't sexy for a very long time: care for older people. They are proud of what they do, which is nice to see and they let us, as board of directors, know that too. An award here, an application there, they email them to us, which is nice."

And, she says admiringly, "No begging, huh! There are always other groups knocking on our door, they are self-sufficient."





**Key roles in  
the Living Lab**





## I think an equal role is important

Mischa Eijkenboom and Albine Moser

Researcher Albine Moser gave two client representatives a prominent role in the presentation to visitors from abroad last year. "We were the first to speak, it's proof we're seen as true partners", says one of them.

We are in a small room at the Living Labs' headquarters in Maastricht. Speaking is Mischa Eijkenboom (1973). After a serious car accident, he has been using a mobility scooter since 2007, is a resident of a Sevagram assisted living facility in Maastricht and member of the Living Lab's older people advisory committee. Also at the table is Ine Hellwig (1954), a former university of applied sciences nurse and a member of the older people advisory committee, but on behalf of LOC, a national representation of client and patient committees. Finally, Albine Moser (1972), Austrian by birth, once a nurse in the professional home care, currently a lecturer at Zuyd University of Applied Sciences and a researcher at the Living Lab.

### Retired teachers

The presentation Eijkenboom talks about was a session with guests from Austria from the so-called OPINION lab. That's an alliance of research universities and nursing homes around Graz who want to follow the Limburg Living Lab model and also would like to see clients given an important role. That's because 'client participation', the 'client as partner' are serious principles at the Living Lab in Limburg.

Hellwig has plenty to say about that: "I've witnessed the development from residents committees to client councils, which I talk about at a presentation. Those committees used to include retired schoolteachers who would look in the fridges to make sure there was no mouldy apple sauce. I'm not kidding! This has improved enormously with the installation of client councils. These were given legal status and, thankfully, have more to say. I was head of nursing at a care centre in Valkenburg and we were happy with it: wonderful, finally people who provide active input!"

But such an open attitude, Hellwig says, is lacking in countries like Germany and Austria. "I have also worked in Germany in the care sector. The management determines what you should and should not do. Care workers from Germany, who heard about our client councils, often visited Valkenburg and liked our approach. Recently, such councils have been set up in North Rhine-Westphalia, but the management does not always take them seriously. They..." Hellwig says in a raised voice, "... sometimes literally get the very last spot in the car park!"



### Not overly protective

Ine Hellwig and Mischa Eijkenboom are also involved in the preparation of the working visit from Austria.

Albine Moser: "The three of us discussed the outline for the session on client or patient participation. How will we proceed, and who will say what and when? It was important for Ine and Mischa to speak first. It usually happens the other way round, people get a theoretical story first and a client get to say something at the end."

Eijkenboom: "That's crucial. The Living Lab is always about research but it becomes clear that we, as patients or clients, have an equal role. That extends beyond just a visit like this."

Hellwig nods: "You're not an object here, you can fully participate."

Moser: "I often hear objections: patients are too vulnerable, you shouldn't overburden them. Then I say to a young researcher, for example: but did you ask? Did you give them the choice?"

Eijkenboom: "Exactly, you shouldn't be too protective."

Moser: "We emphasize meaningful participation, rather than requiring everyone to be involved in everything. It depends on the person; someone in the last stage of life has different needs than a member of the central client council. It can be enough just being able to tell your story."

### Language

Moser trains researchers on how to achieve more client input. "Because there's a lot of research about patients or

clients but not with them. It takes certain social skills to shape that participation."

Eijkenboom: "Even just the language that researchers use! When we get involved in a project in a timely manner, we can say: if you want people to understand it, if you want answers, you really need to rephrase it."

Indeed, do people like Hellwig and Eijkenboom also see themselves as partners in scientific research?

Eijkenboom: "Certainly. I also conduct interviews for the Connecting Conversations project, where clients, care workers and informal carers are interviewed. For that, you get training at the Living Lab, we make a report of it and send it back. You really participate, it feels like a partnership. You are part of it."

\* Client participation is an important pillar within the Living Lab in Ageing and Long-term Care. From 2023, we offer all PhD students a one-year coaching programme to stimulate the client participation within their research. Albine Moser provides this coaching in collaboration with Burgerkracht Limburg. Consultant on participatory research and patient perspective in care Maarten de Wit hosts a master class for participants.



Mischa Eijkenboom, Ine Hellwig and Albine Moser



## What are scientific linking pins and what do they do?

Within the Living Lab in Ageing and Long-term Care, scientific linking pins have an important role to play. They are senior PhD researchers from Maastricht University, attached one day a week to one of the care or educational institutions so they can bring research and care practice closer together.

International collaborations between research universities and care organisations adopting the Limburg Living Lab model also employ linking pins. Reena Devi started as a scientific linking pin within NICHE Leeds five years ago. Irma and Reena collaborated on a research project to investigate the responsibilities and functions of scientific linking pins in their roles. The study team interviewed 15 scientific linking pins from Maastricht and Leeds, and asked how they worked and fulfilled their role within care organisations.

Scientific linking pins collaborate closely with care organisations, understanding the real-life challenges and what's at stake. They listen to the questions care organisations have and look for answers based on evidence. They also plan research projects in a practical way that can be implemented. This results in a win-win situation: researchers benefit from more successful studies, and care organisations gain more applicable knowledge.

Linking pins pursue different objectives. Very important, for example, is developing good relationships with employees in care organisations, and informing them about the importance of scientific research and the

activities of the Living Lab. Linking pins are also the driving force behind local research committees, where passionate care workers share ideas for scientific studies. These committees identify the questions in the organisation and weigh their importance. The organisation is developing its own research agenda. Sharing knowledge in an accessible way is also part of the linking pins role. Finally, the linking pin provides connections: for example, between care professionals and researchers who have specific expertise that benefits the organisation, or with students conducting small-scale research within the care organisation.

The job of a linking pin is not always easy. Sometimes it seems like researchers and care professionals speak different languages! Building mutual trust and taking time to understand each other is therefore an important first step, but the high staff turnover in care is not

conducive to this. Fortunately, linking pins are not alone, they work with other linking pins and get advice and support from experienced colleagues.

The scientific world and the day-to-day running of a care organisation are also very different. Whereas scientific research projects are very specific and long-term, care organisations face rapidly changing priorities. Continuous dialogue with directors, managers and care professionals is crucial to set clear expectations.

Nevertheless, all linking pins consider this role a privilege; not all researchers have the chance to work so closely with care organisations. And perhaps the most important finding: linking pins notice that the quality of their research improves as a result of the strong collaborative working with care practice.



Irma Everink and Reena Devi conducted research on linking pins







Care Research Committee • Math Gulpers (right)

## The time was ripe for academic research in the nursing home

**Math Gulpers and Bert Brock are now both retired: making a midday coffee and a look back at 1998 ideal. Both pioneers of the Living Lab in Ageing and Long-term Care and the first to set up a nursing home research committee in care for older people the university.**

Bert Brock: "It might sound a bit strange, but there's a good chance that we currently provide a certain type of care, and we might only realise in the future that this wasn't quite right or could've been done differently..."

Today all Living Lab partners have a (science) committee dedicated to research – just as Math and Bert pioneered some 25 years ago. Math Gulpers, department manager in the Hambos and Lückerheide Meander care locations at the time, remembers: "Initially, we set up the committee to identify what the research happening within Meander. We were also given questions from practice that we could research and looked at how new insights from science could be applied in practice."

At first, their committee comprised only Hambos employees. But that quickly changed. As Bert – who was managing a paramedic service at the time – recalls: "People from Lückerheide also wanted to join in. When they saw Math, as a manager, being so committed to science, it sparked enthusiasm... There was a lot of ambition and motivation, within Lückerheide anyway. That branch was very research-minded."

### Mixed group

*So who were the initial working group?*

Bert: "There were six or seven of us. Math, myself, an occupational therapist, Baps van der Linden, and physiotherapist Willem Strik. They later started together

in a primary occupational and physical therapy practice. From time to time, a doctor too, but at that time, the medical model still dominated nursing homes, so doctors were only occasionally available to join. I do remember Lien Lijnkamp (then a nursing home physician) and Mariëlle van der Velden who joined during her PhD. And some people from nursing..." Math adds: "That varied, but they were definitely represented in the working group. Later, a policy officer joined as part of the structure (Dianne Smulders was affiliated as a psychologist, ed.). Step by step, the working group gained more body and continuity."

### Zeitgeist

"The time was simply ripe for more academic research in nursing homes", Bert continues. "I graduated as a physiotherapist, and we really knew very little about nursing homes and care for older people. Indeed, I recruited the first occupational therapist in our nursing home. And once we were there, we were used for all sorts of things. Treatments sometimes verged on 'alternative medicine' and were not always evidence-based... it was important to keep critically questioning our treatments."

"At the time, there were two groups of care providers with opposing views. One came mainly from a medical model, whilst the other increasingly questioned the care and treatment of our assigned client group. We belonged to that second group", Math recalled. "We also looked at other organisations: 'What are they doing?' Now there is a lot more uniformity between what care organisations

are doing. There are treatment pathways, guidelines, etc. But that was not the case back then. Scientific knowledge has really helped us mature as a sector."

### Question from practice

Gulpers: "An occupational therapist asked: how could they restrain the residents better? Because people sometimes got out of their restraint and then fell. We first wanted to understand the problem. We thought that restraints could lead to more agitation in a resident. And we also had no idea how often residents were actually restrained. We dove into the literature as a committee, and I got the chance to go on a working visit to Denmark to see how they dealt with restricting freedom there."



If you would like to know more about the development and current status of the involuntary treatment research line, see the timeline on page 66.





Bert relays the early unexpected steps: "Through structured on-site research, we gained a better understanding of how often physical restraints were used. That was really an eye-opener. All the figures were on the computer, but well... how do you sell that knowledge to your colleagues?" The research working group put out an appeal: 'Who wants to be restrained for 24 hours as an experiment?' "We thought nobody would

volunteer, but there was a lot of enthusiasm! It attracted a lot of publicity, we even featured on the television programme 'Kopspijkers'. We felt the momentum building. People were eager for change. It was evident that existing practices were unsustainable. Nowadays, it seems obvious that we shouldn't physically restrain people, but you have to contextualise it within the times we were operating in."





**Jill Schneiders-Bindels is coordinator of the latest initiative within the Living Lab: Proteion's 'Innovation Lab'. Jill relays some of their early 'wins'.**

"First, we looked at what innovations already happening in Proteion and focused on surfacing the needs of residents, their loved-ones and our professional caregivers. Care professionals are sometimes too modest, they should be proud of all the things already being done. They may think not everything is 'innovation' - even when they've developed practical solutions for everyday problems. For example, 'sleeping-in routes', where a home care professional starts at nine rather than seven o'clock. Enabling clients to sleep longer and employees to take children to school. In turn, this enables more people to work in long-term care."

Scarce labour is one of the reasons the Innovation Lab was launched. "We encounter challenges for which we need to come up with solutions quickly. Employees often come up with innovative ideas themselves, now they have a platform for that, run by people with the time to be involved."

#### **Ambassadors**

The Innovation Lab has two core teams: innovation and research. "The innovation team includes 'ambassadors' with one day a week to work on the theme. They are people from care, such as a district nurse, personal

care assistant, and occupational therapist. Having a policy officer and an IT expert brings really valuable insights. Equally crucial is having a procurement expert to handle the acquisition of new technology. Lines of communication are shorter (and more effective)."

"The research team looks slightly different. Again, we have an occupational therapist and policy officer, and a specialist in old-age medicine. But we also have a practice-based linking pin (district nurse), and scientific linking pin from the Living Lab (professor and specialist in old-age medicine). As coordinator, I manage the teams."

Collaborating with care professionals is very important. "We don't want to invent something new and then throw it in the bin. We see where the need is and try it out as a team. After all, they are the ones who have to work with it. They contribute practical comments and raise questions that we hadn't considered."

Innovation needs investment. "...you need dedicated people to work on it. We have found those in the two teams in the Innovation Lab and are increasingly finding them among our colleagues. Many people are enthusiastic and want to work on this, but not everyone."

## **How Proteion's Innovation Lab is empowering change**



*Jill Schneiders-Bindels received her PhD from the Living Lab in Ageing and Long-term Care in 2014. After several years at CZ (health insurer), she joined Proteion in 2021*





A meeting of the Proteion Innovation Lab

It's important to acknowledge and accommodate resistance when it arises. Explore, look at conditions and guide implementation. Innovation should support the employee and the client."

#### Science

The research team looks at scientific evidence behind innovations and stimulates research within Proteion. "We want to know what it delivers. Our primary focus is the client, it's ultimately about enhancing their quality of life. But we also feel innovations are not always technological in nature. It can also mean organising care differently."

#### The future

"A lot is already happening at Proteion. We want to capture this in a database. We want to scale up, deploying existing innovations in other nursing homes within Proteion as well. The great thing is that employees themselves sometimes come and ask

about innovations that have been running elsewhere - success through word of mouth. It's great to see. We also seek connections: with researchers, other teams, colleagues in the region. What works for one person may not necessarily be effective for another. With that knowledge, we can often predict if innovation might work for one of our teams."

The innovations don't come out of the blue. "Our research and innovation agenda was created with Proteion's strategic goals in mind and with information from those initial brainstorming sessions. It gives our activities direction. Right now, we are aiming at independence in the daily activities of the client, with the aim of allowing clients to live longer at home better. We also focus on the care professionals: how can we support our employees to continue doing the job smarter and with job satisfaction?"

## Older people as partners

The Living Lab in Ageing and Long-term Care aims to improve the quality of daily life of older people needing care and support. To do this well, it is essential that older people and their families are equal partners in the research. Research is not only about them, it is developed and conducted with them. Older people and their families fulfil key roles in our work: advising project teams, contributing lived experience, and shaping research decisions with researchers. We work with our partners when preparing, implementing, evaluating and disseminating our research.



Karla Kuijt-van Hooff





The Living Lab's older people advisory committee

Our older people advisory committee has 20 client representatives. They provide us with – both solicited and unsolicited - advice on our scientific research. In our meetings we discuss important research topics, discuss the results of scientific research and help interpret them for practice. Our committee members are frequent partners in our research applications. One of them is Karla Kuijt-van Hooff, client confidential advisor at Cicero

Zorggroep and member of the older people advisory committee of the Living Lab. Karla talks about her experiences.

"I involuntarily came into contact with care for older people. My husband had a brain injury and his dementia accelerated after a brain haemorrhage. I became an informal carer overnight and did so lovingly for seven

years. During that period, I came into contact with various care disciplines, from home to the nursing home. I lost my husband three times during that time. The first time it was to illness, then more and more to long-term care and then to death. The second time is the hardest, someone in the marriage or relationship has an illness, but being sick is something you do together. When transitioning from home to the nursing home, as a partner you can sometimes be sidelined... all those years of lived experience, working and receiving care fade into the background. My experience and working background as a personnel consultant within the sheltered employment sector (Karla works as a client confidential advisor at Cicero Zorggroep) means I can use my membership of the Living Lab to turn experiences into something positive and help improve care and make it more person-centred."

"The Living Lab plays an important role. Critical questions can be asked there. These lead to scientific research and improved and informed practice. As a client counsellor, you take action when something has happened. For example, using the Connecting Conversations methodology developed by the Living Lab, you can measure the perceived quality of care from the care provider's, clients' and family's viewpoint. It helps identify bottlenecks in care, quickly. Care professionals can pick these up and prevent situations from escalating."

"Tools like these are only valuable when they can actually be used... implementation is an ongoing thing

**"I hope we continue to see older people as equal partners, and not as subjects"**

and not always easy. Research does not always deliver. But, if it does deliver something, like with Connecting Conversations, then this should be embedded in the organisation, and not stuck with directors or management. The Living Lab's big advantage is that researchers involve clients and care professionals in research. After all, it is the employees who have to translate the results into changes in practice. I have been closely involved in grant applications and as a member of the sounding board group of the Learning and Improvement in the Nursing Home (LEEV) project: promoting relationship-based care and support. LEEV is a follow-up to Connecting Conversations, asking the key question: how can the organisation take up the results from the measurements to improve care? I contributed to the inspection of the Living Lab by the Ministry of Health, Welfare and Sport and funding body ZonMw on 2 May 2019. The inspection discussed how research into reducing restrictive measures changed care for older people. You could see the fruits of collaboration within the Living Lab - that's lovely and important.





Mandy Boosten

## Stay Active at Home... but you need patience

**Mandy Boosten is one of the participants of 'Stay Active at Home', a reablement training programme for home care workers, promoting independence in older people daily activities. When she heard her team was going to participate in this programme, she was not particularly thrilled. This changed when she saw the positive effects. The change took time: "It's about a culture change, and you don't achieve that overnight. You need patience."**

'Stay Active at Home' takes place as a number of meetings over nine months. Professional home care workers learn about the importance of independence in daily activities and

practice motivational techniques and activity stimulation. It proved difficult to apply what was taught in practice. Mandy: "It's very easy with new clients but challenging with existing clients."

The majority, I estimate about 85 per cent, didn't like the new ways of working. Comments included, 'It's been done that way for years', 'I'm old, I don't need to do that anymore' and 'I'm paying for it, I'm entitled to it'. We work in a neighbourhood with lots of people with psychiatric and addiction problems, so I expected some resistance. Fortunately, there was also a small group who enjoyed regaining some control over their household life."

Her first success still resonates: "I had no idea what this new working method would bring, but I felt the pressure of care in someone's home: talking with a client and trying to make it a success. I suggested to a lady we clean the cupboard containing her expensive crockery together. With her dusting the crockery. After weeks of gently pushing, she finally agreed. She probably just wanted to stop my nagging. We started with one shelf and the following week we cleaned the whole cupboard together. It was a small victory, but a big result. From there, we did the housework 'together'. The lady liked having a role in that again. Moreover, this new collaboration also ensured a better understanding between us." This success gave Mandy's motivation a big boost: "I saw what it could bring clients, but also myself. The old working method of, 'you ask, we deliver' no longer felt comfortable."

Mandy uses several tactics to do things differently: "At one man's house I leave the duster lying around, so he picks it up and starts dusting – albeit with complaints about my 'forgetfulness' or I ask a man who never does

anything in the household to help me change the Hoover bag, because I 'can't do it myself'. Or I just put the pile of washed socks on the table, then people often start folding them by themselves." She admits it is not always easy: "You need a lot of perseverance; it can take months to achieve something. And it is frustrating when it does not work out in the end, but I have learned to make peace with it when people really don't want to."

The Living Lab studied the effects of the 'Stay Active at Home' programme by comparing those receiving the 'Stay Active at Home intervention' to a group receiving their usual care. Mandy thinks no convincing differences were found between the two groups: "It is unfortunate that results were not visible in figures, but my colleagues and I will continue to work this way. We see that it works in practice. It increases your job satisfaction. This working method also fits the values of the care provider and its emphasis on 'own strength' and 'self-direction'."

Mandy was an 'ambassador' for her cluster of professional home care workers. She regularly discussed 'Stay Active at Home' with Teuni Rooijackers (PhD student on the project) at symposia: "That collaboration went very well. Teuni could explain the scientific part, and I could explain the practical part. I have quit the ambassadorship, having started at the works council. I enjoy inputting into the policies and mission of the care provider. We don't yet know whether and how we can follow up 'Stay Active at Home' at Meander, but I was able to bring the programme to the board's attention."





# Testimonials





## Behind the Living Lab scenes

**Marloes Geraedts**

*Executive secretary at Land van Horne*

### **How did you get into care for older people? What is your motivation for working in care for older people?**

From an early age, I was exposed to social issues and the importance of personal commitment. My involvement in care started when I worked as a home carer in Southern Limburg as a student in Maastricht. I met extraordinary people receiving care and support at home. Each household had its own story, habits, needs and expectations. I experienced how you can make a difference through care. After my studies, I worked in the hospital and at the care office. I came into contact with - often complex - care for older people. The experience motivated me to become a part of a long-term care organisation, where I could make a direct contribution.

### **What is the added value of the Living Lab in Ageing and Long-term Care (scientific research) for you and for care for older people?**

The beauty of the Living Lab is the close connection between science and practice. Implementing the linking pins matches carer needs to knowledge and research. Land van Horne provides space to give attention to science-based, future-facing, ways of working.

In addition, I think having older people are involved in the Living Lab adds value. A client council member from Land van Horne actively participates in the Living Lab. It's a valuable information exchange; a win-win situation for science, our clients and employees.

### **What do you learn from collaborating with researchers and what can they learn from you?**

The collaboration provides Land van Horne with insight into two areas: first, the researchers motivate us to go deeper into certain topics. Researchers regularly involve us in the research they do. For us, it's very inspiring, and helps translate the findings to our organisation where appropriate. Second, our collaboration teaches us a lot about different ways of doing research. When a research question comes from our organisation, the researchers take us through the various possible approaches. It's really interesting!

We feed researchers relevant questions from practice. The challenges we face? How we see the future? The options available to prepare for complex and fast-paced developments in care for older people?

### **What is your wish for the future of long-term care? And what do you want when you're old yourself?**

I hope we use the talents and qualities of older people for as long as possible. I believe self-direction, participation and having a place in society are essential for quality of life. Preventing loneliness is crucial. When I am old, I see myself surrounded by people who look after each other and mean something to each other. Above all, I enjoy life and its possibilities.



# Behind the Living Lab scenes

## Eveline van Velthuisen

Psychologist at MeanderGroep Zuid-Limburg

### How did you get into long-term care?

After studying neuropsychology in Utrecht, I completed my PhD at the Living Lab in Maastricht on the topic 'diagnosis and treatment of delirium in older hospital patients'. From there, I moved into nursing home care, first at Envida and now at MeanderGroep Zuid-Limburg.

### What is your motivation to work in nursing home care?

Older people have often experienced a lot and sometimes have plenty to say. Working in nursing home care is really challenging. It's often considered restrictive, but my work is hugely varied. You will encounter almost all aspects of a psychological approach to treatment and care.

### In what way do you want to contribute to improving care for older people?

As a psychologist, I guide and advise the care team on how to deal with and treat older people in the nursing home. Often these are people with dementia and my advice can help reduce behavioural problems. I use knowledge from my PhD to educate staff on

what delirium is and how best to recognise and treat it. I ensure effective interventions from research are implemented in homes to provide the best possible care.

### What is the added value of the Living Lab?

I really enjoy having one foot in science and helping shape that science from practice, and then implementing the results in practice. I think the Living Lab is indispensable to long-term care. The research it has done and the positive impact it has on care for older people makes it a huge success. A great example is EXBELT: that work led to a drastic reduction in medical restraints in care, eventually becoming national policy.

### Where are the bottlenecks between scientists and care professionals and where do the two communities complement each other?

The biggest bottleneck is scientists oversimplifying care. The care workload is high and care workers receive advice or procedures derived from various expertise areas and have it imposed on them. The net result is limited opportunities to participate in research. On the other

hand, care professionals don't always see the added value of research. Not always realising that time invested now can mean reduced burden in the future. Scientists and care professionals complement each other best when they are committed to their professions and work hard to deliver the best possible care based on their expertise. Care professionals are good at identifying what is missing or going wrong in the workplace. Researchers can use that information to develop interventions to be used in care.

### What is your wish for the future of long-term care?

That we move towards a system where care and where care takes place match a client's wants and needs as closely as possible. That consideration is given to who someone is as a person and what kind of care and environment best suits them, rather than focusing on medicalising care. Training and education for care could focus more on the well-being and treatment of clients and not only on knowledge and actions, especially in psychogeriatrics.





# Behind the Living Lab scenes

## Nancy Gregoire

*Innovation coordinator at Sevagram*

### **How did you get into long-term care?**

"At Sevagram, I get many opportunities to grow and develop. I started out as a nurse but I had the opportunity to study the 'Master in Complex Care' degree as a care & welfare coordinator. Three years ago, I started as an innovation coordinator. I really enjoy working in care for older people. If I can make a difference in the final stage of someone's life it motivates me tremendously.

### **How do you convince employees to innovate?**

We have commissioned forty Innovation Boards, and I am super proud of that. A total of 74% of respondents at Sevagram think the Innovation Board adds value. Three years ago we started an Innovation Community: the central place for Sevagram employees to learn to innovate and develop their innovation competences. Employees are central to what we do. If they are doing well, they can also take good care of our residents and learn to innovate together. Job satisfaction for our employees is the most important thing. They deserve happiness at work and job satisfaction will keep them doing this great work for years to come. Many beautiful

things are already happening out of passion and joy. I enjoy teaching employees to ask questions and be intellectually curious. And not judge too quickly. Turns out that can be difficult sometimes.

### **What is the added value of the Living Lab in Ageing and Long-term Care?**

For me, the Living Lab is a place that brings the different care organisations together. We learn from others and others learn from us. It's important to innovate together and look for opportunities. The Living Lab has a connecting, researching and learning role based on our shared passion. I find this inspiring.







# Our research and education



# I'm a big fan of evidence-based education

Gilde Opleidingen was the first intermediate vocational education institution to join the Living Lab in Ageing and Long-term Care in 2017. When the organisation started looking for a linking pin, educationalist Elke Heijligers was at the front of the queue. "I had two reasons: first, I'm an advocate for connecting intermediate vocational, higher vocational and academic education. We already had strong connections with care organisations, including through internships, but the connection with the universities of applied sciences and academic universities was still in its infancy. Second, I'm a big fan of evidence-based education. I'm interested in questions like, 'how do we include the latest scientific insights in the courses?' and 'how can we measure the impact of our educational innovations on students and care for older people?'"

Heijligers describes an intensive collaboration. "From the start, we said yes to almost everything and lecturers are involved in all kinds of research. For example, lecturers were trained as Connecting Conversations interviewers, we tested the TipToolbox (a tool for implementing innovative exercise interventions) and students helped investigate whether washing without water could be a genuine alternative to washing bedridden clients with soap and water."

"In 2020, Petra Erkens joined Gilde as a scientific linking pin. She visits us and promotes the Living Lab within the organisation. With her expertise in scientific research, she quickly became the go-to person for intermediate vocational education lecturers engaged in research,

even to the level of small projects as part of a complementary master's programme."

In 2021, Heijligers took the collaboration a step further, and started her own PhD research as part of the Living Lab. "It arose from conversations with Living Lab Vice-President Hilde Verbeek: whilst terms like 'lifelong learning' and 'agile professionals' are commonplace in policy, they are not part of the vocabulary of professionals in intermediate vocational education. Hardly any research has explored, 'what motivates vocational trained professionals to engage in lifelong learning?' or 'how can educators contribute to competency development among professionals in intermediate vocational education?' Whilst experience



Elke Heijligers (centre) with Petra Erkens and Erik van Rossum, linking pins

helps us appreciate what doesn't work, we don't have so much on what does work?"

"From our initial group discussions with students, care professionals, and educators, it's clear that a person's personality shapes their development. But the organisation must ensure that certain lights are on green: creating time and space for the employee's competency development. Team culture also plays a big role: is it common to give feedback to your colleagues? Are you allowed to make mistakes in your job?"

"Besides theory-based research, I'm also very hands-on, for example with evaluation research. Gilde Opleidingen has several hybrid apprenticeships where a group of

**\***  
What is washing without water?  
Washing without water is an alternative to washing with a hand basin, water and soap for bedridden, non-mobile clients. With washing without water, the care provider uses a packet of disposable flannels containing a nourishing washing lotion. The lotion does not need to be rinsed off and dissipates on its own, eliminating the need to use towels.



Arion International researches Washing without Water with the Living Lab





Elke Heijligers during a focus group

students explore theory at a care location and then apply the lessons learnt into practice. Together with co-worker Johanna Rutten, I investigate how students experience that type of education, and we evaluate whether the alternative teaching location leads to more person-centred care. We do this, for example, by asking students: 'What are you proud of, and why could you not have achieved that in a regular department?'. My hypothesis is that students undertaking the hybrid apprenticeship get more feedback, not only from colleagues but also from residents and their relatives. This sharpens self-regulation: the ability to deal with difficult situations and look for solutions themselves. Skills that will benefit them throughout their working lives."

Gilde Opleidingen provides Heijligers with one day a week to work on her research. Maastricht University arranges the supervision team and a workstation. Being able to collaborate on site with my PhD team and meet other (part-time) PhD students always gives me with inspiration."

Simply employing more care and nursing staff in nursing homes does not improve the quality of care or quality of life. An optimal mix of employees with different competences should be sought.

*Hamers, J. P. H. et al (2016). More is not necessarily better. The relationship between staff deployment and quality of care in nursing homes.*

At the request of the Ministry of Health, Welfare and Sport, the Living Lab wrote this report on the relationship between staffing levels and quality of care. It was presented to the Dutch House of Representatives in 2016.







Students go on virtual home visits to clients



Students present their work to older people



Intermediate vocational education students in social care present during a workshop



Bachelor of Health Sciences students visit Zuyderland Hospice Mariaveld



Students visiting Envida



Students visit De Zorggroep

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The strength of our network offers significant benefits for the education of new academics, particularly within programs like the Bachelor's in Policy, Management, and Evaluation of Care. Our strong, existing connections enable students with a theoretical background to gain practical insights into the field, not just once but over many years. This allows them to develop a deep understanding of the daily lives of older adults, both in nursing homes and in their own homes.



# One of the Living Lab in Ageing and Long-term Care research lines: involuntary treatment



1998

Among care professionals, there is a need for research on restraint policies within nursing homes.

2000

MeanderGroep's Care Research Committee launches research into restraints within nursing homes. Restraint measures are used on 49% of residents.

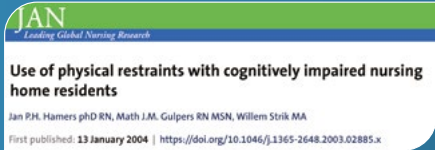


2001

Four MeanderGroep employees voluntarily allow themselves to be restrained in a nursing home for 24 hours. The experiment gets a lot of media attention, including on the radio programme 'Kopspijkers'.

Start of first PhD research by Anna Huizing: Does in-service training of care workers and consultation by a specialist nurse result in a decrease of physical restraint usage?

2002



First international scientific publication by the Living Lab on physical restraints.  
*Hamers, J. P., Gulpers, M. J., & Strik, W. (2004). Use of physical restraints with cognitively impaired nursing home residents. Journal of advanced nursing, 45(3), 246–251.*

2004

Intensive training of care professionals leads to positive reactions but has no effect: Physical restraint measures continue to be applied unabated. "Training alone is not enough to reduce physical restraints", is our message at the national congress "Losbandige zorg" (Unprincipled Care).

Further development of the approach to reduce physical restraints: Exbelt programme. One ward with high rates of physical restraints is restraint-free after one month of Exbelt.



Prof. dr. Erik Scherder, Hans Houweling MA and Prof. dr. Jan Hamers launch the 'restraint-free care tour' across the Netherlands in collaboration with IDé.



2005

Living Lab research: number of employees and workload do not play a role in the use of physical restraint measures. These results were later confirmed by research in other countries.

PhD student Math Gulpers, with funding from ZonMw, is researching the short- and long-term effects of the EXBELT intervention in nursing homes.



Employer, employee and client organisations in the Netherlands sign a declaration of intent entitled 'Care for Freedom': No more belt-restraint in long-term care by 2011!

2007

2008

Exbelt becomes widely available: using expertise gained, training and advice is provided to nursing homes across the country.

2010

Jan Hamers is keynote speaker at the Healthcare Inspectorate conference. "Science in practice: successfully reducing physical restraints in Dutch nursing homes!"

2011



2013

After introducing EXBELT, hardly any residents are restrained. Where EXBELT has not been implemented, the use of belt restraints is as high as ever.

Participating EXBELT nursing homes are free of belt restraints. The use of other severe physical restraint measures, such as bed rails, (wheel)chairs with a table top and special sheets has been greatly reduced.

Start of research on physical restraints in professional home care: people with cognitive impairment and dementia are particularly at risk of physical restraints.

EXBELT is labelled best practice by the Dutch Health and Youth Care Inspectorate.

2014

The term 'involuntary treatment' is becoming more common: besides physical restraints, the non-consensual care and the use of psychotropic medication are also recognised as types of involuntary treatment.



The Living lab organises a symposium on involuntary treatment. Attention to this in professional home care is increasing. Living Lab care organisations sign a declaration of intent not to use involuntary treatment at home.



2015

Vilans recognises EXBELT as an effective intervention in national database.

International working group led by the Living Lab defines physical restraints: Bleijlevens MH, Wagner LM, Capezuti E, Hamers JP; International Physical Restraint Workgroup (2016). Physical Restraints: Consensus of a Research Definition Using a Modified Delphi Technique. J Am Geriatr Soc 64(11):2307-2310.



2016

The Living Lab publishes the world's first prevalence study of involuntary treatment at home in the leading Journal of the American Geriatrics Society. Hamers JP, Bleijlevens MH, Gulpers MJ, Verbeek H (2016). Behind Closed Doors: Involuntary Treatment in Care of People with Cognitive Impairment at Home in the Netherlands. J Am Geriatr Soc 64(2):354-8.

2017



PhD students Angela Mengelers and Vincent Moermans start research in the Netherlands and Belgium on approaches to prevent and reduce involuntary treatment at home.

2018

The PRITAH intervention programme is developed. PRITAH stands for Prevention and Reduction of Involuntary Treatment at Home.





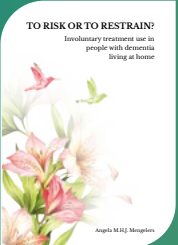


The theme of the annual Living Lab symposium is "Dilemmas in caring for people with dementia". Actors catchily portray dilemmas surrounding involuntary treatment.

The PRITAH intervention programme is tested: professionals are more aware of the negative consequences of involuntary treatment and involuntary treatment is less accepted. Participants are more confident in their own abilities to prevent and reduce involuntary treatment.

Research in the nursing home gets renewed attention due to new Care & Compulsion Act. PhD student Guido Biesmans (Envida) researches which organisational characteristics influence the use of involuntary treatment.

Mengelers AMHJ. To risk or to restrain? Involuntary treatment use in people with dementia living at home. 2021. Thesis. Maastricht University, Maastricht.

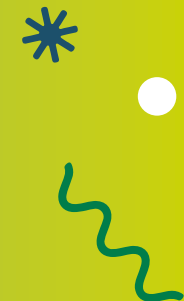


ZonMw funds new research on rollout of PRITAH. As the sixth PhD student within the research line, Klarissa Ponstein researches how to implement PRITAH, and how the knowledge gained can be embedded in the training given to new care professionals.

The Living Lab is developing a new nursing guidelines on involuntary treatment at the request of V&VN and ZonMw.



Involuntary treatment is included as a basic safety quality indicator in the Nursing Home Care Quality Framework.







Connecting Conversations wins Maastricht University's Impact Prize in 2022

## Connecting Conversations: where did it come from, where is it going?

Until 2016, says Katya Sion, senior researcher at the Living Lab in Ageing and Long-term Care, nursing homes measured clients' experiences every two years with a questionnaire called the CQ-index, or consumer quality index. But it didn't provide sufficient insight into client experience. The Government and the care organisations within the Living Lab wanted to move away from "just ticking boxes about the number of falls and pressure injuries" and capture what people thought about themselves in a care context.

Great, a PhD student was allowed to develop such a measure in 2017. "We applied, unsuccessfully, for a grant from ZonMw. But the Living Lab partners themselves, together with health insurer CZ, stepped in because they thought it was so important. Like many PhD researchers I had a plan, but I had to largely figure it out myself. It was tricky but fun, and I got support from a steering committee that included 'stakeholders' from the Ministry of Health, Welfare and Sport and the Health and Youth Care Inspectorate to client councils and directors of care organisations. They are still supporting us."

### 2016 - 2020

The result was: 'Connecting Conversations', in which quality of care is evaluated through open discussions with a care triad of a nursing home resident, care professional, and family/informal carer. Residents, families and professionals co-created the measure. I was able to translate their knowledge and wishes into the measure and adapt it. Not all care institutions stayed on

board, some opted for different approaches. And it often progressed too slowly for some. Scientific research is often slower than practice wants, that's just the way it is. Cicero has stayed involved with the project, despite the time the research took.

Pascalle van Bilsen, director of personnel, training, and quality at Cicero: "Our motto is client centred. Yes, I know they all say that, but it's about how you interpret it. It shouldn't be just a slogan, it needs constant work. Connecting Conversations helps with that. As an employee you think you are doing the right thing, but is it also what people want? You have to provide a home, because people live with us. For example, how do I know for sure this lady drinks her coffee black? It is often about the little things."

### 2020 - 2023

Sion: "I finished at the end of 2020, after those four years ZonMw decided to subsidise the follow-up, which continues until the end of '23. There was and still is much to research."

Meanwhile, Connecting Conversations has also found its way into education, albeit on a modest scale. In Health Sciences at Maastricht University, in Nursing at Zuyd University of Applied Sciences they give lectures and workshops. Also, a pilot has been conducted among intermediate vocational education students and conversations about it are still happening.

The INDEXQUAL model shows how experienced quality of care is created. That experience is based on the person's expectations, actual experience while delivering care and satisfaction with the outcome of the care.

*Sion, KYJ et al. (2019). Experienced Quality of Post-Acute & Long-term Care From the Care Recipient's Perspective – A Conceptual Framework. Journal of the American Medical Directors Association, 20(11), 1386-1390*



Katya Sion and Karla Kuijt give a workshop on Connecting Conversations at the Living Lab symposium



### How are things going in care itself?

Things are running well at Cicero, says Sion: "Pascalle is the driving force. You need someone like her. Where organisations stopped the project, it was often down to the manager not being fully committed."

Van Bilsen: "It is also a lot of work; its work you have to believe in and it takes commitment. I took up this initiative in my previous job as head of quality and policy. Cicero employees had already been trained as interviewers, but we wanted to do it ourselves, in-house. We discussed with Katya what our organisation needed to do to use the evidence-based tool as part of her PhD. We planned late 2021 and my team was trained and we started in 2022. The intention was for interviewers to come from other care organisations, but that didn't get off the ground. There was too little enthusiasm there. So, we took a different tack. We used our own policy staff, nurses and carers but from other locations, and people from client councils. Katya can also use this approach to spread the tool around the Netherlands."

### What's next...

Van Bilsen: "Our evaluation at Cicero was positive; with caveats of course. A good example is ensuring it does not become an extra burden on staff. We found that when things are not going well, you can use Connecting Conversations to intervene quickly. Our client satisfaction list was mostly an aftercare assessment, i.e. when the resident had already died. But well, then there is nothing left to improve. Improvements can be made based on

### What is Connecting Conversations?

Connecting Conversations evaluates experienced quality of care in nursing homes by collecting stories about client experiences. For this, three separate interviews are held with a client, their family and an involved care provider (the so-called care triad). Employees of the care organisation implement this method themselves; they receive training for that. The interviewer is independent and does not question specific themes, but creates space for everyone's story. The stories offer starting points to reflect, learn, and improve together.

these three-way discussions. They are current, in the here-and-now. It also gives care workers a voice. They 'own' the improvement process. They talk about things now that previously just got passed over."

The improvement project has since been adjusted. Now there is an app that supports interviewers, and a dashboard for the care organisation to view the data. Interview training is now more practice based. And this year there will be a separate training for the coordinators. After all they are a major driving force.

Enthusiasm nationally is growing. Sion: "Pascalle and I gave a webinar last year that generated a lot of enthusiasm; with many different care organisations attending. We now offer Dutch-language training for

Dutch and Flemish care organisations. We sell that as a minimum package for two interviewers and a coordinator. They get access to the app and support. We are working with partners in Leiden and in Zeeland, but they don't always adopt the tool completely. Sometimes it takes a year or two year and then it gets bogged down. It's not always clear how that happens. But we can tailor

the method based on learning from quality data. Its flexible..."

Connecting Conversations is now part of professional home care delivery. Van Bilsen: "At Cicero, we are going to try out whether it can work for people with a nursing care at home."





# Help older people to be helped less

Sometimes caring for older people leads to providing more help than is necessary, or clients want, in important areas of daily life like washing, eating, and dressing. A major research project called ACCENT began a couple of years ago, exploring ways for older people to regain some control over aspects of the daily lives. The research question was: how do you train care workers who are mindful of clients' autonomy in personal care? And how can that autonomy be supported?

Support means helping clients to do things with the most appropriate amounts of help needed. Often nurses and carers have been taught to help, not to step back and ask, "is this too much?" Mariëlle Willems is a lecturer at the Maastricht branch of VISTA College. She thinks ACCENT fits well with their vision of education. "Here, we do 'coaching education'. We encourage students to think for themselves, ask questions and give feedback. It's a form of self-regulation: if students take control of their own learning process, they will soon be able to encourage that attitude in clients too."

The ACCENT project struck a chord with Willems: "When I heard through the programme manager that the

Living Lab in Ageing and Long-term Care was looking for participating lecturers for this project, I applied. It's an interesting and important topic and on a personal level, we are getting older and you want to retain control of your own life. For care workers, this means a change in their role. That is what our education should prepare them for."

We are pulling out all the stops for this. Four researchers, nine research assistants and three postdocs are working on it. Several Living Lab partners are participating: four care organisations and two institutions in higher and intermediate vocational education. The researchers and the research assistants job share: "So as a lecturer or



as a care provider, you also work on the project. That combination is special", says ACCENT project leader Petra Erkens. The research asks what this new approach means for those professionals in their working environment. Does their position in the organisation change? How do they develop themselves? Do they take a more critical view of care? It helped that we had a mandate from subsidy provider ZonMw: to strengthen the research infrastructure in this sector."

## Self-esteem

At the start of the project, there were extensive discussions about what 'autonomy' actually means for someone in the nursing home, says Erkens. "For us, it means making choices and being able to carry them out, possibly with help, and realising that you have to take account of other residents. Being able to make your own decisions: what will I wear today? What time do I want to shower? That is very important for your identity, your well-being, your self-esteem. Our research tackles important questions such as, 'How does this autonomy support work in practice?' 'How can we measure that?' 'Can we develop tools for care professionals?' 'How can we teach our students that?'"

But staff face dilemmas. Independence in daily activities is desirable. But what do you do when a client decides to exercise their own autonomy in such a way that they want to be helped to get dressed – even when strictly speaking they don't need the help? And what if disagreement about the approach arises in the care





team? "Then you need to engage in discussions with the client and in the team about that", Erkens says. "This project will provide the tools for how to do that."

Willems is pleased to be participating in the research. "You learn to adopt an inquisitive attitude, which is also important as an example to the students. I find it enriching to see what is happening in the Living Lab."

Care farms are a valuable alternative to traditional nursing homes. They provide an attractive, homely environment and residents have a more active daily life. They participate in activities more often and get outside more than residents of traditional nursing homes.

*De Boer, B. et al (2017). Green care farms as innovative nursing homes, promoting activities and social interaction for people with dementia. Journal of the American Medical Directors Association, 18(1), 40-46.*



"When I gave birth to my daughter, the maternity assistant at the time wanted to do everything for me, including things I could easily do myself. That's how I learnt how important it is for me to be independent in daily activities. When people were sought for a project on autonomy, I knew that this is my chance! It's great to participate in this and develop something together that gives us tools to promote autonomy in clients."

Cindy Michiels  
Care assistant at Envida  
& ACCENT project research assistant



"My client's autonomy is important to me because even though they are dependent on us for care, they should be able to retain their self-esteem and control. In my opinion, the best way to do this is to consult with the client and listen. For example, what does someone want today? What clothes does someone want to wear? What does someone want to eat? By letting someone make choices and by respecting their wishes, you can boost their self-esteem. And the client feels heard too."

Iris de Vrees-Houben  
Care assistant at Envida  
& ACCENT project research assistant





**What makes the ACCENT research project unique?**  
The ACCENT research project is conducted by care assistants and nurses. They are given a few hours a week off, to work on scientific research. As such, the Living Lab also contributes to the professionalisation of care assistants and nurses.

ACCENT working group



## Where you live, you should feel at home

### \* Citizen science

The Living Lab in Ageing and Long-term Care has been conducting scientific research with older adults, their loved ones, care professionals, administrators, and teachers for 25 years. Citizen science involves collectively posing questions about things you observe and interpreting results.

Hilde Verbeek

“Home is a feeling”, says Hilde Verbeek. “It’s a place that evokes security and memories and where you have control over your daily life. Ideally, the house where you live is also your home.” Since 2020, Verbeek has been a professor of Long-Term Care Environments, a role partly funded by MeanderGroep Zuid-Limburg. She investigates ways in which a person’s environment contributes to well-being in daily life, especially when someone needs intensive care and support.

“We need to change our thinking as a society about how older people in need of care can live comfortably. Even if that care is intensive, 24 hours a day, such as with people living with dementia. We often attribute certain behaviours to illness when it may be the environment that makes it difficult for older adults to function optimally. Think of locked doors preventing someone from going outside or long corridors making it hard for them to orient themselves. Our expectations also play a role: someone has dementia, and immediately their whole sense of competence is being questioned. People sometimes suffer because of a significant shortage of suitable housing with the right care arrangements.”

But change is possible: people can meaningfully exist in society, participate actively, and continue their lifestyle, even in a nursing home. “Our research shows that residents of a green care farm are more active than residents who live in traditional nursing homes. Past decades have seen various environmental innovations developed and evaluated. All trying to



De Hoeve, one of MeanderGroep's innovative nursing homes where research into the environment is taking place

stimulate active daily living. Examples include residential courtyards, living communities, or small-scale housing arrangements. The physical environment is radically different here (in green care farms), as is the way people interact with each other and the organisation of care.”

“You can see it works, but why? Which elements in these different environments influence the behaviour of residents, their loved ones, and staff, and how can we apply these in regular care? Long-term care organisations are working hard on developing alternatives to the traditional nursing home. With scientific research, we will better understand and learn from these alternatives. We want to know how it really is, and not rely on negative tropes, gut feelings, perceptions and opinions.”





# International collaborations



## ‘NICHE Leeds’ is a UK initiative following the Limburg Living Lab model

Karen Spilsbury saw the Living Lab in Ageing and Long-term Care and saw its appeal for her city (Leeds, England): "I saw how a research focused university and care organisations collaborated to answer questions that matter to the people living or working in nursing homes. Knowledge is not imposed but derives from an active partnership. That kind of collaboration contributes to a better quality of care, and a better quality of life, for people who live in care homes."

Karen Spilsbury is co-founder of NICHE Leeds (Nurturing Innovation in Care Home Excellence in Leeds). In NICHE Leeds, the University of Leeds works with care organisations from the Leeds Care Association, supported by Leeds City Council. NICHE Leeds was officially launched in September 2018: exactly one year after an inspiring presentation from Living Lab chair Jan Hamers. At the end of the presentation, Karen asked, "Who would like to help set up a similar living lab in Leeds?" Peter Hodgkinson and Graeme Lee, owners of two the Leeds Care Association providers (Westward Care and Springfield Healthcare) took up the challenge and NICHE-Leeds was born.

### Motivation

That the Living Lab was represented at the launch of NICHE Leeds is something Peter, Graeme and Karen saw

as valuable. "The Living Lab has been going for 26 years. We were able to learn a lot from their experiences and ways of promoting engagement and impact that day. We built these lessons into our own plans to for our Leeds model."

New partners have come on board (HC-One) and NICHE-Leeds wants to continue to grow. NICHE Leeds focuses on the day-to-day care and support of residents. This ranges from promoting their oral health to good end-of-life care. Employees of the participating care organisations are closely involved from the start. Peter Hodgkinson: "The main driver for organisations to participate is greater quality of care, of life and of work. If we get results from the research, it motivates people in the homes to participate in more research next time."

\*  
The Living Lab works intensively with academic, non-profit and private partners from various countries within its projects. The European Commission-funded TRANS-SENIOR project, for example, brings together partners from the Netherlands, Belgium, Israel, Germany, Switzerland, and Poland.



Living Lab in Ageing and Long-term Care and NICHE visiting the Lord Mayor of Leeds

### Exchanging ideas

NICHE-Leeds' inaugural working visit to Maastricht happened in March 2019, primarily to learn more about the Dutch model. As Professor Spilsbury relayed, "We were still in our infancy, visiting Maastricht meant we could ask questions about how the model works, how employees work together, where the opportunities are and what the challenges are. But also: how do you assess progress?" "The visit opened our eyes to wider collaboration opportunities that bring a wider pool of expertise to the partnership. NICHE-Leeds has brought engineers, computer scientists, dentists and geriatricians to the partnership, to come up with practical research-based solutions to improve residents' and staffs' lives in care homes". In September 2019, staff from the Living Lab visited Leeds to celebrate its one-year anniversary.

The success of the Living Lab in Ageing and Long-term Care rests on two main pillars: the commitment of linking pins to make the connection between care, educational practice & science, and the collaboration within multidisciplinary teams. Verbeek, H et al. (2020). *The Living Lab in Ageing and Long-term Care: A Sustainable Model for Translational Research Improving Quality of Life, Quality of Care and Quality of Work. The Journal of Nutrition, Health & Aging, 24(1), 43-47*



Jan Hamers, Lord Mayor of Leeds and Karen Spilsbury



## The collaboration is something new for both science and care practice

The care for older people field has an overwhelmingly female workforce. But more men are beginning to choose to work in care. In some cases, they also serve as linking pins in Living Labs: Felix Bühler and Wolfgang Strobl work at Germany's PraWiDem Living Lab and Austria's OPINION-Lab, respectively.

Felix Bühler is a nurse and scientific linking pin at the PraWiDem living lab operating in Halle and Cologne. One day a week, he is affiliated to the Paul-Riebeck-Stiftung, also in Halle: a provider of residential care for people with dementia. "I work as a linking pin in a smaller nursing home, where about 30 people with dementia live in three small-scale living communities", Felix says. "About 20 carers and nurses and one occupational therapist work in the nursing home." There is no medical specialist in the care for older people as in the Netherlands. Medical care is provided by the general practitioner.



photo Universitätsklinikum Halle

Felix Bühler, linking pin of the PraWiDem Living Lab

"You notice in everything the novelty of the collaboration. It is a challenge to find enough time to talk to each other, people are always so absorbed in providing day-to-day care. Fortunately, I have now gathered a club of 'enthusiasts' around me. Together with a nurse, a carer and an occupational therapist, we formed a small scientific community that meets once a month. Person-centred care is one of our topics of interest."

"In the community, we all have our own roles: carers and nurses are good at articulating the challenges they face in their daily lives, but often have less insight into what interventions or strategies can contribute to a solution. As a scientist, that's where I come in. In turn, carers

and nurses help work out what is doable or feasible for them in practice. So, we all bring something to the collaboration.

What struck me from our visits to Maastricht is how much attention is paid at the Living Lab to slowly and carefully building relationships based on trust. Our nursing homes sometimes have (overly) optimistic expectations of what participating in PraWiDem can achieve quickly. The visit to Limburg taught me how important it is to temper those expectations and make small but useful impact visible."



A delegation from the PraWiDem Living Lab Cologne-Halle visiting the Living Lab



## From engineering to care: finally, my contribution is taken seriously

Wolfgang Strobl made an unusual career move in 2014. He swapped his role as an engineer at Siemens to become a supervisor in a care home: "I just wanted something completely different." He does not regret his decision, "Residents and their gratitude for the things I do give me immense satisfaction."

From its inception, he has been involved in the Living Lab in Graz, Austria, called OPINION-Lab. Along with Manu Hödl from the University of Graz, they initiated the Austrian Living Lab. As a practice-based linking pin, he works one day a week on the Living Lab's projects. At first, not all his colleagues understood that. 'You are not here one day a week and we have to do your work', he sometimes heard. "They see three people at a table, with a laptop and lots of papers and have no idea what they are doing. This can frustrate the uninitiated."

Employees were afraid Living Lab researchers would come and tell them what they were doing was 'wrong'. "No one wants to hear that", he says. "Fortunately, the scepticism subsided. Colleagues now see what is happening. I talk to many residents in a focused manner as part of the research and concentrate a lot on making scientific language accessible for staff, this has a positive effect on the atmosphere."



Several countries are adopting the Limburg Living Lab model. In 2018, NICHE Leeds launched the first partnership based on the model. 2021 also saw the start of the PraWiDem living lab in Halle and Cologne (Germany), and the OPINION living lab in Graz (Austria). The Living Lab supports these partnerships by enabling the exchange of experiences.



Wolfgang Strobl, linking pin of the OPINION-Lab

The visit to the Living Lab in Ageing and Long-term Care in 2022 was influential for Wolfgang: "Mainly because of the hospitality, the delicious vlaai and the food", he laughs. But also because such visits were uncommon for workers in his kind of role. What stayed with me is the message that the pressure must be taken off: the idea that we have to show results within five years because of an external grant. It was also an encouraging lesson that you still have the same experiences as we do: "Ihr kocht auch mit Wasser!" he summarises.

What are his hopes for the Austrian OPINION-Lab? "That we deliver great results that are also applied in nursing home care. And that in five years' time we will still exist, no, even stronger, that there will be more Living Labs and collaboration between nursing homes and research universities will become commonplace."



**The Living Lab in Ageing and Long-term Care: a structural collaboration anchoring scientific research in long-term care.**

Older adults, their families, care professionals, students, educators, policymakers, entrepreneurs, and researchers come together to ask the essential questions needed to advance knowledge. This knowledge is vital for improving the quality of life, care, and work in long-term care. Collaboratively, they design and implement studies, share research findings, and actively drive change in healthcare and society.

Curious about the outcomes?  
You'll discover them in this magazine!

We proudly present this collection of cherished memories, captivating research, and inspiring individuals. It highlights the deep engagement of people involved and offers a glimpse into our activities and achievements.

The Living Lab in Ageing and Long-term Care is a partnership between the long-term care organisations MeanderGroep Zuid-Limburg, Sevagram, Envida, Zuyderland, Cicero Zorggroep, Vivantes, Proteion, Land van Horne, and De Zorggroep, alongside educational and knowledge institutions Zuyd University of Applied Sciences, Gilde Zorgcollege, VISTA College, and Maastricht University.

