

# Active, empowered and young at heart: implications of participatory community work with older people

## A comparative study of Swiss Red Cross projects in Belarus, Bosnia-Herzegovina and Bulgaria



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## Content

Abbreviations .....	4
Executive summary.....	6
1. Introduction.....	9
1.1 Ageing as a challenge and opportunity .....	9
1.2 Ageing in Europe.....	9
1.3 Legal frameworks and policies on ageing .....	10
1.4 Vulnerabilities in old age .....	11
1.5 Participatory community work and advocacy .....	11
1.6 SRC engagement for older people .....	12
2. Study rationale.....	12
3. Study methodology .....	13
3.1 Methods and scope .....	13
3.2 Respondent sample in the countries .....	14
3.3 Analytical framework .....	14
3.4 Methodological constraints.....	15
4. Findings .....	15
4.1 General context.....	15
4.2 Participatory community work and advocacy approaches used by the projects and the impact on the project implementation partners.....	17
4.3 The Participatory Community Work process .....	19
4.4 Group activities and their results .....	22
4.5 The impact of PCW at individual, community and national level.....	25
5. Lessons learnt .....	29
6. Recommendations and way forward .....	30
Bibliography .....	32
Annex 1 International legal and policy frameworks on ageing.....	34

**List of figures**

Figure 1: The PCW process..... 19  
Figure 2: Enabling factors: group members' views ..... 22  
Figure 3: Range of IG activities..... 23  
Figure 4: Impact in terms of empowerment at individual level ..... 26  
Figure 5: Impact in terms of increased capacities at individual level ..... 27  
Figure 6: Impact on communities..... 28

**List of tables**

Table 1: Respondent sample ..... 14

## Abbreviations

EU	European Union
IC	International Cooperation
IG	Initiative Group
MIPAA	Madrid International Plan of Action on Ageing
National Society	National Red Cross or Red Crescent Society
NGO	Non-governmental organisation
PCW	Participatory community work
SRC	Swiss Red Cross
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

## Executive summary

### Background

The rapid ageing of populations is a well-documented fact and a key policy issue in the twenty-first century. Europe has one of the oldest populations in the world. More often than not, ageing is treated as a source of concern by governments, which fear that revenues will be insufficient to meet the needs of an ageing population, that an impossible strain will be placed on pension and social security systems, and that demands on health and long-term care systems will increase. The feeling that they are a burden is shared by many older people.

However, various studies and papers by development partners and multilateral institutions have found that ageing presents many opportunities. Older people are a resource for their families, and are willing and eager to contribute to the development of their communities. What they lack are opportunities.

The Swiss Red Cross (SRC) Department for International Cooperation has been active in Eastern Europe and the Commonwealth of Independent States for many years. Its programmes target the most vulnerable people and socially and economically marginalised groups. The SRC recognises that older people are particularly vulnerable to poverty and social exclusion. In its continental strategy for Eastern Europe and the Commonwealth of Independent States 2017–2020 and the Health Policy, ageing and health is a thematic priority. It involves not only health promotion, but also capacity building and organisational development support for partner organisations in order to use the potential of and create opportunities for and with older people.

### Study rationale

In 2003, the SRC began to introduce participatory projects involving older people<sup>1</sup> alongside much larger home-based care programmes, in order to support older people form initiative groups (IGs) for self-help, help for others and advocacy activities. The groups' guiding principle is that they are led by the older people themselves, who make decisions and implement activities. The assumption was that methods of participatory group work would result in older people improving their lives and thereby reduce their vulnerability.

### Study methodology

In order to learn from its work with older people, the SRC asked two consultants specialising in strategy, evaluation and research to conduct an independent assessment in three SRC project countries: Bulgaria, Belarus and Bosnia-Herzegovina. The study highlights whether and how the participatory community work (PCW) approach has had an impact at individual, community and national level. The three case studies were used to compare approaches, draw lessons and make recommendations, in order to improve future interventions by the SRC and its local Red Cross or Red Crescent National Society<sup>2</sup> implementing partners.

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<sup>1</sup> The SRC uses UN and WHO (2002) terminology, according to which “older people” are 60 or over.

<sup>2</sup> Further referred to as “National Society”

## Findings and lessons learnt

For the SRC and its local implementing partners:

- ***The level of organizational development of partners working with older people is a decisive success factor. There appears to be a linear relation between the capacity of the implementing partner and the development of the IGs. Working on empowerment of older people requires entering personal, cultural and structural levels and is a longer-term mission.*** IGs develop better, do more, and are more independent and empowered when the implementing partner has the requisite qualified staff, and a shared understanding of, and readiness to apply, participatory approaches and empowerment in its own organisation.
- ***A balance must be found between ensuring that the partners understand the complexity of the concepts of participation and empowerment, on the one hand, and the need to reduce those concepts to a set of practical approaches and tools, on the other. Skilful facilitation is instrumental for empowerment work with older people.*** Close partnership between local implementing organisations, SRC professionals and experienced, independent backstopping specialists, combined with constant exchanges of experience across countries, have proven successful to that end.
- ***The IG's attachment to the National Society has advantages and disadvantages. It requires a trade-off between visibility and sustainability.*** Using IG members as volunteers is beneficial for the older people and the implementing partner. However, the IGs in the countries studied are less empowered and remain dependent on local Red Cross law and principles, which may hamper independent decision-making and fundraising.
- ***The impact at national level depends greatly on the political climate and how serious the country is about fulfilling its commitments under the Madrid International Plan of Action on Ageing.***

For the Initiative Groups:

- ***All group members interviewed stated that their engagement in the group had positively changed their lives and reduced their social vulnerability.*** Older people said that they were once again looking ahead, felt needed and more alive, had made new friends, and much more. The projects in all three countries, irrespective of the methods used, reduced social vulnerability, producing significant changes in older people directly involved in IGs, increasing their social capital and capacities, and improving their self-reliance. Each project gained from sharing its experiences and knowledge at different levels: from IG members to the staff of implementing partners and at times also municipal authorities.
- ***Having a joint vision is the most important ingredient for successful IG outreach work.*** Where vision building had taken place, groups were able to understand the situation of vulnerable people in their community and how they could help alleviate their plight and change circumstances. The establishment of IGs based on mini-projects funded by micro grants proved to be unproductive. The process hindered the independence of such groups and affected identity and sustainability.
- ***Interest-based capacity building and knowledge transfer are important features of engagement in meaningful personal activities and community work,*** from reviving old traditions to electronic networking through Facebook and engaging in local fundraising.

- **Reaching the most vulnerable and most isolated older people through community and empowerment work has proved to be a challenging task.** IGs target more active older people, but there is still ample scope to reach out to those who face barriers to accessing the IGs. This is a matter that requires closer attention, further refinement of approaches, more careful monitoring of existing experiences and more in-depth study of good practices.
- **Engagement in advocacy is a feature of a more mature form of empowerment and an important vehicle for influencing structural and cultural changes that affect the lives of older people.** To ensure such engagement, several preconditions need to be met, and only mature groups with established leadership and decision-making processes were able to move onto that stage.

### Recommendations and Way Forward

The researchers consider that valuable experience was gained in all three countries, in each of which groups of older people were established who are committed, enthusiastic and successfully making a difference to the lives of individuals and in their communities.

However, future projects and their implementing partners will need to critically **analyse access barriers and develop new methods to reach the most vulnerable and socially isolated.** New strength- and/or asset-based methods may need to be applied to embrace these older people, who for physical or mental reasons are not targeted by the IGs.

Strengthened cooperation between the IGs and the public authorities **requires strategic partnerships and support from communities and local authorities right from the planning stage and start of the project.** This significantly enhances the IGs' sustainability.

Likewise, **regular sharing of experience between implementing partner staff at different levels and IG group members** helps stimulate new ideas and promotes IG maturity and sustainability. Furthermore, **moving into advocacy work requires ongoing support and mentoring from experts skilled in advocacy, preferably ones who are locally based.**

Above all, more and regular research is needed to better understand how the capacities of older people can be enhanced through community work and empowerment. **A specific and more sophisticated qualitative monitoring and evaluation system needs to be developed, in order to better and regularly measure the impact of PCW on people.**

Moving forward, the IGs and present and future projects of the Swiss Red Cross need to engage in this critical reflection and put the above mentioned recommendations into practise.

## 1. Introduction

### 1.1 Ageing as a challenge and opportunity

The rapid ageing of populations is a well-established fact and a key policy issue in the twenty-first century. The United Nations forecasts that by 2050 the world will have more older people than children under 15, with four fifths of them living in developing countries (UNFPA and HelpAge International, 2012). Population ageing is a source of serious concern to governments, which fear that revenues will be insufficient to meet the needs of an ageing population that impossible strains may be placed on pension and social security systems, and that demands on health and long-term care systems will increase.

Internationally, however, there has been a gradual shift, including on the agendas of global players such as the United Nations (UN), World Health Organisation (WHO) and the World Bank, towards recognition that ageing presents not only a challenge but also an opportunity. This involves a change of mindset and social attitudes, with older people being considered active, contributing members of society rather than welfare recipients. Elderly people are a resource for their families and communities (WHO 2002), and are ready and willing to contribute to community development (UNFPA 2012 and WHO 2016). But they lack the opportunity to do so.

In order to maximise opportunities for ageing populations, countries have drawn up and signed the Madrid International Plan of Action on Ageing (MIPAA) ranging from recognition of population ageing to creating support systems, investing in the elderly using a life-cycle approach and mainstreaming ageing in all policies. The United Nation together with Help Age International and WHO have drawn up strategies and priority actions in working for older people (UNFPA 2012; WHO 2015).

### 1.2 Ageing in Europe

The countries of Europe have some of the fastest rates of population ageing in the world. According to the 2017 Revision of World Population Prospects (UN 2017), 25 per cent of the population in Europe is 60 or older. Unlike in other countries, ageing in Europe has been driven by low fertility rates rather than by a decline in old-age mortality. In fact, life expectancy has increased only a little in many countries and mortality rates in older age groups have even risen in recent decades. Migration also plays an important role, making richer European countries younger and poorer countries older (Bussolo, Koettl and Sinnott, 2015). The trends anticipated in the three countries studied here (Belarus, Bosnia-Herzegovina and Bulgaria) are briefly described below.

Belarus has the lowest percentage of people aged 60 and over, with 21 per cent. It ranks 64 on the 2015 Global AgeWatch Index. People aged 60 have a low healthy life expectancy – 13.6 years – and a life expectancy of 18 years. In terms of income security, 151.4 per cent of people over 65 receive a pension (over 100 indicates that pension coverage starts before age 65). By the year 2050, people aged 60 and over will make up 32.2 per cent of the population.

In Bosnia-Herzegovina, older people currently account for 17 per cent of the population, a figure that is forecast to rise to 40 per cent by 2050. Emigration rates are very high, meaning that the proportion of older people will grow significantly and, according to Euromonitor International, the population will shrink by 6 per cent between 2015 and 2030. Even though 10.3 per cent of its Gross Domestic Product is used to fund pensions (the highest rate in the European Union), the current social protection system does not meet the needs of an ageing population. There is no national labour or health law and policies for social inclusion are not harmonised across the geographical entities. The right to social protection is based mainly

on people's social status, not on their needs. Social protection is characterised by fragmented funding, uneven and often unequal service provision, inadequate resources and unequal access to assistance. Non-Government Organisations (NGOs) in Bosnia-Herzegovina have long advocated for comprehensive reform of social protection because of the expensive, bureaucratic and inefficient nature of the current system.

Bulgaria ranks 49 on the 2015 Global AgeWatch Index. Its population has fallen steadily since 1990. According to World Bank 2012 projections, by 2050 Bulgaria will have the most rapidly shrinking working-age population in the world (European Union 2016). At the same time, many elderly people remain at risk of poverty or social exclusion. Following a continuous decline over the past five years, the at-risk-of-poverty rate of the elderly (65+) rose sharply, to 31.7 per cent, in 2015. Elderly women face a particularly high risk of poverty or social exclusion, because they typically contribute to pension plans for a shorter period (European Commission 2017). The risk of poverty or social exclusion is much higher in rural areas. This is reflected in the high severe material deprivation rate of 40.6 per cent in rural areas, as opposed to 25.9 per cent in urban areas, in 2014 (European Commission 2017). Poverty among the elderly has abruptly worsened.

### **1.3 Legal frameworks and policies on ageing**

International human rights law, the Madrid International Plan of Action on Ageing (MIPAA) and the WHO policy framework on active ageing constitute the acknowledged legal framework on ageing. They also form the legal basis for and shape the work of the SRC International Cooperation (IC) Department with older people (see Annex 1).

One of the most fundamental of abilities is that of older people to manage and meet their immediate and future needs and thereby ensure an adequate standard of living as defined in Article 25 of the Universal Declaration of Human Rights. This ability includes being able to afford an adequate diet, clothing, suitable housing, health care and long-term care services. It also extends to having support to minimise the impact of the economic shocks that may come with illness, disability, or the loss of a spouse or livelihood. The context also plays a crucial part. The MIPAA is an important first global agreement recognizing older people as contributors to the development of their societies and committing governments to include ageing in all social and economic development policies, including poverty reduction programmes.

Alongside the MIPAA, WHO developed a framework for active ageing, in which active ageing is defined as the “process of optimizing opportunities for health, participation and security to enhance the quality of life as people age” (WHO 2002). Active ageing allows people to realise their potential for physical, social and mental well-being throughout the life course, and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care.

While the MIPAA and the WHO framework on active ageing remain pertinent, in 2016 the World Health Assembly adopted the Global strategy and action plan on ageing and health (WHO 2016), to emphasise the urgent need for the systemic changes required to tackle demographic transitions within the health system. The strategy has five strategic objectives and establishes a framework for achieving “healthy ageing”, a significant step towards bringing together the concepts of healthy ageing and active ageing. It includes a call for

countries to commit to action and develop age-friendly environments. It also outlines the need to align health systems with the necessities of older people, and to develop sustainable and equitable systems of long-term care. It emphasises the importance of improved data, measurement and research, and of involving older people in all decisions that concern them.

#### **1.4 Vulnerabilities in old age**

Vulnerability in old age arises from interaction between the advantages and disadvantages accumulated over the life course and the experience of risks in later life. Whether this interaction results in a better or worse outcome depends on the adequacy of the person's coping resources, meaning the ways in which individuals manage or fail to mobilise social, material and public resources to protect themselves from bad outcomes (Schröder-Butterfill and Marianti, 2006). One of the possible bad outcomes is social exclusion. Social exclusion is captured by a composite measure of low income, infrequent social contacts, non-participation in social and political activities, exclusion from basic services and neighbourhood, poor health and low quality of environment (Scharf et al. 2002). Social inclusion enhances coping resources and contributes to reduced vulnerability in older people (Scharf et al. 2005).

In his review, Ashgar Zaidi (2014) concluded that in order to reduce vulnerability in old age, a human development, people-empowering approach is needed that emphasises lifelong health, education and training. A greater emphasis on active ageing policy discourse will empower people to contribute to their own development and that of their society. Countries need to combine comprehensive investment in building personal resilience with the provision of age-friendly enabling environments that boost community resilience. Suggestions for improving physical, social and institutional infrastructure are numerous, but lifelong learning, access to information and communication technology, social connectedness, physical safety, civic freedom and access to key public services such as transport are critical.

#### **1.5 Participatory community work and advocacy**

The term "participatory community work" (PCW) was coined by a group of SRC consultants and practitioners working with older people in SRC's programme countries. PCW is a method for building better communities by involving local people, especially those who are in a difficult life situation, such as older people and disabled people. PCW differs from a welfare approach in that vulnerable people are not passive recipients of support. While welfare is important in meeting immediate needs, PCW gives people an active role not only in bringing about improvements in their communities, but also in effecting positive change and reducing vulnerabilities in their personal lives.

Empowering older people through PCW and advocacy can be an effective means of changing the aged from passive clients into active individuals. It can strengthen their ties with the community, eliminate their negative self-image, protect their rights, and heighten their capacity to influence policy-making. The SRC IC Department considers PCW and advocacy an important approach in overcoming the vulnerabilities of older people by enabling people to develop opportunities, take responsibility and remain active and independent throughout the life cycle.

Advocacy seeks to ensure that the voices of older people are heard on issues that are important to them, that they can defend and safeguard their rights, and that their wishes and views are considered when decisions are made concerning their lives.

In the countries under study, PCW has been applied to groups of older people forming “initiative groups” (IGs)<sup>3</sup>. In PCW and advocacy work, local people define and analyse problems, develop strategies and make decisions for action, and take the lead role in those actions. The aim is to work with the people to encourage and foster local skills and solutions and thereby create long-lasting improvements. External support is provided for training and skill building, and in the form of small start-up resources. The process helps people gain confidence in their own knowledge and abilities so that they can participate more fully in the life and development of their communities.

## **1.6 SRC engagement for older people**

For 20 years now, the SRC IC Department has been actively working for older people, focusing on Eastern Europe. Its projects initially centred on home-based care as a means of addressing specific physical, mental and social risks faced by older people, particularly those living alone or without sufficient resources. Realising that the needs of older people went beyond care issues, the SRC introduced PCW and advocacy as separate components of its broader home-based care programmes in the region, starting with the “Age Awareness and Advocacy Programme” in Bulgaria with the Bulgarian Red Cross Society in 2003. This was followed by the “Participatory Community Work Project” in Belarus with the Belarus Red Cross in 2006, and the “Active Ageing Project” in Bosnia-Herzegovina in 2013 with the SRC local delegation and the Red Cross Society of Bosnia and Herzegovina. In Bulgaria and Bosnia-Herzegovina, the SRC aimed to promote the active ageing concept; in Belarus its aim was community participation.

The IC Department Health Policy (SRC 2016) lists “Ageing and Health” as one of its seven thematic priorities. The SRC is presently engaged for older people in Belarus, Bulgaria, Bosnia-Herzegovina, the Republic of Moldova, Kyrgyzstan and Armenia. In all those countries, its projects are implemented through local counterparts, either local NGOs or the National Society. The local counterparts work directly with the older people and the groups they form. Being at the forefront of the PCW and advocacy approach, the National Societies themselves had to undergo a transformation, from seeing older people as recipients of the a traditional humanitarian charity approach to respecting and working with them as empowered partners.

## **2. Study rationale**

The SRC programmes in Bulgaria, Belarus and Bosnia-Herzegovina have applied the PCW and advocacy approach for several years now. It was assumed that this approach would result in older people becoming more active, improving their self-perceived quality of life and contributing to society in a meaningful way. It was also assumed that the older people would enhance their capacities to realise and access their rights and, in the long run, reduce their vulnerability.

In order to assess whether those assumptions hold, the SRC commissioned this study to evaluate the experience and gauge the extent to which PCW and advocacy had enhanced the capacities and reduced the vulnerability of the older people concerned in Belarus,

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<sup>3</sup> In Bosnia-Herzegovina, the groups are called “community groups”. However, for the sake of using unified terminology, this paper refers only to “initiative groups”.

Bosnia-Herzegovina and Bulgaria, and to draw lessons for its current and future interventions.

This report presents the results of the study. Section 1 describes the context and contains definitions. Sections 2 and 3 describe the study rationale and methodology. The general findings are set out in detail in Section 4, the lessons learnt in Section 5, and the conclusions in Section 6. The individual country case studies can be made available on request.

### 3. Study methodology

The study was conducted in February and March 2016 by two consultants specialising in participatory work, evaluation and research. Both consultants had previously been involved in the SRC projects. They were supported by a photographer and a film-maker.

The study resulted in various products:

- A written publication;
- Three individual country reports, which can be provided on request (see title page for contact information)
- Three individual country videos depicting the impact of PCW and advocacy on the older people in the country. The videos are part of the publication and can be accessed or via the SRC website ([www.redcross.ch](http://www.redcross.ch));  
for Bosnia-Herzegovina at <https://youtu.be/8PWxtrxMDoo>  
for Belarus at <https://youtu.be/yxt0-CgxefE>  
for Bulgaria at <https://youtu.be/bgfEcntf5DY>
- A collection of photos of the work in each country (a selection is included in this publication).

**3.1 Methods and scope** The three countries studied (Belarus, Bosnia-Herzegovina and Bulgaria) were purposefully selected because they had already implemented PCW over a longer time period.

The study team used a range of methods:

- A literature review of project-related documents and publications, statistical and monitoring information, documents on each country context, and national and international policies related to active ageing;
  - Individual questionnaires filled in by IG members (the questionnaires were sent by the implementing partners to as many community-level IGs as possible, for onward distribution to individual members);
  - Focused discussion groups with older people in small IGs of up to approximately 10 people, and a variation of the World Café method with larger groups of up to 30 people (with participants discussing questions in small groups and then presenting their opinions and conclusions in a plenary discussion);
- Issues arising from the questionnaire were triangulated with the results from the focused discussion groups.

- Individual interviews with project staff involved in implementing PCW at national and regional level, senior managers of the implementing partner, and representatives of relevant local and national authorities.

At the end of the field work, a project timeline was developed with the project implementing teams in each country, and preliminary findings were verified in discussions with the project teams. Those findings were compiled in country-specific case studies and aggregated in this report in order to make a cross-country comparison of experiences and results. For the aggregation, the study team developed an analytical framework, which is described in Section 3.3.

### 3.2 Respondent sample in the countries

The geographical regions, communities and stakeholders studied were deliberately chosen by the project staff of the respective country (see Table 1). Inclusion criteria were the existence of an IG, a wide geographical spread and the balanced involvement of groups from urban and rural areas. Decisions on which regions and communities to visit were made by the project staff, who were also responsible for arranging interviews with different stakeholders.

Country	Implementing partner	Geographical region	Method	No. of respondents
Belarus	Belarus Red Cross	Grodno, Vitebsk, Brest and Minsk	Focused discussion	114 from 9 IGs
			Individual questionnaire	179 (12% of all IG members)
Bulgaria	Bulgarian Red Cross	Ruse, Blageovgrad, Smolyan, Plovdiv, Yambol	Focused discussion	191 from 17 IGs
			Individual questionnaire	134 (27% of all IG members)
Bosnia-Herzegovina	Swiss Red Cross local delegation	Rural and urban communities of Tuzla	Focused discussion	149 from 8 IGs
			Individual questionnaire	252 (37% of all IG members)

*Table 1: Respondent sample*

This broad array of data-collection methods added to the validity of the findings and helped the team compile informative country-specific case studies that served as a basis for cross-country analysis of experience.

### 3.3 Analytical framework

In order to compile the country case studies and then make a cross-country comparison of experiences, the study developed a framework with five levels of analysis:

- The general context in which the experience in each country evolved, focusing on the contextual variables that the stakeholders saw as the most relevant enablers and hindrances for project implementation;
- The approaches used by each project to implement PCW;

- The PCW process, focusing specifically on older people's mobilisation, group formation and principles of functioning;
- The IG activities and results;
- The impact of PCW in terms of reducing the vulnerability of older people and empowering them at individual, community and social level.

At each level of analysis, the study identified the favourable conditions, driving forces, limiting conditions and restricting factors affecting PCW implementation.

### **3.4 Methodological constraints**

The study team was only able to visit a small number of the many IGs established. It therefore devoted its efforts to learning from the experience of the stronger and more successful IGs, as these were considered most likely to provide the most valuable lessons. As a result, IGs that were no longer functional were not included in the study. The reasons for their non-functionality were discussed with the staff of the implementing organisation in order to gain insight into the factors of "non-success". Since the IGs in Bosnia-Herzegovina were relatively new, the study team arranged to visit IGs at different stages of development, i.e. well established and recently formed groups.

Both consultants had previously been involved in the SRC projects concerned. In order to minimise social bias, they were allocated to projects and IG groups with which they had had no previous involvement. The possibility of selection bias in terms of geographical area and IG groups was dealt with by separating the project teams during interviews. In order to maximise coverage, the team endeavoured to bring together representatives of different IGs in one focus group discussion.

## **4. Findings**

The findings for all three countries are described in line with the five levels of the analytical framework, as outlined in Section 3.3 above. Each country's specificities and commonalities are discussed, highlighted and compared with those of the two other countries at each level.

### **4.1 General context**

After the collapse of the Soviet Union, all three countries, with varying degrees of success, underwent multiple transitions from centralised communist rule to a more democratic form of State organization, and from a centrally run to a market economy. In Bosnia-Herzegovina, this process was further complicated by the transition from war to peace. There are wide variations in the situation of older people across the three countries and within each country. However, a closer look at the country contexts brings to light certain enabling and constraining factors influencing the dignity, quality of life and status of older people.

All three countries have a rapidly ageing population. The realities of the aged in these countries are strongly affected by the legacy of the past, their experience of transition and their present political, socio-economic, cultural and structural outcomes. This greatly influences their sense of freedom and rights, their socio-economic status (including access to services and development opportunities) and their social capital.

The socio-economic and general security situation of the aged is among the key determinants of their status and capabilities. In Bosnia-Herzegovina, poor access to social

security makes older people vulnerable to poverty and exclusion: around 60 per cent of people aged 60 and over (mainly in rural areas) do not receive a pension, and the minimum pension is insufficient to meet basic needs. The situation is similar in Bulgaria: of some two million pensioners only 800,000 receive the minimum pension of approximately 80 euros per month. The situation in Belarus is somewhat better: the level of pension coverage is close to 100 per cent (130 euros per month on average); the economic situation of pensioners is better than that of students and adults.

### **Access to basic services**

The health status and access of the aged to basic services is another important dimension of (dis)empowerment. In all three countries, a majority of older people have reduced autonomy due to poor physical and health conditions.

Access to basic health and social services in Bulgaria and Bosnia-Herzegovina is quite poor among older people. Bosnia-Herzegovina suffered a massive destruction of infrastructure and services, economic disruption and large displacements of people in the war. The traditional role of the family in caring for the elderly has been considerably diminished, even in the Muslim population in Bosnia-Herzegovina, where family care of the elderly is a tradition and an obligation for children. Given the inability of the post-war government to deliver, NGOs, with massive international funding, became involved in social work. The NGO sector has shrunk, however, as international assistance declines, and a large number of those in need of social assistance, including the aged, have again lost access to services.

In Bulgaria, the situation of the elderly is improving, with existing policies promoting decentralised provision of care and other services for older people through municipalities and NGOs. This has led to a modest increase in long-term care and social services, but mainly in urban areas.

Until recently the Belarus State was the exclusive provider of services for older people, through a large network of State-owned institutions. A few NGOs have become involved in service provision, but most of them depend heavily on foreign funding. Recently the State decentralised some funding for social services to the regions.

### **Opportunities to participate**

Access to opportunities to participate, associate and undertake collective action determines people's ability to socialise around common interests, to network, speak out, pursue their interests in the public domain and claim their rights (including the right to be heard).

Bosnia-Herzegovina is a war-torn society, where identities are formed along ethnic and religious lines. Many communities are still in the process of re-establishing their life and social ties, many older people live with traumas (for example, war-related psychological stress, loss of family members, relocation) and ethnic discrimination in ethnically mixed areas continues to be an issue. However, Bosnian society has a strong associational culture in communities, especially in rural areas and Muslim villages. Its NGO sector mushroomed with the huge influx of post-war international assistance, the withdrawal of which has led to some decrease in NGO activism.

The environment for civic activities is much less favourable in Belarus, where ideology is still controlled by the State. The State bans collective activism outside formally registered civil society organisations. To register a civil society organisation is a complicated and politically sensitive undertaking and the legislation does not support donations to such organisations from the corporate sector. While a State-supported civil society organisation of war veterans exists, the organization of pensioners has failed to register since 2008.

In this context, Bulgaria differs from the other two countries with its political pluralism, democratic institutions and legislation promoting the attainment of human rights and civic freedoms. In line with European Union (EU) standards, civil society organisations are very active and supported by the corporate sector. Among many such organisations, the Association of Pensioners is the most active promoter of rights of the aged; it is advocating for the adoption of a special law on older people.

### **Government action**

Government responses to ageing under the MIPAA can result in policies, regulations and programmes that ensure a supportive environment, create opportunities and have a positive impact on the lives and status of the aged. Alarming demographic dynamics is one of the driving forces for bringing issues of ageing to the State agenda.

The Bulgarian Government has actively addressed the challenge by adopting various national policies and strategies related to demography and ageing. The National Concept 2012–2030 on Promoting Active Ageing aims to create conditions enabling older people to lead active and dignified lives, providing equal opportunities for their full participation in the economic and social life of the community. The Government takes its obligations under the MIPAA seriously and is gradually mainstreaming ageing issues into its poverty reduction, social inclusion and social services agendas. It is also under visible external political pressure to comply with EU standards.

Despite allocating a high proportion of its Gross Domestic Product to the pension fund, Bosnia-Herzegovina has long lacked strategies related to ageing. It adopted the MIPAA in 2002 but only managed to adopt the framework policy on the aged in 2010, with the support of United Nations Population Fund (UNFPA). The fact that the Government is federal in nature and that the federal units have independent policy and regulatory functions makes it difficult to implement national strategies across the country.

In Belarus, 24.4 per cent of the country's population has exceeded the working age. Although Belarus has multiple laws related to vulnerable groups and the aged, and produces regular reports on measures related to implementation of the MIPAA, it does not yet have specific legislation related to active ageing. To date, it has considered ageing within the framework of demographic policies.

## **4.2 Participatory community work and advocacy approaches used by the projects and the impact on the project implementation partners**

In all three countries, the participatory approach was introduced as part of a project to develop home-based care using a similar PCW approach, helping older people form groups to enhance self-help, mutual support or help for others, and advocate their interests. In none of the countries was an agenda or a theme imposed on the groups – the idea was that the groups would be formed based on their own interests and in line with the guiding principle that the older people themselves would lead the groups, make decisions and implement activities. In all three countries, the ultimate goal was to bolster the capacities of older people to engage and to reduce their vulnerability.

### **PCW and organisational change**

The PCW and advocacy approach affected the project implementing partners in multiple ways, most importantly by paving the way to embark on organisational change processes and a different work culture. In Belarus and Bulgaria, the implementing partners were National Societies, while in Bosnia-Herzegovina the “Active Ageing initiative” was implemented directly by the local SRC office, even though a community home-based care

component was managed by the Red Cross Society of Bosnia-Herzegovina. In Bosnia-Herzegovina, the project team reported that it had previous experience of community development work with multi-ethnic communities and communities hosting internally displaced people in the framework of other projects. This allowed the team to make a confident start with elderly groups in communities and to engage in a dynamic roll-out.

In Belarus and Bulgaria, the partners had had no previous exposure to PCW, which was introduced by the SRC. Project staff reported that the most challenging task was to change the institutional charity approach. As humanitarian organisations, the National Society implementing partners found the idea of working with, instead of for, beneficiaries quite challenging. They had doubts about the methods and the expected results. It took some time for them to develop a clear understanding of empowerment and the actual meaning of participation, and even longer to develop “a taste” therefore and to realize the benefits for their organisations. Staff considered that they gained a new understanding thanks to training and workshops, where they reviewed their experiences and established lessons learnt. They appreciated learning from their own work, accompanied by advice provided by international consultants promoting the PCW concept. Because of this, the project components of home based care evolved into active ageing in Bulgaria and into PCW in Belarus.

Management representatives of the implementing partners in Belarus and Bulgaria stated that the National Societies were not ready, in terms of organisation, to embrace the approach from the start. The participatory approach required changes to all systems, and staff, stakeholders and clients had to have a say in the formulation of strategies and plans, and in the development, implementation and evaluation of projects and activities. The PCW approach imposed new requirements in terms of staff mindset and behaviour. It therefore resulted in all three countries in a transformation of the implementing partner and its organisational development. Not only the staff, but the organisations as well, internalised participatory working methods for their internal processes (such as organisational development needs assessments, participatory planning, etc.). Project staff and management leaders reported that it took a long time and significant amounts of training and advice to achieve the current level of participation. Working along parallel tracks, i.e. introducing the participatory approach in communities and improving participatory culture inside the partner organisations, was and still is considered “a slippery path”. Sustaining the PCW approach in the implementing partners was perceived as a challenge, as it required stable structures, human capacities, allocation of resources, and the ability to embrace new ideas and introduce innovations.

*"There have been changing objectives from SRC. At the start, the active ageing component was an addition to the home care project. There was a need to link the two components to make a coherent project proposal for funding purposes. At the start, older people groups were seen as a way of activating older volunteers, some of whom would support the home care centres, if these existed in their region. When advocacy was introduced, it was hoped that groups could be useful in advocating for resources for home care. At the same time, groups were encouraged to be independent and follow their own ideas for self- and mutual help. Without this independence, there would have been little chance to establish active and sustainable older people groups."*

Bulgarian Red Cross staff member in Smolyan, Bulgaria

## Monitoring and evaluation

Monitoring and evaluating the impact of PCW was another challenge, particularly in terms of capturing the critical dimensions of empowerment and decreased vulnerability. Project staff reported that they were used to project formats with clear outputs and targets. It required an effort and creativity to design the project logical framework in such a way that it provided

space for flexibility and experimentation, while remaining focused. Aiming for less vulnerability and more empowerment presented difficulties for the project's monitoring and evaluation design. The teams in Belarus and Bosnia-Herzegovina collected both quantitative and qualitative data and used participatory research methods to measure impact. Monitoring in Bulgaria focused mainly on numeric outputs, and assessment of progress relied to a large extent on regular external participatory project reviews. In all three countries, further work is needed to more clearly define and capture the critical dimensions of empowerment and decreased vulnerability.

### 4.3 The Participatory Community Work process

PCW followed the same algorithm in all three countries surveyed (see figure 1).

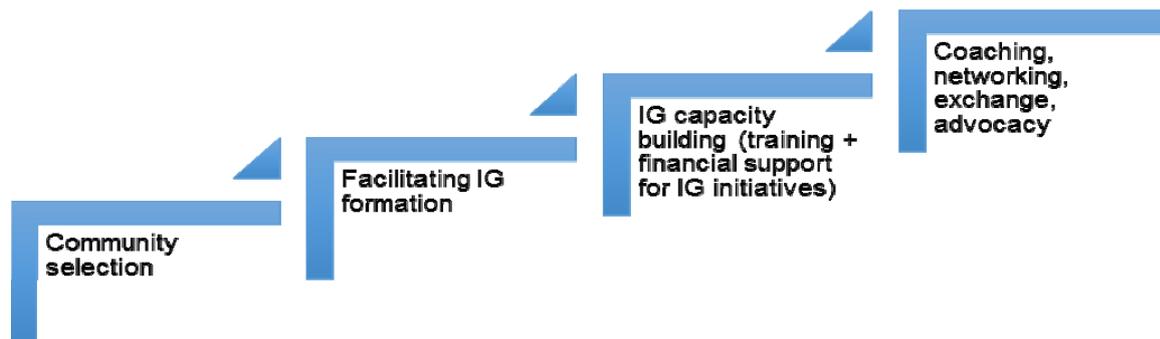


Figure 1: The PCW process

#### Community selection

Communities were selected in all three countries using a targeted approach. In Bulgaria, the National Society's regional branches selected communities based on their knowledge and previous experience of cooperation in other projects. In Belarus and Bosnia-Herzegovina, local authorities, existing civil society organisations, service providers and interested citizens were informed of the project content, the approach and the possibility of support by the project. Once several citizens expressed an interest in forming a group of older people, the project provided the necessary knowledge and skills and supported the group's development. In Bosnia-Herzegovina, the provision of meeting places by local self-government was a pre-condition for the project to start. A tripartite agreement was signed in each case between the SRC, the group, and the local self-government. This resulted in a more structured approach to group formation and laid the groundwork for self-reliance.

In all three countries, the project thus basically targeted communities that were in some way active and/or interested in applying a participatory approach to working with older people.

#### Facilitating IG formation

IG formation was facilitated by trained PCW specialists/coordinators, who typically started by meeting older people in the communities and explaining the project approach and the opportunities that might arise if they organized in the interests of active ageing. In all three countries, the IGs were established following the guiding principle that the older people themselves would lead the groups, make decisions and implement activities. The group's establishment was nevertheless not driven by the older people themselves, but by Red Cross staff.

At the group formation stage, experience in all three countries had already revealed the difficulties of mobilising older people in urban areas, where levels of social capital differed considerably, people rarely defined themselves as a “community” and the tradition of participation was weaker.

Only the groups in Bosnia-Herzegovina developed their own vision. To help the groups gain a sense of purpose, the project implementers facilitated an exercise to focus older people’s views and expectations, clearly formulate an idea on which the group could coalesce and even develop a collectively agreed roadmap for action at a later stage. Each group in Bosnia-Herzegovina had a distinct identity, knew why it was coming and working together and could communicate its mission to others.

There were also some variations across the countries in terms of the structures to which the groups related. IGs in Belarus and Bulgaria said that their groups had a “sense of belonging” to the National Society (the organisation that had facilitated their establishment and provided training and minimal financial support) and therefore also felt accountable to it. Many older people viewed themselves as Red Cross volunteers, especially if they were involved in assisting other vulnerable people and supporting activities related to statutory Red Cross activities. In Bosnia-Herzegovina, where the project was not implemented by the local National Society but by a temporary SRC local project unit, the groups established partnership relations with local self-governments.

### **IG Capacity building and support for their own initiatives**

The IGs in all three countries continued to build their capacities throughout their lifespan – albeit more intensively in the beginning – and using the same tools: training and workshops on PCW, leadership, management, advocacy, and exchange of initial experiences. In Belarus and Bulgaria, the IGs were also trained in first aid and emergency preparedness, as part of the traditional Red Cross statutory portfolio.

In the early stages of development in Bulgaria and Belarus, field visits and group facilitation by local project staff and the international consultants were essential to help the groups understand participatory work. In Bulgaria, the project tried to establish a group of PCW trainers made up of National Society staff and the most experienced community representatives. Their role was to train and advise group members, and provide training to new communities that wanted to become involved in the project. However, the experience showed that trainer turnover was an issue and that trainers would require ongoing basic and refresher training to sustain capacity building.

The project teams in Belarus and Bulgaria realized that training a limited number of members per IG (usually two or three persons per group) risked creating an “elite” within the IGs. These “super leaders”, who were better educated, well-travelled and networked outside their communities, showed limited abilities to effectively transfer their new knowledge to their peers. In Belarus, the National Society was able to address this risk by involving a wider circle of people in learning, introducing local facilitators and practicing a learning-by-doing approach. Working with the whole group created equal opportunities for all group members to learn by participating in the process, asking questions, getting clarifications and inputs from facilitators, and taking decisions together. However, this approach is relatively new and started just one year before the study. Further research will be required to show how effective and sustainable is.

In Bosnia-Herzegovina, the IG members, together with project staff, initiated a peer mentoring approach. The most experienced and respected representatives of organized IGs visited communities where people wanted to establish a group, or where it had proven difficult to do so. Peer mentors provided advice and consultation based on their own knowledge and experience.

*When meeting with local people we do not dictate what to do and how. We simply provide them with our own experience and examples, with lessons learned. It helps them to make their own choice and educated decision.*

Peer-mentor from Gornja Tuzla, Bosnia-Herzegovina

Minimal funding in support of group activities turned out to be an important enabling factor that stimulated the groups' activism, provided them with valuable deciding, planning and implementing experience, and in some cases helped them reach concrete results and boost their self-confidence. However, each country had a different financial support strategy. In Belarus, communities interested in joining the project were offered introductory training in participatory work, then given the chance to submit a mini-project proposal and apply for funds to implement it. The process was similar in Bulgaria, with groups given a grant (approximately 50 euros) to start a mini-project. At that initial stage, however, the IGs had not become a real team with a clear identity and identified and agreed needs. One result in Belarus was that, in several cases, other organisations and institutions influenced/developed the mini-project ideas, rather than independent community people.

In contrast, in Bosnia-Herzegovina funds from the project budget were used mainly to renovate or furnish the meeting place, with human resources provided by the wider community. The IGs were encouraged from the start to find other sources of funding for their activities, although project funds could be used to help initiate activities.

*"Starting with mini-projects was a problem because people were focused on the money. It is better now because we train people to write their own simple project proposals based on their needs."*

Belarus Red Cross staff member, Belarus

### **Coaching, networking, exchange, advocacy**

Networking appears to have been an important enabler for boosting IG confidence; it is one of the pre-conditions for formulating and pursuing broader interests and goals. In Bulgaria and Belarus, such a network existed only in an informal sense, with IGs occasionally brought together nationally by the National Society, or more often regionally by the regional office. Some active IGs in those countries visited each other on their own initiative, but this did not lead to stable and regular networking. However, the most active IGs in both countries were able to raise funds and obtain in-kind donations locally to continue visiting their peers in other communities. One group in Plovdiv (Bulgaria) even participated in an exchange with older volunteers from Graz (Austria), with the support of an EU programme. Some active groups in those countries started visiting each other on their own; several have set up their own Facebook page, where they post information on their events and activities, and exchange experiences with groups from other regions

In contrast, in Bosnia-Herzegovina the establishment of a network was seen as one of the pillars of sustainability for the IGs and the participatory approach, and was driven by the older people themselves. Their plans included setting up a coordination board, with board members elected from an assembly of IG representatives. IG members anticipated that the establishment of a network would make them stronger, making it easier for IGs to form a joint approach to working with local authorities on the problems of older people. The network would also help bring together different capacities in a common cause. At the time of the

study, it was too early to say whether the network would succeed. It is important to note that it will be a regional network, as the project is limited to the region of Tuzla.

Supporting groups in their advocacy activities at the local level became an established part of the approach in Bulgaria and Belarus, but it was just getting under way in the case of the project in Bosnia-Herzegovina, where the groups are “younger”.

In Bulgaria and Belarus, the subject of advocacy was introduced from the outset, but the groups first wanted to gain experience of working together, reach a certain level of trust in their communities and forge a shared vision of desired changes. Not all groups were ready or wanted to engage in advocacy. Those that were started gaining valuable skills in terms of influencing decisions that affected their lives, the lives of other vulnerable people and even the broader community. This raised those groups to a qualitatively new level in terms of status, partnership and degree of influence.

All IG members interviewed in all three countries expressed interest in continued exchanges of knowledge and good practice with other communities and countries. They saw this as essential for the continued growth and development of their IGs.

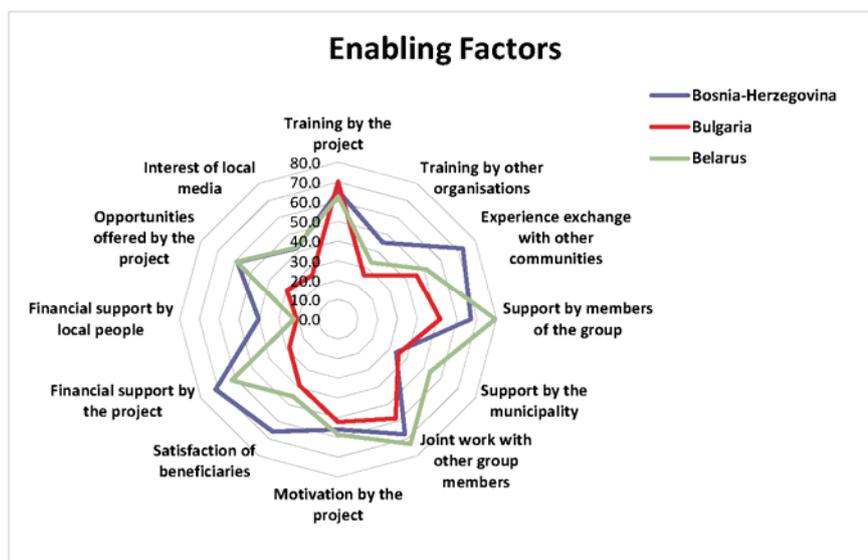


Figure 2: Enabling factors: group members' views

IG members scored the different steps in the PCW approach in terms of their perception of the most important factors enabling IG activities and success within the PCW process (see figure 2). Older people seemed to have appreciated mostly the training, joint work with other members of the group, experience exchange, and motivation by the project. Only in Belarus and Bosnia-Herzegovina was the financial support of the project an enabling factor. Interestingly, in Bulgaria funding did not rate high as a motivating factor.

#### 4.4 Group activities and their results

The scope and range of IG activities were similar in all three countries.

Many IGs stated that they went from being centred on themselves and their own narrow interests to reaching out to their communities and people in need. At a later stage, they perceived themselves as change agents advocating certain interests and influencing decision-making in their communities (see figure 3). Each IG went through all the stages of group development, each at its own pace and in line with its specific nature. The experience

gained at each stage contributed to the IG's maturation process and confirmed the relevance of the “forming-storming-norming-performing” model of group development (Tuckman 1965).



Figure 3: Range of IG activities

### **Self- and mutual help**

When the IGs were first formed, they were predominantly self-help groups, interested in being together, sharing experience and knowledge, enjoying communication, and celebrating various events. This phase proved to be important in that it allowed group members to build trust, learn how to work together, make collective decisions and share roles and responsibilities. IG members unanimously concluded that a positive factor at this stage was that activities were determined by the membership, in the light of their own interests and skills. The ideas may come from the implementing partner or trainers, but the IG members made their own decisions. Many IGs focused on crafts, local folklore and re-introducing traditions. Local authorities welcomed in particular the latter, as a contribution to community development. Self-help and mutual help activities remained an important function of the IGs throughout their existence, bringing people out of their homes and enabling communication with peers.

From the start, the IGs were encouraged in training events and monitoring visits to consider how they could provide support to other vulnerable people in their communities, rather than focusing on themselves. However, such outreach was possible only after the IG had learned how to function as a team and acquired qualities and skills such as good leadership with delegation of responsibilities, collective decision-making, a willingness to listen to each other and an ability to collectively plan and implement activities.

### **Community volunteers**

As soon as the IGs started working as effective teams, they began looking around themselves and started helping other vulnerable people: lonely older people, people in institutions, families with/of disabled persons, etc. The range of support varied, and, as with self-help activities, depended on the interests of the group membership. Many made regular home visits to the most vulnerable older people, providing practical and personal care, as well as a much-needed opportunity to communicate. In all three countries, there were multiple examples of group members setting up their own home-visiting schemes. The frequency of the visits ranged from almost daily to visits to mark special occasions, such as Veterans Day or a birthday. In Bulgaria and Belarus, some groups became involved in supporting home-based care programmes implemented by the National Society in their locality.

In Bulgaria, IGs undertake intergenerational activities which bring together older and younger people. Some IGs support young families and children at risk. Other IGs are

implementing projects in schools educating about traditions and customs and encouraging healthy nutrition amongst younger people. In return young people trained them in IT skills. Elderly people see this as an important development in their lives.

As the IGs began supporting Red Cross humanitarian programmes (such as food distribution, health promotion, home-based care, first aid), the National Society realised the benefits of deploying older volunteers from the projects. Senior managers saw this as a major reason to continue with participatory work with vulnerable people. The volunteer manager at the Bulgarian Red Cross explained that there was an obvious difference between older volunteers from IGs to those volunteers who do not originate from an IG. The former were much more organised, capable and committed.

*"We have our own identity as a group, but we also want to work as volunteers of the Bulgarian Red Cross. We are proud to be responsible for distributing food aid from the European Union. We are the ones who are approached by vulnerable people to ask when and where the food will be distributed. We are trusted to store and distribute the aid, which raises our status in our communities."*

IG members in Vetovo village, Bulgaria

When discussions were held with group members about the extent to which being a volunteer conflicted with their independence as an IG, the response was unequivocal: the IGs saw themselves as independent in their decision making and activities; they were proud to be identified as Red Cross volunteers, which they considered enhanced their status in the communities and opened doors that might otherwise have tended to stay closed.

Conflict existed when an IG wanted to start activities going beyond the Red Cross mandate or make partnership arrangements with other donors, because IGs attached to a National Society were governed by the Society's internal rules and regulations. The fact that IGs in Bosnia-Herzegovina were less dependent on the implementing partner and had more ties with local communities and public authorities gave them greater autonomy when it came to choosing their activities and funding partners.

*"The regulations of the Bulgarian Red Cross make fundraising by IGs for the purposes of the IGs practically impossible."*

Bulgarian Red Cross staff member from Smolyan, Bulgaria

IG members reported that carrying out activities had a positive impact on the IGs themselves. It helped them build trust within their communities. They experienced how their actions brought about change and helped build relationships with other local stakeholders. It was at this stage that the groups reported that they became interested in the experiences of other IGs. The project provided them with an opportunity to start meeting other IGs and share experiences. This gave them additional inspiration and ideas.

### **Agents of change**

IG members said that, thanks to their advocacy activities, they had brought about change on a range of issues, including free use of the local gym for vulnerable people, the reconstruction of roads by municipalities, reduced fares on public transport for the elderly and the establishment of health services. Thanks to their advocacy, street markets were being revived in the city areas where older people and the vulnerable tend to live.

Advocacy had nonetheless not become a natural function of many IGs, even in “older” projects in Belarus and Bulgaria. Group members found advocacy challenging because, for example, the IG lacked a clear legal identity. Its dependence on the position, interests and decisions of the “mother” National Society was an obstacle to the free practice of and advocacy on human rights. The inability to draw on wider networks and partners, and the lack of resources for effective advocacy campaigns, were mentioned as other obstacles. It is important to note, however, that while IG members may not often implement advocacy campaigns, they do use the skills and methods of advocacy to lobby on specific issues and concerns that affect their everyday lives.

*“We started with a focus on preserving local traditions. But we grew to be advocates for the rights of elderly people, and gaining benefits for our communities.”*

IG member from Smolyan, Bulgaria

In Bulgaria, promotion of the rights of older people has emerged as a strong theme. The Smolyan region has taken a leading role in promoting and developing this aspect. It was apparent during focus group discussions with several IGs in Smolyan that this remains a major focus of their aims. Bulgaria has also taken advocacy to the national level, with national conferences to launch the Voice of Older People campaign and have a public debate around issues of importance for older people.

In Belarus, issues related to ageing and the value of older people and their role in communities were discussed in 2011 at a regional conference in Grodno, and in 2014 at a regional forum of older people in Vitebsk and at the National Forum in Minsk. IGs presented their work and submitted their suggestions for the National Programme on Social Service for 2016–2020 to representatives of the Ministry of Labour and Social Protection. Those efforts spurred the interest of different agencies and organisations in the process and consequences of active ageing. The UNFPA office in Belarus has since initiated a national dialogue about the development of a national strategy on active ageing.

#### **4.5 The impact of PCW at individual, community and national level**

Irrespective of the approaches and interventions deployed, in all three countries the projects had a major impact at individual, community and national level, and most impressively, obviously, on the older people themselves.

##### **Impact at individual level**

People participating in IGs perceived themselves as less isolated (see figure 4). They had increased their social capital by befriending and meeting more people in the community and spending less time at home. Leadership and delegation of authority nevertheless remain issues of concern; according to the survey, while many IG members participated in various events, only about 20 per cent in Bulgaria and Belarus, and about 30 per cent in Bosnia-Herzegovina, organised such events. Focus group discussions confirmed that the sense of being less isolated and more socially integrated was widespread among the aged participating in IGs in all three countries.

*“I cannot recognise some people, they are not the same as before, they have changed, rejuvenated, they are alive! I would suggest to others to join such groups, where they can help themselves and other people. They can find easier ways of getting legal help, improved health care and help at home. They need to have a vision, bring up their proposals and maybe get their proposals in action”.*

Male IG member, Tuzla, Bosnia-Herzegovina

One issue that would merit further investigation in Bulgaria is the strikingly low number of those who reported that they spent less time at home, even though they participate in community events. This may mean that, in Bulgaria, the project involved mainly those who were already active in the community before the project started, or that their participation in the IG was not very active.

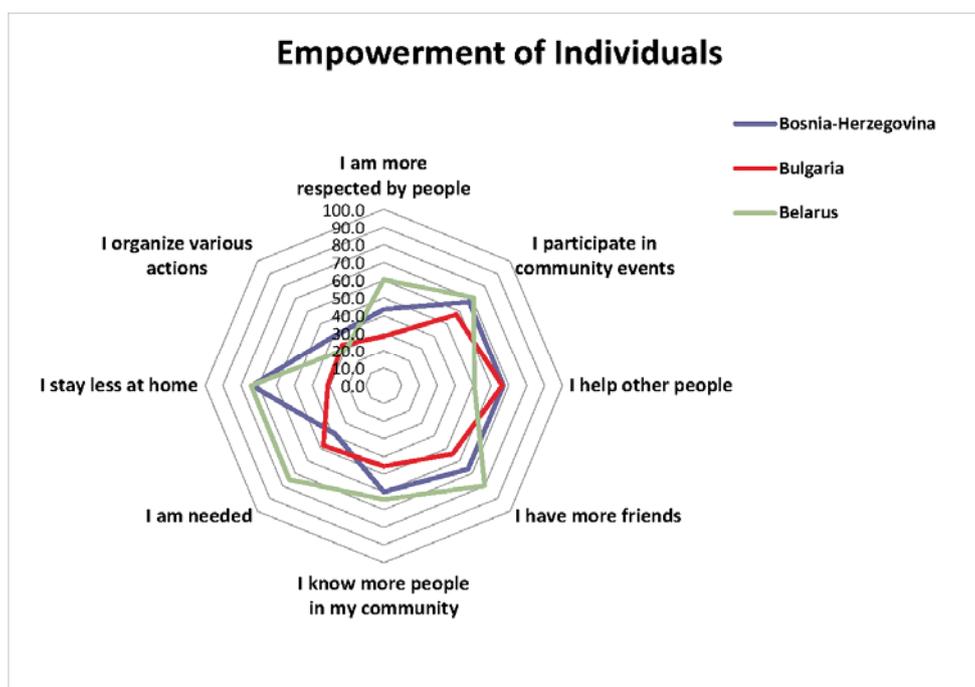


Figure 4: Impact in terms of empowerment at individual level

The projects helped IG members increase their own capacity, and the capacity to work with other people and to address local needs. IG members stated that they could participate more easily in discussions and activities aimed at improving their communities (see figure 5). They shared their experiences more often and were able to some extent to address the needs of other people. IG members in Bulgaria assessed their capacities as lower in all areas compared to the other countries, except in participation in community improvements and defence of their own rights. This may be related to the fact that, in Bulgaria, the implementing partner pays particular attention to the rights of older people.

Besides feeling less isolated, older people felt useful to others and their status in the community improved. The projects in all three countries, irrespective of the methods used, reduced social vulnerability, producing significant changes in older people directly involved in IGs by increasing their social capital, bolstering their capacities and improving their self-reliance. Because the project monitoring and evaluation systems had not established clear criteria of vulnerability or developed specific indicators to measure reduced vulnerability, it is

difficult to draw an evidence-based conclusion. However, the fact that the older people felt more integrated and no longer socially excluded, that they actively participated in social and political activities, would seem to indicate that there had been some reduction in social vulnerability.

However, the research also indicates that some of the IGs established within these projects were mainly bringing together older people who were already relatively active.

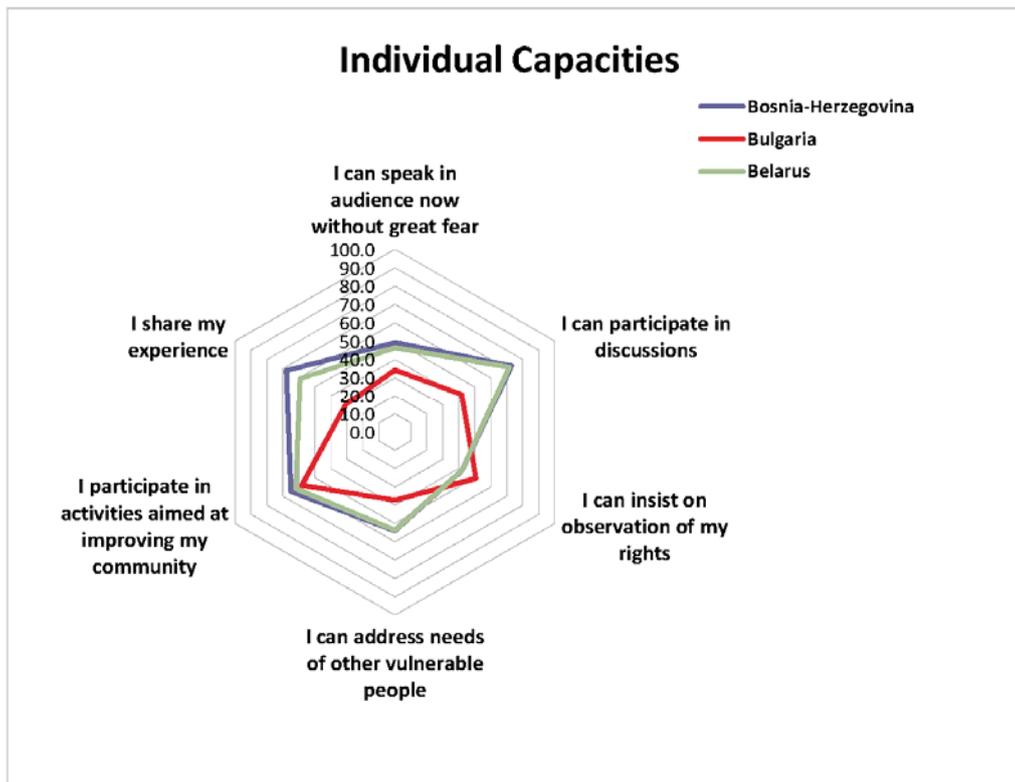


Figure 5: Impact in terms of increased capacities at individual level

### Impact at community level

Achieving change at community level is a long-term effort through multiple contributions. While the study did reveal some indications of change in the situation of the aged and vulnerable, in many localities the changes were modest and mostly related to the IG's immediate environment. According to IG members, the main achievements included: obtaining meeting places from the local authorities; improved services for people in need; increased visibility of older people in Bosnia-Herzegovina and Belarus; greater awareness among local institutions of the needs of the aged in Belarus and Bulgaria; increased attention from local media for the issue of ageing and the aged in Belarus (see Figure 6). The IGs in all three countries issued many media releases. Their activities attracted attention and heightened awareness among the media and the authorities of the plight of older people.

*"Elderly people are seen differently since this project started. We see that they have become useful for the rest of the community. Also, the problems of the elderly no longer remain hidden at home or in the family, but are voiced in the community. For me the greatest achievement of the Active Ageing and Advocacy project has been bringing together the generations, leading to more understanding."*

Journalist from Gotse Delchev, Bulgaria

Particularly in Bulgaria, IGs engaged in intergenerational activities. However, according to the IG members' responses, despite activities with the younger generation, there remained much scope to be heard and understood by young people, the local municipality and political stakeholders. Belarus was most advanced in that respect.

*Even though I am not old enough to identify myself as an older person, I am involved in this project, because it makes me feel good. I suggest that the age limit for "older people" is reduced at least by ten years so that others (younger people) can get actively involved.*

IG Member, Tuzla, Bosnia-Herzegovina

Another dimension was social inclusion. The mayor of Ruse in Bulgaria stated that IGs had made a positive contribution to ethnic tolerance in the region by bringing together different ethnic groups for cooking and traditional activities, while the Governor of Ruse region considered that the Active Ageing and Advocacy project had made volunteering in general more popular in communities.

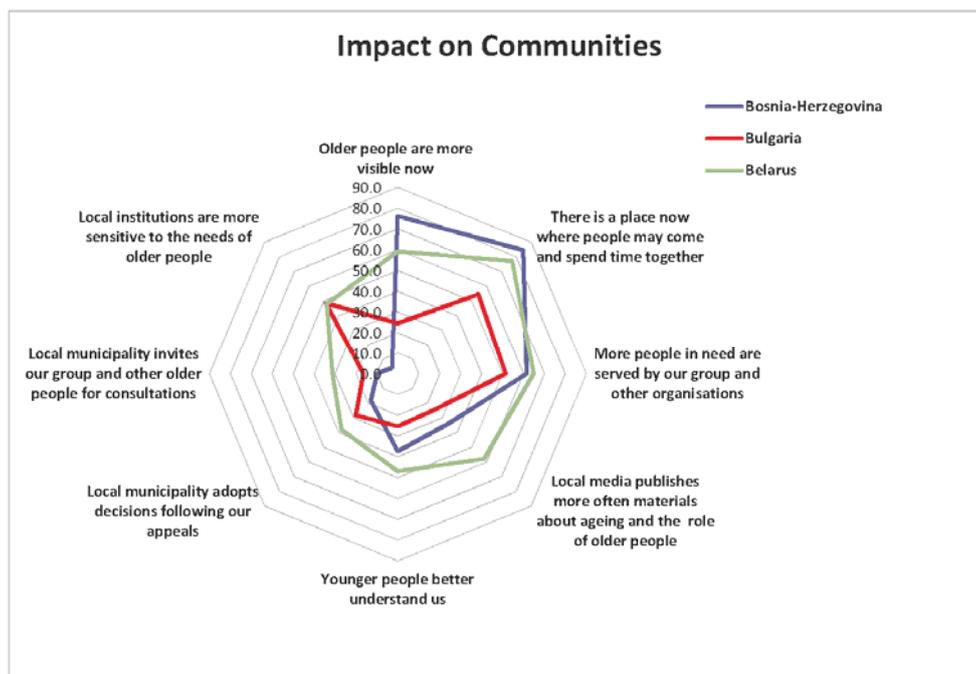


Figure 6: Impact on communities

Representatives of the local public authorities and the local offices of the Ministry of Labour and Social Protection in Belarus remarked that how older people were rendered less vulnerable by their involvement in the IGs. Local municipalities were thus motivated to begin establishing day-care centres for older people in State-run Territorial Centres for Social Services. Yet, older people groups are not invited for consultations by the local authorities.

In Bosnia-Herzegovina, survey respondents pointed out that there had been no practical change in the attitude of social institutions, which were chronically underfinanced and rarely present in small locations.

*"There has been a reduction in anxiety levels in the community about approaching retirement. Before there was a sense of nothing awaiting beyond retirement, just living alone. Now people can see the positive changes and possibilities of a new lifestyle."*

Municipality of Senno, Belarus

## Impact at national level

Project activities at the national level were starting to have an impact on wider society in Bulgaria and Belarus, where relevant work is led or facilitated by the National Societies. Interviewees from social welfare ministries in both countries confirmed that National Societies participated in various national working groups dealing with ageing issues, conducting national research, and publishing a range of materials that helped heighten awareness about active ageing and participation of the aged in communities. The ministerial partners in both countries appreciated that work and saw it as complementary to their government's commitments under the MIPAA.

The Bulgarian Red Cross is currently an active member of several government-level working groups on demographic issues and a full-term member of the AGE platform in Brussels. It is nevertheless a challenge to advance the ageing agenda at national level owing to frequent changes of government, lack of policy continuity and the dearth in stable allies.

In Belarus, a survey conducted among older people to assess their needs and levels of activism permitted the Ministry of Social Welfare and its Research Institute to create a data base and make informed decisions when planning social services.

As the project in Bosnia-Herzegovina was working only at the cantonal level, the study did not investigate its influence at the national level.

## 5. Lessons learnt

Several important lessons that are relevant to the SRC's future work with older people can be drawn from the experience of implementing PCW in the three countries concerned.

***A balance must be found between ensuring that the partners understand the complexity of the concepts of participation and empowerment, on the one hand, and the need to reduce those concepts to a set of practical approaches and tools, on the other.*** Close partnership between local implementing organisations, SRC professionals and experienced, independent backstopping specialists, combined with constant exchanges of experience across the countries, have proven successful to that end.

***The level of organisational development of partners working with older people is a decisive success factor.*** Promoting empowerment needs to be a part of internal organisation practice. This requires an organisational culture that emphasises working with clients and beneficiaries (partnership approach) and not looking after them in a patronising way. It requires an explicit commitment to PCW with the aged and vulnerable using organisational policies, working instruments and structures. Last but not least, it requires credibility linked to an internal participatory culture within the organisation.

***Skilful facilitation is instrumental to empowerment work with the aged.*** The empowerment approach identifies community workers as facilitators and enablers with a special set of skills. Their training should be comprehensive, systematic, and integrate such key aspects as: understanding the ethos of the participatory approach; seeing empowerment work as highly skilful, and empowerment as a valuable partnership that does not undermine the professionalism of community and social workers; mastering tools for community participatory work and empowerment.

***Empowerment of older people requires working at the personal, cultural and structural levels and is a longer-term mission.*** The personal level involves increasing

older people's personal perceptions and skills, including confidence, self-esteem, communication, inter-personal relations, ability to act individually and collectively, leadership, etc. Culturally, there is a need to address assumptions and stereotypes related to the image of the aged. The structural aspect of inequality and vulnerability is the most complex level, as it involves changes in policies, regulations, the social order, and so on, that are difficult to achieve in the short term. Individual, cultural and structural aspects are closely interwoven.

***The IGs' attachment to the local National Society represents a trade-off between visibility and sustainability.*** Using IG members as volunteers brings benefits to older people and to the implementing National Society partner. However, the IGs in these countries are less empowered and dependent on local Red Cross law and principles, which may hamper independent decision-making and fundraising.

***Having a joint vision is the most important basis for successful IG work.*** Where a vision had been built, groups were able to understand the plight of vulnerable people in their community and how they could help alleviate the situation. It proved unproductive to establish IGs based on mini-projects. The process hindered the IGs' independence and affected sustainability. It tied the IGs to the implementing partner instead of re-orienting them towards their local community and its potential support. The research indicates that financial support is more effective when the groups have established a vision and have a good understanding of the situation of vulnerable people in their communities.

***Reaching the most vulnerable among the aged through community and empowerment work has proved to be a challenging task.*** IGs target the more active older people, while there is still ample scope to reach out to those who face barriers to accessing the IGs. This is a matter that requires closer attention, further refinement of approaches, more careful monitoring of existing experiences and more in-depth study of good practices.

***Engagement in advocacy is a feature of a more mature form of empowerment and an important vehicle for influencing structural and cultural changes that affect the lives of older people.*** To ensure such engagement, several pre-conditions must be met. The aged should have associational capacities and see themselves as people with rights and the resources to find solutions to their problems. They need to have knowledge, skills and strengths to act with confidence. Networking, access to resource persons, and association with an organisation that works for a good social cause can be important for boosting this confidence. An organisational platform appears to be important for reaching the national level.

## 6. Recommendations and way forward

The researchers consider that valuable experience was gained in all three countries, all of which established groups of older people who are committed, enthusiastic and successfully making a difference in their communities. IG members are very dedicated people, motivated to work together, be visible and acknowledged. They actively communicate with local stakeholders, invite them to attend in activities and events, share information, and, in some cases, organise joint events. The projects in all three countries, irrespective of the methods used, reduced social vulnerability, producing significant changes in the older people directly involved in the IGs (increasing their social capital, building their capacities and improving their self-reliance). The project activities and approaches dovetail with Zaidis's (2014) recommendations on how to invest in personal and community resilience in old age, emphasizing in particular life-long learning, access to information and communication

technology, social connectedness, physical safety, civic freedom and access to key public services such as transport.

Moving forward, however, the projects and the IGs need to engage in critical reflection and tackle the following issues.

**Analyse access barriers and develop new methods for reaching the most vulnerable and socially isolated older people.** If the IGs want to reach out beyond older people who are already relatively active, they need to carefully analyse the barriers impeding access by the most vulnerable and socially isolated older people. Strength-based (Corcoran, 2015) and/or asset-based (Kretzmann and McKnight, 1993) strategies and methods may need to be applied to embrace older people who for physical or mental reasons are not targeted by the IGs.

**Create strategic partnerships to gain support from communities and involve local authorities from the outset of the project.** In order to strengthen the IGs' cooperation with the public authorities, future projects should include IG capacity building and the creation of strategic partnerships at all important levels. This includes involving local authority representatives in introductory training. Attracting professionals to their work will help the IGs articulate their goals and aspirations clearly, inform the authorities and the public about achievements regularly, and obtain support from their communities. This will significantly enhance IG sustainability.

**Regular experience sharing between staff from all levels of the implementing partner and IG group members helps stimulate new ideas and enhance IG maturity.** Annual/biannual inter-country meetings, involving IG members and staff from all levels of the implementing partner, can help to expand networks and build contacts for mutual support and encouragement, as well as focus the vision of the implementing partners. The participatory approach can be made more sustainable by using mechanisms that allow for the regular exchange of information and ideas between implementing countries, which encourages more implementing partners and more mature IGs to move into advocacy work.

**There appears to be a linear relation between the capacity of the implementing partner and IG development.** IGs develop better, do more, and are more independent and empowered when the implementing partner has the requisite qualified staff, and a shared understanding of, and readiness to apply, participatory approaches. The advantages and disadvantages of the two approaches reviewed in this study have to be weighed. Building National Society capacity using a participatory approach to reducing vulnerability needs to be weighed against the aim of achieving the most empowered community groups. If building the National Society is an important aim, then significant resources have to be invested in building the capacities of staff and management, not only at the initial stage of the project but through regular and frequent mentoring. Where experienced community development organisations are present in a country, it is highly recommended that they be brought in to support and mentor the process.

**Moving into advocacy work requires ongoing support and mentoring from experts skilled in advocacy, preferably ones who are locally based.** Advocacy is only appropriate when IGs mature in terms of decision-making and functionality. Training is required to introduce ideas and new advocacy skills.

**Deeper and regular research is needed to improve understanding of how the capacities of older people can be enhanced through community work and empowerment.** Projects working with the older people should also have more elaborate qualitative monitoring and evaluation systems, to improve understanding.

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## Annex 1 International legal and policy frameworks on ageing

### International human rights law

Human rights are the universal freedoms and entitlements of individuals and groups that are protected by law. These include civil and political rights, such as the right to life, as well as social, economic and cultural rights, which include rights to health, social security and housing. All rights are interrelated, interdependent and inalienable.

Human rights cannot be taken away due to a person's age or health status. Article 1 of the *International Covenant on Economic, Social and Cultural Rights* proscribes discrimination based on an individual's status, and this proscription encompasses age (15). By definition, human rights apply to all people, including older people, even when there is no specific reference in the text to older age groups or ageing.

During the past two decades, major strides have been made in efforts to advance human rights, including those of older people. Several international human rights treaties and instruments refer to ageing or older persons, enshrining the freedom from discrimination of older women, older migrants and older people with disabilities; discussing health, social security and an adequate standard of living; and upholding the right to be free from exploitation, violence and abuse.

### The Madrid international plan of action on ageing (MIPAA)

In 2002, the United Nations General Assembly endorsed the *Political declaration and Madrid international plan of action on ageing*. Three priorities for action were identified in their recommendations: "older persons and development; advancing health and well-being into old age; and ensuring that older people benefit from enabling and supportive environments".

Several key issues were flagged in the plan. These remain relevant in 2015 and are emphasized in this report. They include: promoting health and well-being throughout life; ensuring universal and equal access to health-care services; providing appropriate services for older persons with HIV or AIDS; training care providers and health professionals; meeting the mental health needs of older persons; providing appropriate services for older persons with disability (addressed in the health priority); providing care and support for caregivers; and preventing neglect and abuse of, and violence against, older people (addressed in the environments priority). The plan also emphasizes the importance of ageing in place.

### Active ageing

The idea of active ageing emerged as an attempt to bring together strongly compartmentalized policy domains in a coherent way. In 2002, the World Health Organization (WHO) released *Active ageing: a policy framework*. This framework defined active ageing as "the process of optimizing opportunities for health, participation and security to enhance quality of life as people age". It emphasizes the need for action across multiple sectors and has the goal of ensuring that "older persons remain a resource to their families, communities and economies". The WHO policy framework identifies six key determinants of active ageing: economic, behavioural, personal, social, health and social services, and the physical environment. It recommends four components necessary for a health policy response:

- prevent and reduce the burden of excess disabilities, chronic disease and premature mortality;
- reduce risk factors associated with major diseases and increase factors that protect health throughout the life course;
- develop a continuum of affordable, accessible, high-quality and age-friendly health and social services that address the needs and rights of people as they age;
- provide training and education to caregivers.

From: WHO (2015). World Report on Ageing and Health; Chapter 1; page 9



