

SALTO – Analysis of innovative trainings and field experiences

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1 INTRODUCTION

The European SALTO project - Social Action for Life quality training and Tools – is based on the need for social and health professionals to adapt in order to provide support and accompaniment to dependent elderly people and people with functional diversity, particularly those affected by dementias such as Alzheimer's disease, autistic spectrum disorders or psychiatric disorders.

The SALTO project aims to respond to the psychosocial needs of these people, complementing the care and treatment they receive. The aim is to improve their quality of life with a multidisciplinary therapeutic approach that allows the development and preservation of physical, psychological, cognitive and social skills.

The objective of SALTO is to improve the quality of life of older people in need of support and people with functional diversity through:

- Promotion of care and alternative support approaches
- Integration of social action in a therapeutic dimension
- Development of physical, psychological, cognitive and social skills



Figure 1: SALTO's partners

SALTO is:

1. A research-action project run jointly by training centres and social and health professional centres, based on the analysis of existing practices and innovation.
2. A participative project that includes different agents, public entities and socio-health centres in each of the territories, with the aim of providing solutions adapted to the needs of professionals and users, taking into account existing public policies.
3. A project based on Euroregional dynamics (Fig 1):

- a. Nouvelle Aquitaine – Euskadi Euroregion with partners from Gipuzkoa (Spain), Landes and Pyrénées Atlantiques (France)
- b. Adriatic Euroregion with partners from Istria (Croatia), Emilia Romana and Venice (Italy).

This document is the first output of SALTO, an assessment of good practices in terms of trainings and experiences about social action collected and described by the partners of the project.

2 STATE OF ART

This section outlines the current situation in each of the participating countries, taking into account the legislation in force, the administration or competent authority responsible for funding, the role of volunteering, the profile of the people targeted by the programmes, the services available and their characteristics, and the extent to which social and health services are integrated.

The information gathered serves as a starting point for a more in-depth analysis of each country's innovative trainings and experiences.

2.1 Legal framework

Below, a summary of the [international regulations](#) that are common to the four countries participating in SALTO:

- Convention on the Rights of Persons with Disabilities of 2006 of the United Nations
- Charter of Fundamental Rights of the European Union (2000)
- European Disability strategy (2010-2020)

Regarding the [national regulations](#), the **Croatia**'s Legal framework in the field of social welfare consists of the rules defined by the Social Care Act. The Agency for Vocational Education and adult education was founded by Republic of Croatia and its Government regulation in 2006. The Adult education law, which was adopted in February 2007, enabled the establishment of a framework for further development of adult education as part of Educational system of Republic of Croatia. Currently, activities related to adult education, are performed under a supervision of the Agency for Vocational Education and adult education which was established under the Law of Agency for Vocational Education and adult education.

In **France**, there is a common law to the sectors of the elderly and the people with disabilities, Law n ° 2002-2 of 2 January 2002 restoring the social and medico-social action which formalizes the requirements regarding associations and institutions / services. In the disability sector, two laws show the evolution of the rights and recognition of the competences of this group of people:

- Act No. 98-657 on the fight against exclusion of 1998.

- Act No. 2005-102 of 11 February 2005 on equal rights and opportunities, participation and citizenship of persons with disabilities

In the area of the elderly, two laws structure the financial aspect of accompanying the elderly:

- Decree No. 99-316 of 26 April 1999
- The law on the adaptation of the society to aging published in the Official Journal of 29 December 2015

Finally, the two sectors were impacted by a law modifying the modalities of creation of new services, Act No. 2009-879 of 21 July 2009 on the reform of the hospital, relating to patients.

As for **Italy**, on 8 November 2000 law no. 328 was issued, a framework law for the development of an integrated system of social services and interventions.¹

The responsibility for the programming and organisation of the integrated system of social services and interventions lies with the local authorities, the regions and the state, pursuant to legislative decree no. 112 of 31 March 1998.

Finally, in **Spain** the law that regulates the basic conditions and rights to citizens in a situation of dependency is LAW 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for people in situations of dependency. The Law 26/2011, of August 1, on normative adaptation to the International Convention on the Rights of Persons with Disabilities aims to promote the changes, normative and deadlines, necessary for the fulfillment of the commitments acquired by the ratification of the International Convention on the Rights of Persons with Disabilities. Within Spain, and more specifically in the region of the Basque Country the legal framework that regulates the provision of Social Services to the elderly and persons with functional diversity in Euskadi is determined by a relatively complex competency distribution, in which the central, autonomic, regional and local administrations intervene:

- LAW 12/2008, of 5 December, on Social Services (Basque Country))
- DECREE 185/2015, of October 6, of the portfolio of benefits and services of the Basque System of Social Services
- LAW 17/1998, OF JUNE 25, OF VOLUNTEERING
- DECREE 373/2013, of July 2, establishing the curriculum corresponding to the title of Senior Technician in Sociocultural and Tourist Animation

2.2 Administration and authorities

The competent authorities and administration in charge of providing services and training, how they are funded and the role of volunteering in the four participating countries are described below.

In **Croatia** as defined by the Social Care Act, social welfare services are to be provided by:

1. Social care institutions

¹ www.fondazionepromozionesociale.it

- a. Social care centres: public institution that works based on the Social care Act, Family Act and other laws in the field of social welfare
 - b. Social care homes (such as Vila Maria): public institutions that provide services, mainly housing for one specific category of beneficiaries (elderly, people with disabilities, children without parental care...). They can be funded by other entities, but are submissive to public control.
 - c. Community care centres: primarily public institutions that provide support and services in the field of non-institutional care.
 - d. In-house help centres: provide in-house assistance for people in need such as personal hygiene, preparation of meals, different house chores...
2. NGOs, religious associations, other legal entities and craftsmanship
 3. Private persons
 4. Foster care families

Each of the above decide on their own whether they'll include volunteers in their activities (volunteers mostly provide support in some creative workshops with the beneficiaries).

The Agency for Vocational Education and Adult Education, as well as the Ministry of Education, Science and Sports are responsible for public and private institutions for adult education and training. The Agency provides different services and trainings for professionals, but many institutions organize trainings, educations and seminars by themselves.

Finances for public open colleges and private institutions for adult learning and training are provided from state budget, budget from local and regional governments or directly from students and other sources in accordance with the law.

Diopter is a private institution mostly funded by scholarships paid by students or their employers. However, in the last six years Diopter has participated on several EU projects that allowed them to develop new programs and educate people for new professions. EU projects are not direct profits for the institutions, but they allow them to develop new programs, educate students and professionals.

As for **France**, in the field of disability and the elderly, the principal actors who are authoritative are the Regional Health Agencies (ARS) and the departmental councils (the Landes and the Pyrenees-Atlantiques, as far as our region is concerned).

The **ARS** have two main missions:

1. Steering public health policy in the regions comprising three fields of intervention:
 - a. Health monitoring and safety, as well as health observation
 - b. Definition, financing and evaluating prevention actions and health promotion actions.
 - c. Anticipation, preparation and management of sanitary crises, in liaison with the prefect

2. Regulation of health care provision aiming to better meet needs and guarantee the effectiveness of the health system.

The ARS is, for the association CAMINANTE, the preferred interlocutor for the actions carried out with a goal of care:

- Within the framework of the child sector: the ITEP (educational and pedagogical therapeutic institute) and the IME (Institut Médico Educatif) and experiments
- Within the framework of the adult sector: the CSAPA (Centre of Care, Accompaniment and Prevention in Addictology).

For the AAPAVA association, the ARS is the authority to finance the medicalization of its teams (nursing stations, increase of the time of coordinating physician, nursing aides) and the development of new services to accompany the elderly Cognitive disorders: day care, pole of activities and adapted care (PASA).

The [county councils](#) are in France the second supervisory and pricing authority for the medico-social sector and the only one for the social sector. Each department defines its own social policy according to the laws in force and provides funds.

The competent authorities for the CAMINANTE association and AAPAVA are The Departmental Council of the Landes and the Departmental Council of the Pyrénées-Atlantiques respectively.

[Other funding and support organisations:](#)

- The National Solidarity Fund for the Autonomy of the Elderly and the Disabled
- Local authorities and Regional authorities
- The Departmental Houses of Persons with Disabilities
- The Departmental steering of Social Cohesion
- Foundations, they collect donations and volunteer members study grant applications submitted by institutions.
- Mutual insurance companies
- Volunteer associations working in the management of services or working directly with the elderly.

Regarding training, state diplomas are provided by initial training organisations. Lessons are paid by the students. As for continuous education, organisations contribute at industry-defined rates to an approved collective bargaining agency (OPCA) selected by the industry. For the two partner associations of the project, CAMINANTE and AAPAVA this organisation is UNIFAF. UNIFAF supports the training of professional teams and also of job seekers. Caregivers in France have a lifelong training obligation (at least one approved training must be completed every 3 years).

In [Italy](#), Law 328/00 establishes which responsibilities fall under the State, the Regions and the Municipalities concerning the implementation of the integrated system of social services and interventions.

The tasks of the State include that of fixing the "minimum structural and organisational requirements for the authorisation to run residential and semi-residential facilities and services; establishment of specific requirements for

family-type community services run in homes” and determining the “requirements and professional profiles of the social professions, as well as the access requirements and duration of training paths” as states in article 9, paragraph 1 points c) and d).

One of the responsibilities of the Regions is given in Article 8 paragraph 3 letter f) of Law no. 328/00: “on the basis of the minimum requirements set by the State, the definition of the criteria for the authorisation, accreditation and supervision of the facilities and services managed publicly or by the bodies referred to in article 1, paragraphs 4 and 5”. The Regions play a decisive role, while the Municipalities play a role linked more to control and inspection, as they are closer to the facilities. The function of the municipalities is one of “authorisation, accreditation and supervision of the facilities and services managed publicly or by the bodies referred to in article 1, paragraph 5” as well as the “definition of evaluation parameters for the conditions listed in article 2, paragraph 3, for the purpose of determining priority access to services” as stated in points c) and e) of article 6 of Law no. 328/00.

In accordance with and referring to Law no. 328/2000, the new health pact 2014-2016 obliges the Regions to continue to run the services and activities for persons who are not self-sufficient, or who suffer from disabilities, mental health problems or addictions and care for minors in an integrated manner. Another task of the Regions is to open a Single Access Point for socio-health and social care services.

Regarding Spain, the **Autonomous Community of the Basque Country** has exclusive competence in matters of social assistance, organisation, regime and functioning of institutions for the protection of minors and community development, equality, children, youth and senior citizens policy. According to the Decree of Benefits and Services Portfolio of the Basque Social Services System, the competences regarding the **SERVICES** provided are distributed at different levels of administration:

- a. The **Basque Government** is responsible for the provision of the tele-assistance service
- b. The **County Councils** are in charge of the following services:
 - Evaluation and diagnosis service of dependency, disability, exclusion and lack of protection.
 - Day care services or centres.
 - Night care centres.
 - Residential centres.
 - Respite service.
 - Other secondary care services.
- c. **Town Councils**: The municipalities are responsible for the provision of all primary health care services defined in article 22 of the Social Services Law, except for the tele-assistance service.
- d. **Volunteering**: The fundamental task of volunteering with older people is to emotionally support people through various recreational activities, which cannot be offered from the residential centre. Volunteer support is often seen as a way to combat the loneliness of many people, whether at home

or in the residential setting. In the Basque country there are two entities of great relevance in relation to volunteering: Gizalde and Nagusilan.

2.3 User profile

The table below shows the end user profile (beneficiary of the provided services) in the four participating countries.

Table 1: User profile

Beneficiary profile	
Croatia	Materially deprived, elderly, people with disabilities, children, families, addicts, homeless...
France	People with disabilities: mental disability, physical disability. The elderly: with loss of physical autonomy, with cognitive disorders. Lately, the average age of dependant older people has increased significantly, as well as the average duration of dependency.
Italy	Residential social and healthcare and social welfare services refer to public or private facilities providing residential socio-health and/or social care services to persons in a state of need: elderly persons who are on their own or have health problems, persons with disabilities, unprotected minors, young women in difficulty, foreign nationals or Italian citizens in financial difficulty or in conditions of social hardship. The residential social and healthcare and social welfare services care for 279,000 elderly, over half of whom are aged over eighty five.
Spain (Basque Country)	Older people in need of support, people with disabilities and people with disabilities who became old.

2.4 Types of services

This section describes the current services available in the four countries/regions and whether they are public, private, general or specific.

Table 2: Services available for the elderly and people with disabilities in **Croatia**

Service name	Description	Providers	User category	General/Specific
First social service	Providing information about available services, their rights, and support with the definition of next	Social care centres	All categories	General

	steps...			
Counselling and assistance	Professional assistance in the situations of death of a family member, old age, disability, social inclusion after institutionalisation and similar + improvement of relationships between family members	Public and private entities (as defined by the Social care Act)	All categories	General
In-house help	In-house assistance for people in need such as personal hygiene, preparation of meals, different house chores...	Public and private entities (as defined by the Social care Act)	Elderly, people with disabilities	Specific
Psychosocial support	Rehabilitation that encourages the development of cognitive, functional, communicational or social skills	Public and private entities (as defined by the Social care Act)	People with disabilities and others if necessary	General
Day care and half-day care	4-10 hours a day: provision of meals, health care, social care, work and occupational activities, psychosocial support...	Public and private entities (as defined by the Social care Act)	Elderly, people with disabilities	Specific
Housing (temporary or long-term)	24-hour institutional care (health, social, work and occupational activities)	Public and private entities (as defined by the Social care Act)	elderly, people with disabilities	Specific
Sheltered housing	2-5 users live in an apartment in the community with the support of professionals	Public and private entities (as defined by the Social	people with disabilities	Specific

		care Act)		
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In **France**, the services available for **people with disabilities** are shown below:

- Foyers of Life (FDV): animation, activities and accommodation for adults with disabilities
- Foyers Appartement (FA): maintain or develop autonomy for people with mental or psychic disabilities
- Social Life Support Service (SAVS): adult accompaniment and time-limited educational supervision.
- Medical and Social Assistance Service (SAMSAH): regular and coordinated care as well as medical and paramedical support in an open environment.
- Foster Care Home (FAM): for people with severe disability who need continuous care and medical supervision
- Foster residence: adapted social housing for people with mental disorders, sufficiently autonomous and stabilized to respect and benefit from semi-collective rules of life.

The services available for the **elderly** are the following:

- Home care: the most demanded solution by the French population. It requires one or more family caregiver available, mostly and older person. The State funds home support schemes provided by public or private organisations, such as:
 - Comfort Service: household, meals
 - Nurses at home: toilet support, technical care
- Activities and support to family carers
- Day care services to share activities with other people and to give respite to the caregivers.
- Accommodation in a structure:
 - Autonomous residence: on-site catering, laundry and housekeeping services
 - MARPA: rural house for the elderly (10 to 15 places). A small accommodation structure for people who are still quite autonomous.
 - Establishment of Accommodation for Dependent Elderly People (EHPAD): reception of dependents. The private for-profit sector has invested heavily in the EHPAD sector lately because there is the possibility of investment with tax exemption for investors. However, territorial differences are still important, as the private sector has mainly invested in urban areas.

Regarding **Italy**, the services available for the **elderly** are rarely delivered by public authorities, but by accredited private bodies. The relationship between public and private is governed by accreditation: the municipalities appoint the

delivery of care services to private bodies which, after been authorised and accredited, become part of the integrated system:

- Sheltered apartments: small self-run homes for self-sufficient elderly people grouped in the same building with monitoring services.
- Residential services:
 - Sheltered housing: social and healthcare services to older persons who are not self-sufficient. The purpose of these facilities is to maintain the physical, mental, relational and interpersonal capacities of the patients, preventing the further loss of autonomy.
 - Nursing homes (RSA): for persons who are not self-sufficient requiring health care. The RSAs provide quality medical and nursing care as well as rehabilitation therapy and social entertainment.

Below, the services for [people with disabilities](#) available in Italy are shown:

- Social cooperative type A: non-profit day care services promoting autonomy and working skills.
- Social cooperative type B: non-profit businesses employing disadvantaged persons, that count for at least 30% of the workers
- Home care service (S.A.D.): helps the person and their family in daily activities
- Integrated home care (A.D.I.): integrated health and social services, according to a tailored programme defined by the District Multidimensional Assessment Unit (U.V.M.D.)
- Community housing for the disabled: housing for disabled adults without family or who cannot stay with their family group.
- Residential communities for persons with disabilities: housing for persons with severe or very severe physical and mental disabilities.
- Nursing homes (RSA) for persons with physical and mental disabilities.
- Family-type communities for persons with disabilities. This social service has a typically family dimension.
- Apartment group for persons with disabilities. This social service has a typically family dimension.

The table below shows the services available for the [older people and people with disabilities](#) in [Spain](#):

SERVICE	PUBLIC	PRIVATE	SPECIFIC
Benefits and services of municipal competence			
Information service, assessment, diagnosis and orientation.	X		
Home help service.	X	X	X
Service of socio-educational and psychosocial intervention.			

Support service for caregivers.	X		
Day care services.	X	X	X
Accommodation services	X	X	X
Benefits and services of county competence			
Day centre for seniors	X	X	X
Occupational centre	X	X	X
Residential Centres for Seniors	X	X	X
Housing with support for people with disabilities	X	X	X
Housing with support for people with mental illness			X
Residential centres for minors in check-out	X		X
Day centre for people with disabilities	X	X	X
Day centres to meet social inclusion needs	X		X
Residential centres for people with disabilities	X		X
Residential Centres for People with Mental Illness	X		X
Residential centres for social inclusion			X
Residential centres for women victims of domestic mistreatment	X		X
Night centres: limitations on autonomy	X		X
Night care centre: social inclusion	X	X	X
Residential centres for chronic exclusion	X		X
Immediate shelters for women victims of domestic mistreatment	X		X

2.5 Socio-Health integration

This section describes the extent to which socio and health services are integrated.

In **Croatia**, social and health professionals cooperate mostly inside the institutions that provide care for the elderly or people with disabilities. There are often misunderstandings between the two because of the lack of social context in medical training so the medical professionals are often unaware of social context of the disease, illness or disability.

Whereas in **France**, regarding **older people** and in order to try to harmonize associations and practices, the State has set up a new system for integrated services: the MAIA system, a **method of action for the integration of care and**

[support services in the field of autonomy](#). MAIA is a method that brings together all actors involved in supporting people aged 60 and over who are losing their independence and their caregivers through an innovative approach: integration of care and support services. This action has been part of public policy in France since 2008.

Since the first experiments carried out in 2009 within the framework of the 3rd Alzheimer plan and the generalization in 2011, 352 MAIA devices are in operation (December 2016) in France and the 98% of the territory is covered.

However, related to people with disabilities, the actors involved in mental disability are numerous. The Handicap sector does not benefit from organized networking, as might be the case for gerontology. Nevertheless, the person with disabilities needs to build links between the social, the medico-social and the health care on one hand and education on the other.

As for **Italy**, the regional laws require that the field of disabilities and other “high social and health integration” sectors be managed with a strong integration of both social and health services:

- in terms of territorial programming, on an annual basis involving both public bodies and non-profit organisations (cooperatives, foundations, associations) to define the priorities, actions and resources in the different fields of intervention in operational terms, through diagnosis, intervention and planning in a multidimensional perspective. The teams include both health and social professionals.

Finally, in the **Basque Country**, on 30 January 2003, a global collaboration agreement was signed between the Basque Government, the County Councils of Araba, Bizkaia and Gipuzkoa, and EUDEL (Association of Basque Municipalities) for the [development of Socio-Health Care in the Autonomous Community of the Country Basque](#).

In Euskadi, social and health coordination is based on the following bodies:

- The Basque Socio-Health Care Council.
- The Territorial Councils for Socio-Health Care of Araba, Bizkaia and Gipuzkoa.
- Two regional socio-economic coordinators.
- Six territorial socio-health coordinators, two for each Historical Territory.
- Euskadi's socio-health coordination team.

Organisational steps have been taken in the configuration of the socio-health space, with the creation of Basque Councils for Socio-Health Care, Territorial Councils and Commissions for Orientation and Socio-Health Assessment. At the community level, there are specific experiences of coordination between basic social services and health centres. However, the truth is that for many of the professionals of the two systems, the Commission of Assessment and Socio-Health Guidance constitutes their only reference.

The necessary coordination between health services and basic social services is subject to the good work done and to the will of the professionals, which makes it difficult to guarantee good attention to people, promote healthy living habits

and prevent dependence and helplessness situations of particularly vulnerable groups.

2.6 Professionals and care providers

Professionals and care providers in **Croatia** are:

- Social workers: University MA program (5 years) with the obligation of lifelong learning and education
- Psychologists: University MA program (5 years) with the obligation of lifelong learning and education
- Medical nurse: Highschool program (4 years) or even BA for the Lead nurse (Bachelor's degree, 3 years)
- Caregiver: app. 440 hours training program
- Sheltered housing assistant: app. 165 hours training program
- Occupational therapist: BA

Focusing on the educational area, most of the contracted personnel are experts in their fields who run practical classes.

In **Italy**, professionals are distinguished on the basis of two types of service:

- a. Residential services for the elderly who are not self-sufficient and disabled adults
 - Educators/Animators holding a first-cycle degree in social educator, professional educator (in many cases holding a recognised diploma)
 - Doctors
 - Nurses with a nursing diploma or, currently, a degree in nursing
 - Social-health workers holding a professional qualification in Social Health Operator (OSS) or equivalent qualification recognised by the State and the Region.
 - Physiotherapist holding a specific degree qualification.
 - Coordinators holding a specific specialist degree qualification.
- b. Day services promoting autonomy and social inclusion for the disabled and frail older persons
 - Educators/Animators holding a first-cycle degree in social educator, professional educator (or other qualification recognised pursuant to international agreements and the relative laws in force)
 - Social-health workers holding a professional qualification in Social Health Operator (OSS) or equivalent qualification recognised by the State and the Region.
 - Coordinators holding a specific specialist degree qualification.

As for **Spain**, Social Services have shown great potential for job creation in the **Basque Country** in the last ten years and currently.

This is a highly feminized sector, with a [lower than average level of education](#) and with preponderance of [residential staff](#). The 80% of the people hired in the Social Services area are women. The people employed in the Social Services sector have a comparatively [lower level of training](#) than the overall group of workers in the Basque Country.

The most frequent professional profiles are [clinical and geriatrics assistant](#) (27% of all staff), [social educators](#) (8%), and [administrative](#) (7.6%).

2.7 Training programs

Training programs on social animation are not compulsory by national/local law in [Croatia](#). However, the awareness on social animation for elderly is coming into focus through different educational programs (gerontology nurse or caretaker for elderly).

Since there are no rules or laws related to the issue of social animation, people in charge for it are people who have completed some of the training programs who in their curricula contain modules or subjects about social animation.

In [Italy](#), however, [First cycle degree programmes in Social Educator](#) (Education Sciences) and [Professional Educator](#) (Medicine) programs on social animation are compulsory. Graduates in both degree programs are in charge of social animation.

Qualification requested for such workers:

- First cycle degree in Education Sciences training educators to work in social and health services (a white paper is currently under approval for the recognition of this programme for the educator profession: The Iori Law *PDL 2656*)
- First cycle degree in Professional Educator (Medical field) for health service educators.
- In some cases (particularly for senior workers), animators have only a vocational qualification (diplomas or vocational courses).

As for [Spain](#), DECREE 373/2013, of July 2, establishes the curriculum corresponding to the title of [Superior Technician in Sociocultural and Tourist Animation](#). This degree consists of 2,000 hours of training, of which 360 are developed in work centres.

In addition to the access to the Social Animation with this official degree, there are other professionals who, by their training or by decision of the institution in which they work, can take charge of these functions, E.g. psychologists, occupational therapists and health care technicians.

Also, recycling courses are offered given in official centres, schools of free time, summer schools, and others.

3 CURRENT SOCIAL ANIMATION TRAINING PROGRAMS

Training activity programs on social animation in the four organisations which are partners within the SALTO project are described: Diopter (Croatia), Etcharry Formation Développement (France), Università di Bologna (Italy) and Hernani LHII (Spain).

Do you organise training activities dedicated to social animation in your organisation?

- **Diopter** as an institution for adult education and training does not have specific training activities dedicated to social animation. However, we do have two training programs, gerontology nurse and caretaker for elderly and disabled people. These two programs are, through different parts of their curriculum, dedicated to social animation.
- **Etcharry**, as part of the BPJEPS Social Animation training, 392h are devoted to animation and communication with people with pathologies linked to aging and moderate psycho-behavioral symptoms.
- **Università di Bologna**, The training activities we are involved in concern the different contexts in which we cooperate. In these contexts, the training activities are addressed to various professional figures: social animators, social health operators, facility managers and coordinators and relatives/caregivers.
 - **Villa Ranuzzi and Villa Serena** two facilities for the elderly (CRA – Residential Home for the Elderly, Sheltered housing) in Bologna
 - **Fondazione Asphi onlus** promotes the inclusion of persons with disabilities in school, work and society through the use of digital technologies.
 - **Fondazione Montessori** promotes the dissemination of the Montessori Method in facilities for the third age via the Montessori incontra Alzheimer, M<>A project.
 - **Systemic relational family counselling**. A Counselling service has been running since 2015 to promote and support family members in temporary critical developmental transition, due to their relatives being admitted to facilities and who find themselves having to reorganise their own personal and relational resources and increase their own self-awareness and well-being. In this case the principles of animation are blended with Bateson's systems theory.
- **Hernani LHII, Higher Technician in Socio-Cultural and Tourist Animation** (2.000 hours) - Professional Family: Socio-cultural and Community Services - International Classification: CINE-5b. Professional profile: the general competence of this title is to plan, organize, implement and evaluate socio-cultural and tourist activities, to promote the active participation of individuals and groups and to coordinate the actions of professionals and volunteers

Could you list the topics of training activities dedicated to social animation?

- **Diopler**. In the [caretaker for elderly and disabled people](#) program topics related to social animation are:
 - Old age (chronological and biological age)
 - Healthy environment and microclimate
 - The basic principles of healthy eating
 - Ensuring a secure environment
 - The basic human needs
 - Communication among people, elderly and disabled people
 - Communication in preventing physical decompensation
 - Communication in preventing psychological decompensation
 - Communication in preventing social isolation

In the [gerontology nurse](#) program topics related to social animation are:

- Age acceptance
- Basic principles of the care for the elderly
- Features of a good gerontology nurse
- The specifics of the communication with elderly
- Social inclusion
- The prevention of social inclusion
- **Etcharry**. Theoretical contributions include a good knowledge of Alzheimer's disease and related disorders: behavioral disorder management, understanding cognitive and behavioral disorders, understanding and maintaining people's potential through doing with, maintaining participation in activities Analysis of the various cognitive disorders

The project methodology is also widely studied, in particular to implement animation sequences that respond to the specific needs of people with behavioral disorders.

- **Università di Bologna**. The training activities dedicated to social animation and the related topics concern the typical issues of animation aiming to stimulate individual thought and action in the management of the behavioural disorders associated to dementia, foster teamwork based on cooperation and dialogue, stimulate an approach to care based on individual needs, incentivise support to relatives/caregivers and identify methods and techniques to stimulate personal cognitive functions and functional skills. In placing the persons involved in the training programme and/or support activities in a key role, the following topics are tackled:
 - principles of active pedagogy and humanistic psychology
 - social research methodology
 - instruments and techniques of needs measuring and analysis and formulation of primary prevention actions
 - principles of the use of new technologies for fragile persons who are not self-sufficient

- principles of the Montessori method
- developmental characteristics and dynamics of individual and group changes
- psycho-pedagogic characteristics of family models
- the Socratic maieutic approach to the individual and the group
- focus on and involvement of personal experience
- communication and relational techniques with the users/relatives (pragmatic communication, assertive communication, emotional intelligence, care relations, welcoming, understanding, active listening)
- the group as a privileged field of intervention according to a systemic logic
- enhancement of relations and ongoing processes and organisation of the setting climate
- empowerment and respect for the participants' maturing times
- systemic relational counselling
- emotional and creative expression, animation techniques and play and cultural animation workshops: artistic creative workshops, music workshops, expressive gymnastics workshop, recreational play workshop, sensory and cognitive stimulation workshop.
- [Hernani LHII](#). Professional, personal and social skills:
 - To obtain information, use resources, strategies and tools to analyse reality in order to adapt the socio-cultural intervention to the needs of those targeted and the context.
 - To develop socio-cultural intervention projects based on information obtained from the context and the targeted people, integrating the gender perspective.
 - To lead the implementation of socio-cultural intervention projects, coordinating the actions of professionals and volunteers responsible for supervising the implementation of activities with quality criteria and facilitating teamwork.
 - To design spaces, strategies and materials to promote and disseminate socio-cultural intervention projects which require technological advances in the field of communication.
 - To organize the departments, programs and activities of socio-cultural and tourist activities, documentation and resource management, budget financing and control.
 - To design, implement and evaluate recreational, cultural and physical recreation, selection of methodological strategies, organization and management of resources and technical equipment for the means necessary for its development.
 - To use participative and dynamic techniques, conflict management and promotion of respect and solidarity.
 - To implement protocols established in first aid in case of accident or emergency.

- To solve situations, initiate problems or contingencies and autonomy of their competence, creativity, innovation and the spirit of improvement in their work and that of the members of the team.
- To organize and coordinate teams in charge, overseeing its development, maintaining harmonious relationships and assuming leadership and the group providing solutions to the conflicts that arise.

Could you explain the methods adopted in such training activities?

- **Diopter.** Both training programs include face to face lessons in a classroom, but more than 50 percent of each program is carried out in healthcare institutions or, in the case of the gerontology nurse, in a household. This is a practical part of the education and it is performed under a supervision of a mentor.
- **Etcharry.** Following essential theoretical contributions, the participants work around the application of techniques through experimentation during small group work. Each workshop is analyzed and reflected on the self-assessment of the difficulties encountered and the proposal to improve its performance.
- **Universit  di Bologna.**
 - Face to face lessons using power point;
 - Use of video-film materials and discussion in focus groups and/or compilation of film sheets (messages, plot, particular scenes)
 - work in small groups to develop of specific cases;
 - simulation of cases with role playing and video filming to foster observation on behaviour;
 - small focus groups
 - use of metaphors, stories, anecdotes, testimonials, music
- **Hernani LHII.**
 - Oral presentations
 - Team work
 - Expression techniques workshops
 - Visits to social services
 - Talks and courses given by experts
 - Creation of animations for different groups
 - Forum theatre
 - Experiences of former students

Is this training activity compulsory?

- **Diopter.** Training activity, theoretical and practical classes are compulsory for all trainees.
- **Etcharry.** The activities are part of the training and are therefore mandatory.

- **Università di Bologna.** For social health operators, animators and managers there is no obligatory training at Villa Ranuzzi and Villa Serena. The only exception is the application of the Montessori Method adopted in the two facilities which has obligatory training for the social animators, run by the Fondazione Montessori Italia. The Asphi Foundation provides training mostly to animators in the two facilities, though this is not obligatory. The Counselling is not obligatory as the involvement of the family members, recruited on a voluntary basis and referring to the problems presented in the initial needs assessment questionnaire, aims to provide support during the critical developmental moments linked to the disease of their relative.

Obligatory requirements are in place for the employment of social health operators, social animators and services management technician as provided for in DGR 514/2009, which states that for employment in elderly care facilities they must possess a vocational qualification as OSS (Social Health Operator), Social Animator or TEGS (Services Management Technician)

To obtain these qualifications the training bodies organise courses for OSS, Social Animator and TEGS which are programmed according to the laws in force.

- **Hernani LHII.** It is mandatory to overcome all the modules to obtain the official qualification

How many hours per year does it last?

- **Diopter.** The gerontology nurse program is 160 hours long program with 65 hours of theory, 14 hours of practice in the classroom and 81 hour of practice in a household.

The caretaker for elderly and disabled people is a 500 hours training program. Theoretical part is 170 hours long and there is 50 hours of practice in specialized classroom. The professional practice in social or healthcare institution under a supervision of a mentor is 280 hours.

- **Etcharry.** 304 hours are planned for the project methodology and experimentation.
- **Università de Bologna.** For operators working in the two facilities, **Villa Ranuzzi and Villa Serena**, structured and semi-structured courses are organised on the topics of management of behavioural disorders associated to dementia, the focus of which is on the care relationship. Specifically in 2015 and 2016, the course lasted for 72 hours, divided into theory and practice, implemented using role playing techniques. For the Fondazione Montessori and Asphi, the duration of the training courses varies. For the applicability of the Montessori Method, the Fondazione Montessori organised theoretical and practical training lasting 30 hours + 20 hours of supervision. For the Fondazione Asphi, the duration is variable and depends on the projects presented. However, the initial training lasted for 30 hours, split into theoretical and practical modules.

Concerning what expressed in the previous point for the other professional figures, who must undergo obligatory initial training, the following programmes are underlined:

- The **OSS** course involves 180 hours of theory and 120 hours of internship in the relative professional areas. The course also includes 40 hours on animation topics.
- The **social animator** course lasts for 300 hours, of which 220 hours of theory (for the topics covered, see point 1.2) and 80 of internship in a social and health facility.
- The **TEGS** (and/or Care Manager RAA) course lasts for 150 hours, of which 110 in class and 40 internship. The course also includes 40 hours on animation topics.
- **Hernani LHII.** The total training consists of 2000 hours. Compulsory subjects (training program):

In the first course:

- First Aid (60 hours)
- English (165 hours)
- Recreational activities (132 hours)
- Leading groups (132 hours)
- Social intervention methodology (132 hours)
- Community Development (132 hours)
- The context of the Sociocultural Animation (132 hours)
- Training and career guidance (99 hours)

In the second course:

- Animation and cultural management (200 hours)
- Tourist animation (140 hours)
- Youth Information (100 hours)
- Socio-educational intervention with young people (100 hours)
- Socio-Cultural and Tourist Animation Project (50 hours)
- Business creation (60 hours)
- Training in professional centres (360 hours)

Are trainer/s members of the organisation? Which profile do they have?

- **Diopter.** Trainers are members of the organization and they are doctors or medical nurses. Mentors of professional practice in healthcare and social institutions and households are doctors and medical nurses or in the case of gerontology nurse a mentor can be a person with a 5 year experience on the job position of gerontology nurse. Diopter has a contract with the educational institution where professional practice is carried out.
- **Etcharry.** The permanent trainers intervene on the project methodology; Specialist animation instructors contribute to training through theater, manual techniques, music therapy, art brut ... they all come from the social animation sector, specialist educator, psychologist, animator.

- **Università de Bologna.** Trainers are professionals from contexts both inside and outside the facilities.

Specifically the in-house courses, involving the OSS and Managers, were delivered by Professors from the Department of Education Science (Pedagogues) and Psychology (Psychologist) and other facility staff including educators and psychiatrists.

The courses organised by the Foundations were held by pedagogues and educators.

The meetings with the family members were held by a Systemic Relational Counsellor trained at the School of Family Therapy in a three year programme, with a qualification recognised by Italian Law no. 4 of 14 January 2013 - Provisions concerning non-organised professions.

- **Hernani LHII.** Professors of the Department of Education of the Basque Government diplomas in Psychology or Pedagogy, with additional and updated training: therapy, Expression techniques, teaching ...

Could you describe the assessment and, eventually, certification practices for this training?

- **Diopler.** The programs are verified by the Croatian Ministry of Science, Education and Sport. All trainees, who successfully pass the final exam and do their professional practice, receive a diploma.
- **Etcharry.** The certification is organized on the 5 specific units: social animation specialty. Assessments are organized throughout the training course either through formative evaluations: in a training center, which can take the form of a table assignment or a group assessment based on written documents prepared by the trainee, but also at the training center Employer and / or the qualifying site. Evaluation grids will make it possible to assess the competencies foreseen in each capitalizable unit.
- **Università di Bologna.** The training programmes described include on-going assessment in the form of tests at the end of each module (each subject or competence is divided into training modules) and a final examination to assess the acquisition of the competences leading to the award of the qualification.
 - For training courses at Villa Ranuzzi a certificate was awarded based on a final examination recognised at European level.
 - The programming and final examination of the OSS course are governed by the 2011 Agreement between the State and the Regions and the Autonomous Provinces of Trento and Bolzano;
 - For the Social Animator course, the regulations are issued for the Emilia Romagna Region through the Decree no. 5248 dated 05/04/2016.
 - As regards the TEGS course, the Certificate of Competences is issued for the competences of "Service organisation" and "Customer care and management", relative to the vocational qualification of SERVICES MANAGEMENT TECHNICIAN - Regional Law no. 12/2003. The certificate is among those listed as "preferential qualification confirming the suitability of the curriculum" for the role of RAA pursuant to Regional Council Regulation no. 514/2009 "Accreditation of social and health

services for the elderly and the disabled". The same resolution also states that those exercising the role of RAA in accredited facilities must hold – in addition to the RAA qualification – a high school leaving certificate.

- The courses organised by the Foundations included the award of an attendance certificate.
- The family counselling programme included the organisation of 5 meetings, at the end of which the participants had to complete a satisfaction questionnaire.
- **Hernani LHII.**
 - Theoretical and practical examinations
 - Facing the challenges and developing theoretical-practical individual and collective projects
 - Practices in enterprises (residences for the elderly, day centres, sheltered apartments, social centres, etc.).

4 INNOVATIVE TRAININGS

The SALTO project partners have collected and described 14 innovative trainings related to social animation.

4.1 Open University Ante Babić Umag – CROATIA

Education Institution for the third age (elderly)

Trainer/s (rules, competences)

Trainer/s should be people from the profession, competent to work with elderly and to pass their knowledge to them.

Target (n of participants, role, age, gender...)

In this case targets are all elderly people (men and women) who want to participate in different educations, workshops, lectures and programs.

Training goals and outcomes

Training goals are to include elderly people into the community in which they live. Through the programs they are learning new things, but they are also making connections and relationships with other people their age and they are becoming socially active.

Training activities (step by step)

There are different training activities on which elderly can participate so they have:

1. Computer/IT course
2. Fun psychological workshops "Monday's at 5"
3. Language courses (English, Italian, German)

4. Drawing and painting workshops
5. Dance workshops "Stars 50+"
6. Public lectures (health)
7. Visits to exhibitions, institutions or events that foster inter-generation solidarity

Training methods

Training methods are mostly interactive face-to-face lessons, but most of these trainings require active involvement of the participants. All trainings/courses are on a voluntarily basis so participants are very active.

According to the words of the principal these people participate in every segment of the training and they are expressing their ideas. Depending on the course, trainers are there to teach them, but also to guide them through the process of, for example, painting and drawing. What is characteristic is that all courses require their involvement in whatever they are doing. The trainer is here to teach them and motivate elderly people to work independently.

Assessment of learning outcomes

Through these courses elderly learn new things like basic usage of internet and computer or basic or intermediate level of a language, but what is most important is that these people feel good about themselves after they finish the course and they want to enrol another one. They make connections with other people from their group and they socialize outside the training programs. This Education institution for elderly was established in 2003 and since then the number of users is growing. After every course they receive a diploma.

4.2 Pump and jump – CROATIA

Yoga for the elderly

Trainer/s (rules, competences)

Trainer/s are qualified fitness and yoga trainers with great knowledge on psychology, nutrition and health for people of all ages.

Target (n of participants, role, age, gender...)

In this particular training target participants are elderly people who voluntarily want to participate on these classes. Both genders can participate on these training.

Training goals and outcomes

Training goals and outcomes are to motivate and encourage seniors to exercise in order to achieve better physical shape and to feel better. This is not an intensive course, it is adjusted to the age of participants and motivates them to do something for themselves. The training lasts for 45min to 1 hour and its main goal is to activate seniors and make them do something for their health. Participants in the training socialize with each other outside the class and this

kind of activity helps them to connect with people and it motivates them to gatherings in their free time.

Training activities (step by step)

Training activities step by step include:

1. Warm up
2. Yoga training
3. Relaxation

Training methods

All trainers are professionals and they are constantly working on themselves through different educations and workshops. In this particular case trainers are working directly with the group of elderly people and they are dedicated to every one of them. They know their health issues and they adjust exercises according to their abilities. These are low intense exercises that encourage people to recreation and maintaining physical activity.

Assessment of learning outcomes

Throughout this program elderly people learn about physical activity of people of their age and its importance for people. They also learn about nutrition and healthy leaving habits.

4.3 The Union of retired persons – CROATIA

Trainer/s (rules, competences)

In the Union there is no special trainer/s. They are mostly volunteers and members of the Union

Target (n of participants, role, age, gender...)

Retired people

Training goals and outcomes

There are no specific training goals, these people are voluntarily organizing and participating on events which goal is to socially include elderly people in the community and develop relationships among them. The Union have young volunteers who help elderly with health issues or disabilities by visiting them or bring them food and groceries at their home.

The Union organize different events, workshops, lectures, dinners and trips for their members. They also cooperate with Psychiatry of General Hospital Pula. The main outcome is social inclusion of elderly and building relationship among them.

Training activities (step by step)

In this case there is no training activity step by step since the members of the

Union are not professionals. They are elderly people working for the benefits of elderly and retired persons. Program and activities are developed on the basis of the desire of members.

Training methods

There are no special training methods. Everything is on voluntarily basis and adjusted to the needs of people who decide to participate in the activities.

Assessment of learning outcomes

Learning outcomes in this kind of training, events, workshops, etc. are to socially include retired and elderly people into community life, to socialize, build relationship and to motivate them to actively participate in projects designed for retired and elderly people.

4.4 Animation of plastic arts workshops for aging and disabled people – FRANCE

Contact: Delphine André

Educatrice spécialisée animant des ateliers dans un foyer de vie accueillant des personnes adultes en situation de handicap mental

Mail: delfineandre@hotmail.com

Telephone: 06 82 95 59 48

Trainer/s (rules, competences)

Trainer in B.P.J.E.P.S. career (Special education teacher)

Target (n of participants, role, age, gender...)

Promotion B.P.J.E.P.S. (10 to 15 people)

Training goals and outcomes

- Propose a regular activity that participates in the maintenance of acquired skills (motor and cognitive abilities)
- Encourage group activity, create enthusiasm around a collective project
- Respond to requests from participants (centres of interest), valorise their tastes
- Encourage the emergence of a personal expression
- Encourage a critical attitude towards production
- Stimulate curiosity, the desire to discover: broaden cultural horizons
- Access knowledge tools: books, documentary films, internet searches
- Participate in socialization: cultural outings, meetings with artists or artisans

- Encourage the investment of the rooms or collective places of the institution: participate in the decoration
- Organize exhibitions that allow participants to assert themselves as the author
- Showing the creative abilities of the participants: to families, to caregivers, to cultural actors, to a wider audience

Training activities (step by step)

- Day 1 Definitions: locating the plastic arts among the different art productions. What to do when you cannot draw. Playful proposals and constraints of creation. To bring forward concrete proposals for animation, stimulate the desire to participate in the activity.
- Day 2 What is the use of art? The first arts and the sacred arts, the need to understand the world, the role of aesthetics What to do when we do not always know how to draw? Experiments in the visual arts. Encourage expressiveness and spontaneity, favour a pleasant creation context.
- Day 3 How to talk about contemporary art? References in modern art, understanding contemporary productions Visit of an exhibition. (Biennale d'art contemporain in Anglet) with a mediator Fostering access to artistic news, inspiring it, developing a critical spirit.
- Day 4 What is Art Brut? Dubuffet and the remarkable artists of its collection. What to do in recovery Invention and manufacture of tools (calamus, brushes) Develop activities with materials available, adapt tools to participants.
- Day 5 How can I find workshops? (To facilitate the work, to adapt the instructions, to be inspired ...) What to do in recovery? The volume and creation of masks Accompany and support a creative activity.
- Day 6 Communicate around a project. Networks and partnerships What to do with finished work? Put the achievements in value, organize an exhibition Work the objectives of socialization of the residents. To work with the actors of the cultural life.
- Day 7 Evaluating Projects How to make beautiful visual aids? Notions of graphics and layout. Valorise the authors and the work done by them.
- Day 8 What to propose original for the highlights of the year? Decoration Identify areas for improvement and what works, develop new projects.

Training methods

Practical work

Assessment of learning outcomes

Execution of works

Assessing Competencies According to the Repository

4.5 Game and Alzheimer's Disease – FRANCE

Contact: « Institute du bien vieillir KORIAN » - BRETAGNE

Mail: aude.letty@korian.com

Trainer/s (rules, competences)

Trainer in B.P.J.E.P.S. diploma program (Special education teacher)

Target (n of participants, role, age, gender...)

Promotion B.P.J.E.P.S. (10 to 15 people)

Training goals and outcomes

Thinking of the game as a space of autonomy and secured freedom.

- Understand the different categories of games
- Analyse and classify games with regard to the skills of Alzheimer's patients
- Understand the different types of games

Exercise

Symbiotic game

Assembly Set

Rules set

Training activities (step by step)

Work initially on:

- representations
- pathologies of residents
- the playful environment as a suitable solution

In a second time :

- choice of rules
- layout of the room
- Role and place of professionals

Training methods

Contextualization

- work in tutored (guided) group

Assessment of learning outcomes

Evaluation module in a training establishment based on a situation arising from the field.

Scenario on the qualifying site.

4.6 Interactive guidance from Félicie Affolter – FRANCE

Contact: Association information recherche

URL: <http://www.airhandicap.org>

Telephone: 03 81 50 00 44

Trainer/s (rules, competences)

Trained psychologist or physiotherapist

Target (n of participants, role, age, gender...)

10/15 participants in training at BPJEPS social animation.

Training goals and outcomes

- Promote interaction through the tactile-kinesthetic approach.
- Facilitate the taking of information by helping the person to better organize the perception.

Training activities (step by step)

1. Theoretical contributions on the five senses and a specific approach in relation to the importance of touch senses remaining sensitive until the end of life
2. Inputs on sensory stimulation: which pathways and why?
3. Situation in order to be able to use adequate guidance

Training methods

In situations: role-playing games, internships.

Assessment of learning outcomes

In the usual form: practical implementation in the field and on the basis of a document prepared by the trainee and proposed to the group.

4.7 The perception at the basis of any action – FRANCE

Contact: Association information recherché

URL: <http://www.airhandicap.org>

Telephone: 03 81 50 00 44

Trainer/s (rules, competences)

Permanent and external trainer of medical training, specialized educator, field professional involved in training B.P.J.E.P.S.

Target (n of participants, role, age, gender...)

Trainees B.P.J.E.P.S. Staff, 15 people

Training goals and outcomes

- Emphasize the links between perception and the fulfillment of the acts of everyday life
- Discover another reading of communication disorders, behavior, learning and autonomy.
- To give concrete means of putting into practice individualized projects of sensory stimulation.

Training activities (step by step)

1. The different senses
 - their neurophysiological development
 - notions of sensory interactions, sorting of priorities of sensory information.
2. To consider the perception of time and space in the disabled person:
 - the representation of time
 - The representation of the space
3. Consequences of perceptual behavioral disorders
4. Establish specific sensory activities.

Training methods

Scenarios.

.....

Tutored work.

Assessment of learning outcomes

Evaluation modules in a training centre.

Scenarios with peer review.

4.8 The neuro-sensory integration according to Jean Ayres (AYRES) – FRANCE

Contact: association information recherché

URL: <http://www.airhandicap.org>

Telephone: 03 81 50 00 44

Trainer/s (rules, competences)

External trainer (medical training) and who intervenes in diploma B.P.J.E.P.S

Target (n of participants, role, age, gender...)

Training B.P.J.E.P.S. 10 to 15 people

Training goals and outcomes

- Understanding the primordial role of sensory stimulation.
- To understand the notion of neurosensory integration.

Training activities (step by step)

1. Neurological basis of neurosensory integration therapy.
2. Understand the primordial role of sensory stimulation.
3. Identify and understand the dysfunction of neurosensory integration.

Training methods

Theoretical lectures and practical workshops.

Assessment of learning outcomes

The evaluation is carried out within the framework of training modules in training institutions and will focus on the appropriation of the therapeutic approach.

4.9 Montessori incontra Alzheimer – ITALY

Trainer/s (rules, competences)

2 Montessori pedagogues

Target (n of participants, role, age, gender...)

7 participants: 4 educators, 1 pedagogue, 2 social animators

Average age 35, 6 females and 1 male

Training goals and outcomes

Learning the Montessori philosophy and pedagogy applied to the third age

Assessment of the effects of Montessorian practice on persons suffering from dementia

Training activities (step by step)

1. Theoretical meetings on the Montessori philosophy and pedagogy
2. Set up of work environment and materials
3. Practical exercises on the Montessorian equipment
4. Field supervision

Training methods

- Face to face lessons using power point;
- Use of video-film materials and discussion in focus groups
- Construction of Montessorian materials
- Simulations of cases using role playing
- Small focus groups
- Supervision and feedback in the field

Assessment of learning outcomes

No formal assessment is planned, though the practical work is monitored by filming during the Montessorian activities

4.10 Systemic relational family counselling in the CRAs – ITALY

Trainer/s (rules, competences)

Systemic Relational Counsellor trained at the School of Family Therapy in a three year programme, with a qualification recognised by Italian Law no. 4 of 14 January 2013 - Provisions concerning non-organised professions.

Target (n of participants, role, age, gender...)

Small groups of 4/5 relatives/caregivers whose relatives are admitted to Villa Ranuzzi and Villa Serena.

The meetings have been held once a month for the past two years and involve the participation of around 30 persons divided into small groups covering the same fields of interest and/or areas of difficulty.

Most of the group members were female. Average age 60.

Training goals and outcomes

The meetings had the following purposes:

- Study of the relational aspects of having to inform relatives of a long-term stay in the facility;
- Discussion of the difficulties in accepting the change caused by the family member's medical condition;
- Communicating and sharing the emotions linked to the change in the family member;
- Improve the family member's coping skills through the group.

Training activities (step by step)

1. First meeting: introduction of participants and discussion on the motivation and participation in the group

2. Second meeting: Discussion of the difficulties and topics in a group.
3. Third meeting: joint assignment of a task
4. Fourth meeting: thoughts on the task assigned
5. Final feedback meeting, generally providing feedback underlining the concepts and phenomena, and discussing the results of the training programme. Participants asked to complete the satisfaction questionnaire.

Training methods

- Setting: arranged in a circle
- Respect of talking times
- Focus on expression and not dialogue
- Request for feedback
- Feedback and conclusion

Assessment of learning outcomes

Participants' feedback

satisfaction questionnaire delivered to participants at the end of the 5 meetings

4.11 Therapeutic Clown and Relational Care for the elderly – SPAIN

Therapeutic Clown: Personal development and prevention for the elderly. An approach of relational care through the Therapeutic Clown, practiced by caregivers.

The training allows learning to tackle relational difficulties, verbal and nonverbal communication with the elderly. It is an innovative training, it is global and systemic. It allows regaining the laughter and the joy of life and enriching our interpersonal relationships.

Trainer/s (rules, competences)

Gabinete de Intervención Social – NAHIA - Gizarte Esku-hartzea

Lurdes Urbina Uriarte

Academic education:

- Psicoterapia de Familia y de Pareja-Sistémica. E.V.N.T.F – Escuela Vasco Navarra de Terapia Familiar – Bilbao, Miembro de la F.E.A.T.F – Federación Española de Asociaciones de Terapia Familiar..
- Terapia Gestalt Teoría y Metodología – Bioenergética. I.P.E.T.G – Instituto de Psicoterapia Emocional y Técnicas de Grupo – Bilbao y A.E.T.G - Asociación Española de Terapia Gestalt.
- Educación Social. U.P.V - Universidad del País Vasco - Donostia.
- Diplomada en Trabajo Social. Colegiada nº 19-945. Escuela

Universitaria de Trabajo Social – Donostia.

CLOWN TEATRO:

- Escuela Le Bataclown en Lombez (Francia) – “Teatro Clown”
- Institut Clown Relationnel & Clown Thérapie – I.C.R.C.T. – C. Moffarts en Monteneau (Bélgica) y Mauze sur le Mignon (Francia) – “Clown Terapéutico y Clown Relacional”
- École Parisienne de Gestalt – E.P.G Rosine Rochette en Paris. “Clown & Gestalt”
- Escuela de Teatro Uharteian - R. Albistur – Bera: “Clown Teatro”
- Otras formaciones Clown Teatro: Cia. Ohiulari Klown Virginia Imaz, Pep Vila; Que Parche Teatro.

Others:

- Voz: Roy Hart Théâtre con Saul RYAN – (Francia)
- Movimiento Expresivo “Rio Abierto” con Graciela Figueroa.
- Eneagrama: Asociación Italiana del Eneagrama A.I.E. con A. Pancrazzi. En la actualidad Programa SAT- Eneagrama – Fundación Claudio Naranjo.

PROFESSIONAL EXPERIENCE

- Clown Therapeutic Intervention in Care Institutions, Retirement Home essentially for people with Alzheimer's disease and cognitive impairment.
- Systemic Psychotherapist in health facilities for the rehabilitation of addictions. Group communication work among the Clown Theatre.
- Educational Project among the Clown Theatre for Adolescent Girls in Vulnerability.
- Social assistance in specialized social services: domestic mistreatment.
- Social educator, in reception homes for children and teenagers who have been treated.
- Experience as trainer:
 - Clown Therapeutics and Relational Care for caregivers, in the Care Institutions, Retreat House.
 - Trainer in various associations of the elderly.
 - Clown & Gestalt Internships - Personal Development.
- Projects:
 - Therapeutic clown and relational care for elderly dependents.
 - The Theatre Clown and personal development for the elderly.
 - Prevention for children. Mediation for Nonviolent Communication CNV. Work on conflicts. Relational education. Better living together.
 - Intergenerational rapprochement, elderly people of the day centres

(centro de día) and schools of rural areas.

- Igualdad de genero (gender equality), Stages for working emotions. Social services.
- Clowne Conteuse: For prevention and promoting resilience.
- Accounts to work emotions with children and early childhood. Signs of recognition. Clown teller.
- Accounts for the elderly.
- Volunteer in different institutions and associations.

Target (n of participants, role, age, gender...)

Nursing staff, social workers, social workers, special educators, trainers, nurses, psychotherapists ...

- Participants 20/25 students
- Women and men.
- Adults from 20-25 years old ...

Training goals and outcomes

- To bring about a productive rapprochement between the worlds of therapeutic arts and the world of the social, educational and health sciences.
- To analyse and improve the construction tools for the well-being of the elderly and more generally the patient in a situation of vulnerability

Training activities (step by step)

TRAINING PLAN:

MODULE I - INTRODUCTION TO CLOWN'S EDUCATION

MODULE II - THERAPEUTIC CLOWN PRACTICE

MODULE III - THE PRACTICE OF MEETINGS – ACCOMPANIMENTS- EVALUATION

MODULE I - INTRODUCTION TO CLOWN'S EDUCATION

1.1 The expression and the game.

- Personal expression: Personal development.
- The game: Bodily, relational and creative experiences.
- Principles of putting into play.

1.2 The Pedagogical Framework: Accompanying the discovery of the Clown

- The presence of the character and the conscious process of discovering it.

1.3 Improvisation

- Improvisation as a basis for support.

- Improvisational structures, themes and devices.

MODULE II - THERAPEUTIC CLOWN PRACTICE

2.1 Develop a better knowledge and self-consciousness in relationships by relying on the foundations of the Therapeutic Clown as practical benchmarks of the relational among the clown's game.

- Specificities: art-therapy, relational care, artistic mediation, relationship art and relational skills, applications with psychically (very) dependent people
- Meetings-accompaniments with patients and evaluation.
- Methodology of a day of practice.

MODULE III - THE PRACTICES OF MEETINGS - ACCOMPANIMENTS - EVALUATION

3.1 Preparatory steps for the intervention with the elderly in the Geriatric Institutions.

3.2 Countermeasures - accompaniments with the elderly.

3.3 Evaluation of the intervention.

Training methods

The practice of this clown theatre training is based on principles derived from Carl Rogers current of non-directivity, theatrical practice and practice of creativity expression workshop.

- Carl Rogers non-directionality.
- Personal expression: "the ability to create," Boustra and Lafargue.
- Body expression: Jacques Lecoq.
- Games: the transitional spaces of Winnicott.

Acquisition of new tools:

- Pedagogy on Clown Work and Theatrical Improvisation.
- Corporeal, physical-corporeal, playful, relational and symbolic foundations.
- Systemic approach: relational: Tools to better communicate with the elderly, within the team, with the entourage.

Theoretical contributions followed by many practical exercises in subgroups.

This training requires a real investment from the trainees. It is clear that these need to be monitored and supported in order to integrate these new data.

Devolution after each intervention.

Individual and group evaluation.

The Clown Theatre courses can be held in three languages: Euskera, Spanish and French

Assessment of learning outcomes

The Practice and Research of the Therapeutic Clown in the Relational Care have allowed us:

- Understanding how and why the formation of the Therapeutic Clown gives practical reference points in the accompaniment and the relational know-how making it possible to realize these conditions of care environment with psychically dependent persons.
- Identifying certain "nursing environment conditions" to respeter to "regain what has been lost"

Based on the research of the psychoanalyst D. Winnicott, who highlighted the importance of a relational and psychodynamic approach:

"Under certain conditions of care environment, what has been gained can be lost, which was lost regained".

4.12 Easy Read Euskadi – SPAIN

Easy Read results from the awareness of an often overlooked audience: people with reading difficulties or reading comprehension. This is a large group, which can reach 30% of the population, needs specific materials to enjoy reading, access to culture and right to information.

Based on the principle of reading democracy, and social integration, through reading, Easy Read (ER) is a way that enriches the quality of life of these people. And while this factor affects the lives of all, adds value to society in general. Easy reading is therefore a way to offer reading, audiovisual and multimedia material carried out with special care so that they can be read and understood by people who have difficulties and / or reading comprehension.

They are people who, because of any physical, psychological or social reason, have difficulty using reading as a means of communication, information, training or leisure. A series of international guidelines published in 1997 by IFLA define the basic guidelines that should guide the development of easy-to-read texts in their form and content. They also include guidance on the editing and publishing and marketing process.

Trainer/s (rules, competences)

Blanca Mata

- Degree in Communication Sciences
- Graduate, Semiotics applied to communication
- Master, Master of Journalism
- Independent Coursework: Skills; Gender policies; Objections from the European Union; Communication and social design; Personal brand management; PCP Person Planning Centred; Co-creation and collective intelligence; Easy-read adaptation techniques and reading invigoration
- Head of Communication CCOO Euskadi
- Languages: Spanish, French, English, Basque, Chinese, Italian

Target (n of participants, role, age, gender...)

- People who - for their work or training - are interested in these topics:
- People with transient reading difficulties:
 - Readers with limited knowledge of the official or dominant language (adult illiterate) people.
 - Recent immigrants and other non-native speakers.
 - Functional and / or educational illiterate people who are disadvantaged.
 - People in the process of literacy.
 - Adolescents who have difficulty adapting to the curriculum or poor schooling.
- People with permanent reading difficulties:
 - With sensory or mental deficiencies.
 - With neuropsychological disorders.
 - Seniors partially senile,.

Training goals and outcomes

Stimulate reading, improve communication for people with reading difficulties and understanding:

- What accessible information means
- How to put together easy read documents
- Making text easier to understand
- What people with learning disabilities need from information
- What the law says about accessible information
- Choosing and using pictures in documents

Training activities (step by step)

The Easy Read: a tool to stimulate reading (dynamize reading in the Library)

Reading dynamization from Easy Read materials

Reading as a reinforcement of learning. The possibilities of Easy Reading materials.

The Easy Read for students with reading difficulties.

Plain language: democratizing tool of the public administration.

Training methods

Types of services provided:

- Accessible Information
- Publishing

- Training: Design courses and dynamic reading workshops and easy read skills, adapted to the needs of users
- Invigorating playback

4.13 Dancing for all, Integrated Dance – SPAIN

"The word inclusion refers to a place where everyone belongs and feels accepted, where every individual in his uniqueness is welcomed and celebrated. "

KAUFMAN

Trainer/s (rules, competences)

KOLOREAREKIN Artistic Association

Professional ballerinas, technicians of Socio-cultural services, graduates of the IUFM and computer science.

They have taught at the University of Basque Country, Dantzagunea (Delegation of the Department of Gipuzkoa), DSS2016 Donostia / San Sebastián European Capital of Culture, etc.

Target (n of participants, role, age, gender...)

Any group of people or collective as suggested by social inclusion and whose purpose is to encourage communication and interrelation between these different groups. Develop spaces for creation and cohabitation.

Training goals and outcomes

- To promote the creation of cultural activities for social inclusion.
- To develop, between professionals and people with disabilities, the creation and interrelation with art.
- Learning to cohabit with the difference and to develop learning from it.
- To create a space where to promote, rediscover, enrich and know the new languages of dance using the tools that allow social inclusion.
- To offer an educational pedagogical space for the integration of groups of handicapped persons, a place where the experience lived by the individual would be the driving force.
- To impulse and develop inclusion and social awareness, as well as public visibility.

Training activities (step by step)

- To feel our body. Development of sensory perceptions of motor abilities.
- Techniques of corporal consciousness and breathing.
- Develop listening and perception of movement of other participants.
- Communicate sensations and emotions through movement.
- Specific techniques of weight experimentation (supports, counterweights)

- Qualities of movement.
- Create composite composition strata based on own movements and those of other participants.
- Work on the perception of different stimuli (physical, space-temporal) as a technical source of creation.
- Create from the singularity of each participant and the interrelation of all.
- Facilitate spaces for exchange and feedback between the different participants.

Training methods

- All exercises can be carried out by all participants.
- Everyone can adapt them to their possibilities and needs.
- Respect of personal free time for carrying out exercises.
- Work individually, in small and large groups.
- Associate different exercises that encourage perception, motor development, improvisation, memory and creativity.
- To stimulate collective work and the achievement of a collective objective through an enriching process.
- Horizontal communication, without hierarchy.
- Action-reflection methodology in which, on the basis of experience, one stimulates the contrast and adaptation to the participants' reality.

Assessment of learning outcomes

- That the participant increases his / her body awareness, stimulates, emphasizes everything while accepting his / her resources in terms of movement and body communication by improving them through the practice of interaction in the group.
- That the participant is able to apply the techniques and experience learned during the courses, in various situations of expression and communication of the daily life.

4.14 Music therapy – SPAIN

Music therapy from a scientific point of view.

- Master of Music Therapy (since June 2010 the Master of Music Therapy course allows the recording and completion of the thesis in the Department of Music Therapy at the Faculty of Human Sciences at the University of Aalborg, Denmark; Thus obtaining the official European qualification awarded by the university)
- Graduated in the Guided Image and Music (GIM)

- Specialized courses (continuing education, specialization and integration of new intervention strategies)
- School
- Supervision of seminar in music therapy
- Continuous monitoring in the Guided Image
- Other activities: Summer school (July)

Trainer/s (rules, competences)

Institute of Music, Art and Process (IMAP), Vitoria-Gasteiz (Basque Country):

International team of music therapists, musicians, psychologists, teachers, art therapists, composers and therapists

Target (n of participants, role, age, gender...)

Requirements for the Master: High School degree; High level Diploma or diplomas; Professionals with relevant experience; Or students in the last year of career.

Conditions for other training activities: be related to music, health, education, psychology, therapy, social intervention ... a place where you can apply Music Therapy

Training goals and outcomes

The MAP Institute's Master's in Music Therapy has the following main objectives:

- Music Therapist: Attitudes and values that enhance the ability to interact with another person, listening, accepting, curiosity, respect, openness and creative thinking.
- Encouraging making Music Therapy: Strengthen the acquisition of useful and up-to-date skills for the professional, ethical, empathic, comprehensive and competent practice of the music therapist profession
- Encouraging Research in Music Therapy
- Asking questions and seeking answers, activity that defines people, research and attitude of research, and the development of critical thinking and personal reflection, analysis and synthesis of information, and accurate communication. All this helps to create new possibilities and to build science

Training activities (step by step)

Master in Music Therapy:

It offers an open, dynamic and quality program, with a total of 180 ECTS, in which the skills, abilities and attitudes needed to complete the training are worked on in four areas:

1. Music therapy and research

(100 ECTS) Theoretical and instrumental knowledge that will lead to understanding and to manage the different models of intervention and improvisation, and evaluation.

2. Music in Music Therapy

Aimed at reinforcing and / or developing the skills, sensitivity and musical understanding necessary in all music therapists, whose main instrument of clinical intervention is the musical sound matter. It includes the development of auditory perception, clinical improvisation techniques, material sound management (instruments, voice ...) (20 ECTS).

3. Psychology and Pedagogy

It proposes the approach to the human being and its development throughout life, both globally and specifically, with their capacities and needs (diseases, disorders), and understanding in its individual and collective context. All this, within the therapeutic framework, the different approaches and theories, with particular emphasis on the role of communication and the creative psyche as the basis that facilitates therapeutic change. (30 ECTS)

4. Clinical Practice

Focusing not only on the discovery and development of skills in Music Therapy, but in its implementation, from the personal project that each student chooses, and that will end with the presentation and defence of a clinical case study (30 ECTS)

In addition, students are invited to perform a psychotherapy process (20 hrs duration if alone and 48 hrs of group therapy).

Training methods

Master in Music Therapy:

Learning based on practice, promoting a respectful relationship to the individual's previous experience, the group's training capacity and the relevance of the experiences

- PARTICIPATIVE, collaborative and group
- VIVENCIAL, based on experience, active
- PERSONAL, which encourages and respects individual interests.
- based on the PBL MODEL strategies, based on projects and problems.

Other training activities: theoretical training, experimentation using techniques of expression, case studies

Assessment of learning outcomes

Master in Music Therapy

SKILLS:

- Identifying own theoretical, musical and therapeutic learning needs, and their own limitations and possibilities.
- Recognizing therapeutic strategies around music in working with different clinical populations, including evaluating these strategies, using musical knowledge to conduct active and responsive activities, to help achieve the goals set out in the clinical work.
- Using the musical expression with the main instrument (and other secondary) in the various methods and techniques of clinical

improvisation.

- Performing music therapy intervention projects, including evaluation, planning, implementation and evaluation, as well as writing reports.
- Participating in interdisciplinary intervention groups, respecting ethical principles.
- Identifying and formulate a specific procedure, formulate the problem and justify the methodology, using qualitative and quantitative methods, as well as research and use of documentation and collection of relevant data.
- Being able to communicate and disseminate the use of music and music therapy as a therapeutic tool.

EVALUATION:

The assessment of the knowledge and skills acquired will be continuous and formative, with feedback from peers, teachers and other experts, helping to improve the quality of work of all members: teachers, students and the institution.

Attendance is compulsory (80% of the credits) as well as the completion of all written and oral work.

The evaluation criteria follow the rules of the University of Aalborg (Denmark):

- 110 ECTS will be evaluated internally
- 70 ECTS will be evaluated by external examiners

5 INNOVATIVE FIELD EXPERIENCES

This section includes the 40 (10 per country) innovative experiences collected and described by SALTO partners, as well as an analysis of their characteristics as a whole.

5.1 40 Innovative field experiences

Each experience is fully described in the corresponding reports which can be found on the SALTO Project's website² or that can be requested from the contact person in each country. Only a summary of the experience is shown here.

1. Supported housing – Croatia

People with intellectual disability or mental disorders are given the opportunity to live inside the community (instead of living in an institution) in their own or rented appartments with the 24- hour or occasional professional support.

² <https://salto-project.eu/>

They are given a high level of independence aiming at community inclusion and improving their functional level.

2. Half-day care – Croatia

People with intellectual disability or mental disorders or elderly are provided with the 6-10 hours of service a day in a Day care center, from morning to afternoon. The activities in the center can include meal preparation, occupational activities, psychosocial support and similar. In the afternoon they go back home to their families or alone.

3. Community Psychosocial support – Croatia

A multidisciplinary team of experts (psychiatrists, nurses, social workers, psychologists...) provide occasional and necessary support for people with mental disorders who still live in the community thus preventing institutionalisation.

4. Psychotherapy groups: reaching into the community – Croatia

People with mental disorders that are beneficiaries of the health system's daily hospital and are part of psychotherapy group are given the support in connecting with the community by their psychotherapist. Psychotherapist, as part of the rehabilitation encourages them to engage in different aspects of community life such as visiting the theatre or cinema, going to the coffee bar by joining them in those steps.

5. Connecting different vulnerable groups – Croatia

Beneficiaries that have different needs, are of different age and in different institutions (above mentioned) are getting connected through joint excursions, workshops, gatherings and similar.

6. International volunteering – Croatia

Establishments for care of the elderly are included in the EVS and the international volunteers from across Europe come to Croatia and are included in the work with the elderly.

7. Music band – Croatia

People with mental disorders, beneficiaries of care establishment in The city of Motovun, Dom za odrasle osobe Motovun formed a band together with their director. They often travel across The Region of Istria and other parts of Croatia in order to perform in different manifestations.

8. School students volunteering – Croatia

School students volunteer in nursing homes by giving the beneficiaries a chance to learn contemporary skills such as computer skills and the elderly teach them how to knit, braid, build bird houses and similar.

9. Beneficiaries as part-time employees – Croatia

People with intellectual disability, beneficiaries of the establishment for care of the intellectually disabled are given the opportunity to work as part-time employees in a public body, doing low-skilled jobs such as picking grass from in-between the pavement. They work low hours, depending on their abilities and interests. The practice is still legally not recognised, so the payment is made in the form of donations for the establishment.

10. Beneficiaries volunteering in kindergartens – Croatia

Elderly people, beneficiaries of nursing homes volunteer in kindergartens, telling the stories from their young age, thus giving the kids the chance to learn about history from first hand. The elderly are getting connected to the community.

11. Adapted sport activities – France

Aiming at an autonomous practice and integrated into the local network, our action aims to:

1. To restore confidence in people who are accommodated through physical activities by becoming aware of their physical abilities and enabling as many people as possible to practice sport
2. Caring for one's health (improving cardiovascular capacity, sleep, fighting stress and gaining weight etc.)
3. Meet other practitioners, share their passion and compete with sports goals
4. Through a pedagogical and educational action, always practice in a spirit of leisure and amusement, without concept of predominant performance

The action is therefore both progressive, respecting the stages of opening to the outside and socializing by encouraging exchanges and meetings between sportsmen.

12. Gascon ball and sensorial organ: innovation and tradition – France

Opening of the Residence on the outside by creating a soundproof auditorium called "Salle ROUCHEOU" within the Résidence André LESTANG allowing independent artists or associations to perform. By becoming welcoming, the residents are then real actors of the local cultural life.

Creation and initiation to the sensory organ, a musical instrument allowing people with reduced mobility and little or no musical practice to engage in a true musical approach.

Creation of a musical workshop among the activities proposed by the facilitator within the structure.

Creation of a partnership with the Music Conservatory of the Landes, the association "Son and handicap" to organize every year within the structure and in the theatre a Gascon ball of which they are the musicians, the actors, the organizers and the spectators at the same time.

13. After school animation - France

As part of the implementation of the reform of school rhythms, the commune of Sorde l'Abbaye and the team of the Social Life Pole of the Foyer of Life and Medical Reception "Château de Cauneille" have come together to cooperate.

Actually, the municipality has a responsibility to implement Extracurricular Activities Time and ensures the search for speakers whose mission is to "animate workshops in order to develop intellectual curiosity and enhance the pleasure of learning And to be in the school of children around different axes of sports, artistic, cultural and civic education "(Charter of the intervener).

It seemed relevant to us that the persons with a psychic handicap that we welcome can contribute to the citizens' education of the children of our territory.

This partnership project is perfectly in line with the dynamics of the service in terms of promoting social participation and inclusion and, more broadly, responding to the socially useful mission of our association, "L'Airial", within the territory. The association must be able to play a role in restoring social ties, destigmatizing, developing and maintaining solidarity or in combating the effects of individualism. We start from the principle that the service rendered to the person, through the services provided to him, can produce a surplus value which also benefits society.

Since the establishment of TAPs in September 2015, residents who wish to do so have been able to register as the main actors in this civic education action (with the support of professionals Of the animation) by preparing and framing Extracurricular Activities in the school of Sorde l'Abbaye on the theme of the difference linked to different situations of handicap. The main purposes of this action are:

On the one hand: to promote living together, to raise children's awareness of disabilities, to destigmatize psychic disability;

On the other hand: to develop the cognitive, psychological and social skills of the people we welcome, to strengthen their self-esteem, to open and develop their social relations, to enable them to play a role in Of common law.

The sessions proposed by the residents to the children are thus built around the different situations of disability (sensory, motor, mental and psychic). The materials used are intended to be varied (games, books, videos, material allowing scenarios), playful and adapted to the age of the children.

14. Shared workshop

Creation of a common wall fresco in the premises of Castillon by the young people of the lycée and the people welcomed within the Residence around the theme of the meeting and the freedom of expression.

Putting together a participatory, solidarity and citizen project in order to develop exchanges, to create the link, to raise awareness of the difference between the other.

Today people with disabilities, when they are oriented towards adapted devices, are still too often isolated from ordinary people. Allow each other to exchange and spend time together is an excellent way of sensitizing the difference and overcoming apprehensions.

It is therefore above all a meeting between two publics with the aim of creating links around a creative project. It is about openness to the Other, an exchange focused on the capacities to be made of each, to mask by it the impression of strange unknown leaving a place to be known.

15. Support and time off platform for caregivers, Alzheimer disease and related illnesses - France

The platform L'Escale wants to bring:

- Information to help loved ones cope with the care of a person suffering from Alzheimer's disease and any other diseases leading to any loss of autonomy. Understanding the disease and the impact it may have is essential.
- Support for caregivers who may be: individual (psychological support, counselling ...) in a group to share experiences, support themselves, break the isolation, strengthen ties between families facing the same situation.
- Respite solutions to give free time to the family, allowing him to go about his business, take care of his health and rest.

L'Escale offers a wide range of services:

- Training sessions for caregivers
- Respite in the form of a home help intervention on half a day or more to allow relatives to take time off.
- The search for a medico-social structure (temporary accommodation, day care) according to the needs of the caregiver and the person accompanying him / her
- Cultural or convivial outings that allow the person and the loved ones to share a good time together and to meet people.
- Caregiver exchange groups.

The objective is to prevent the risk of exhaustion and to reduce the stress and anxiety of the caregivers for the well-being of the helped.

- Caregiver exchange groups

16. A breath of fresh air – France

The association Amikuzeko Laminak, founded in 2001 and based in Saint-Palais, works mainly for the youth of the canton's municipalities: information point, help with job search, childcare, etc ...

In 2015, this association initiated a reflection towards another public: the elderly people of the territory. At the centre of this reflection was the risk of losing social ties between senior citizens from neighbouring villages, whose senior clubs closed down for lack of volunteers to animate them. With their experience with young people, the members of the association wanted to develop a shared social action that would meet the needs of these two groups.

The project is to give access to the elderly of the targeted villages to monthly workshops within their commune. A Saturday afternoon a month, would be proposed in each commune: a workshop animated by a professional, a shared

snack and then board games. The workshops will be animated by professionals and the young people will be present to prepare the room, to taste it and to organize the board games. They may also be required to transport people from their home to the meeting place.

Funding for the project is acquired on this first year of implementation thanks to a subsidy from the Départemental Council. For the rest, the objective is that people have taken a liking to these meetings and can self-pursue them in self-financing.

17. All ages by bike – France

This project was carried out in association with the association "A vélo sans âge", an association of Danish origin created in 2012 and with 200 local branches in 28 different countries. The aim of this association and its project is to enable seniors to always feel part of the community of their life basin by giving them access to the city or nature in the open air thanks to the bicycle.

The objectives of the project "All ages by bicycle" are consistent with those of the association but are richer thanks to the various associated groups (high school students, the elderly and persons with disabilities). These include:

- Establish exchanges between these audiences and adult volunteers (drivers of bicycles with high school students)
- Share a moment of conviviality
- Discovering or rediscovering outdoor sensations
- Allowing travel outside the public to lose mobility
- Valorise the transport of mild and non-polluting

The action was prepared by the residents of the EHPAD in connection with the students of the school. 3 circuits have been defined and marked to adapt to the fatigability of the elderly.

The search for sponsors and partners has made available 15 adapted bikes: 2 mono-pushers, 1 scooter, 2 bike chairs, 4 bikes 3 wheels, 4 tricycles, 2 tandems.

Pairs were then formed between high school students, educators, teachers or employees of the voluntary EHPAD and elderly or disabled persons.

The sensations provoked by this action shared by all remain and constitute a base of memories feeding the exchanges between the elderly of the EHPAD but also with their families. To live one day an important sensation makes want to share it, to feel oneself "interesting" in the eyes of others.

18. Enchanted encounters - France

This project follows an experience shared for 3 years between the residents of the Pausa Lekua EHPAD and the children guarded by the maternal assistants of the territory (Hasparren RAM). A joint project allowed the realization of artistic works (mime, plastic work, pottery) between children and the elderly.

At the end of 2015, the Hasparren RAM and the EHPAD Pausa Lekua decided to respond to a new call for projects to promote cultural transmission. These two structures decide to involve other partners in order to reach a wider territory.

This is how the "Enchanted Encounters" were born, it was a matter of collecting from the elderly nursery rhythms and lullabies of old. Children interpreting current rhythms. Some of these songs have of course crossed the ages. The Soinubila Associative Music School in Hasparren coordinated this project and made it an audio support accompanied by a booklet of drawings made during the meetings. 400 CD books were produced and distributed to children, nursery assistants, seniors and partners of these meetings.

Thanks to this project, the elderly of the EHPADs have been able to record a few of their memories in the learning of toddlers.

19. A life full of sense – France

The numerous activities carried out around the social animation in the AAPAVA association's EHPADs benefit the vast majority of residents. However, the two facilitators and the psychologist made the shared observation that people at the end of life and those with the most advanced cognitive disorders (access to words disappeared) cannot benefit from the same animations.

Thus, the project "A life full of sense" was born. First of all, this project was revolved around a gentle approach to music therapy at the end of the day (5 pm-6pm) in order to reduce the evening anxiety of people with cognitive disorders. The music therapy quickly added the need for a soothing atmosphere created by soft lamps, comfortable chairs, various sensory material (balls with pins, cushion with micro-balls ...). This experiment, which took place in 2016, was very positive and we wish to continue it and acquire additional equipment (Snoezelen ® equipment) to set up these soothing times.

At the same time, the psychologist, having noticed the distress of the families during their visits, would like to train them in the use of this sensory material as vector of the link during their visits. Some nursing assistants would also be trained in the use of this material in order to be able to use it during dedicated times.

To date, the project is built, budgeted. Half of the necessary funding has been secured and the remainder is being researched through the response to calls for projects.

20. Holiday project - France

The Association of Social Action Pyrénées Océan (AASPO) hosts 54 Elderly people with an average age of 85 years and a fairly high dependency (GMP of 750).

A few kilometres away is the hearth of CELHAYA which welcomes adults with mild to moderate mental disabilities, manic-depressive, psychotic disorders.

The loss of autonomy of these two groups makes projects outside the institutions difficult to organize because the number of people needed to accompany people is important. The holidays are even more difficult to imagine because it also presupposes a night watchman.

The idea of these two establishments is to pool their resources so as to be able to offer 12 of their residents 1 week of holidays. The objectives are diverse:

- Limit social isolation
- Exit the "walls" and insert in the ordinary environment

- Offer a holiday at a very affordable price (50 euros per resident)
- Recover the gestures of everyday life: prepare a meal, store dishes, sweep for example.
- Create mutual support and link between two different audiences
- Enabling professionals from both institutions to share a common experience outside the walls

The stay took place over 5 days and 4 nights in a rural cottage arranged to accommodate people with disabilities. It was prepared at a meeting with the residents to collect their wishes and ideas. It is also a time when the constraints related to the stay are approached with them.

21. Montessori incontra Alzheimer - Italy

M<>A is a social innovation project bringing two apparently distant worlds together: the revolutionary educational method born in Italy in the early 20th century by Maria Montessori and degenerative dementia described by Alois Alzheimer in 1907. The M<>A research project experiments the appraisal of Montessori materials and techniques with patients suffering from Alzheimer's disease, to assess the efficacy, defects and potential developments of the technique. Specific Montessorian spaces were set up to run the project.

22. Systemic relational family counselling in the CRAs - Italy

A Counselling service to promote and support family members in temporary critical developmental transition, due to their relatives being admitted to facilities and who find themselves having to reorganise their own personal and relational resources and increase their own self-awareness and well-being.

23. Asphi Foundation: use of support technologies – Italy

Identification and implementation of technological supports (touch PCs, I-PAD, Skype, brain training, multi-sensory videos, facilitated keyboards, augmentative and alternative communication, Wii, Kinect) to stimulate cognition and functional skills in the persons residing in the facility.

24. Life Toys - Experimental cooperation applying the use of Life toys puzzles for brain fitness for elderly persons suffering from Alzheimer's disease – Italy

Project applying the use of Life toys puzzles for brain fitness for elderly persons suffering from Alzheimer's disease resident at the CRAs Villa Ranuzzi and Villa Serena. Life toys are puzzles showing images linked to the past (Corriere della domenica, regional recipes, festivities) printed on wooden supports (to facilitate their use, manual skills and coordination) which can be done individually or in groups. The Synthesis cooperative requested the cooperation of the two facilities to investigate the visual, educational and structural details of the Life Toys to make them more intuitive, increase their usability, autonomy of use and attentional control.

25. AAC – Augmentative and alternative communication using paper and digital materials for persons suffering from aphasia and dementia – Italy

Project for the application of augmentative and alternative communication using paper and digital materials for persons suffering from aphasia and dementia resident in the CRAs Villa Ranuzzi and Villa Serena. Starting from the experience in the field of autism, The Grid software was revised and adapted to the cognitive difficulties of elderly persons suffering from aphasia and cognitive deterioration, allowing them to communicate their primary and secondary needs and/or pain to family members and operators.

26. Autism Net – Italy

The main aim of AutismNet project is to promote innovative activities for autistic people, in order for them to develop the skills that make them more independent, as far as their abilities can do that. Its objectives are: developing communication and relationship skills, developing abilities for improving their interaction with the environment, improving their social abilities to become more independent (by focusing on the elements that allow them to be more determined). By following the principles of the Occupational Therapy, this project will promote everyday activities (experiential learning) that contribute to the well-being of the people involved (activities related to the Quality of life theory): self-esteem, occupation/work, games/fun. For and with everyone will be prepared a personalised intervention programme that will cover the following areas: communication skills, social skills, independence, adaptive behaviour.

There will probably be **groups of six to eight people**. All the people involved will take part in all the activities, hence spending **6 hours per week** divided into two modules for more or less **40 weeks**.

There will be both individual (self-apprenticeship, coaching) and group activities (peer tutoring, cooperative learning, etc.) that will be carried out also thanks to the **cooperation of recognised institutions and associations for autism**.

Other local institutions will cooperate for **AutismNet** project: the cooperatives Irìde, Progetto Insieme and Solaris and the associations ViviAutismo, Autismo Padova and Oikia. They share their resources (offices, locations, credits, equipment, means of transportation and staff members) in order to organise the licence settings and carry out the activities.

This project is considered experimental.

Together with the AUTISM NET project, another project is developed – “PARENT NET: Parents working together to develop best practices”.

We think it is interesting to take into account the best practices: according to Canevaro (2006; Canevaro and Ianes 2015), working hard for them means having the will to develop a project model that, by promoting the good everyday examples, aims at the participation of all the people involved. Therefore, the best practices are considered as a group of good organisational rules.

Starting from the everyday experience, all the parents will think about their “*best practices*” and put all their efforts into a project aiming at the participation, empowerment and well-being of all the people involved (groups of mutual aid and team work).

27. Counselling service in I.R.P.E.A. day care centres – Italy

The counselling service in a day care centre for people with disabilities is an innovative service because it represents a permanent and additional offer that introduces a more professional staff and gives support for the family relationships of the users by using an approach that is different from the traditional assistance and therapy ones. Basically, the counselling service is part of the day care centre services and its aim is to help people with disabilities in their own life context.

This project has been funded by the Veneto Region- Department of Construction Industry (art 25 Regional Law 9/2005), which considered it an innovative service for people with disabilities.

With a welcoming, non-judging and empathetic approach, counsellors help families in examining the situation, imagining new paths and solutions, finding resources, using information and guidelines and finding action strategies for therapy.

Counsellors follow a systemic-relational paradigm and use the following techniques:

Conversation based on the systemic counselling guidelines of professional communication (summaries, redefinitions and different kinds of questions), active listening, use of family genograms and observation and practical prescriptions.

28. Qualifying and-enabling experiences for inclusion – Italy

TWO-YEAR PROGRAMME TO INCREASE SELF-AWARENESS AND HELP THE PARTICIPANTS CHOOSE THE RIGHT WAY TO SOCIAL AND WORK INCLUSION.

For the first two months, the activities are held in class (lectures and team work) and the participants are divided into groups, then every participant is involved **in social and work inclusive experiences in the most appropriate places** according to their abilities, knowledge, expectation... (experiential learning). The places involved (for an on-the-job learning) are shopping malls and city centres of small cities (rather than districts), because they include many shops, public institutions and offices that can share their opinions and support each other when offering internships.

The reason why small companies have been involved was that they could give the participants the opportunity to try a job and socialize, but not hire them.

Aims of the experience:

- training/education – strengthen the resources and potential abilities of every person in order for them to be the principles of their life project
- occupational/working – promote the increase of the independence of every participant and allow them to play a key role at work
- social – promote the social inclusion of the participants in everyday situations (working and cultural) by involving both the young participants with disabilities and the local companies that have offered them internships
- context education – promote a new disability culture

The programmes chosen by the young participants with disabilities include an important re-enablement part, as they aim at **re-enabling** independence and abilities that are unused or little used (by referring to the elements that characterise the programmes for self-determination). The **social entertainment** activities that are part of the experience are:

- Group activities aimed at enabling/re-enabling social skills, friendship relationships, exchanges of views and soft skills
- Enabling/Re-enabling activities for personal independence (circulation, use of money, choice and participation in social activities, self-regulation at lunch)
- Activities that allow the participants to help promote the project by using social networks (FB – WhatsApp)
- Events for partners and local citizens: aperitif and dinner organized in order to promote events that involve local people and give exposure to the project
- Individual internships in public institutions and local enterprises in the city centre.

29. School project; “waiting for the 3rd December” – Italy

Programme to raise awareness and knowledge in order to approach diversity (people with disabilities, immigrants, others)

In particular, this project was mainly focused on people with disabilities, and it was based on the Convention on the Rights of Persons with Disabilities of the UN, which every year observes the International Day of Disabled Persons on 3rd December.

The project includes 4 laboratory experiences;

1. Primary school (3 classes of 6-year-olds); 1. Animated storytelling about diversity/disability supported by a theatre group (role play) (2 meetings, one hour and a half each) 2. Feedback (discussion and brainstorming).
2. Primary school (2 classes of 9 year-olds) in cooperation with IRPEA; clay modelling workshops by people with disabilities. (2 meetings, 3 hours each) 1. Project presentation and clay modelling workshop by people with disabilities from Ponte San Nicolò. 2. Clay modelling with children and people with disabilities (workshop training). The things produced will be put on display.
3. Secondary school (6 classes of 11-12 year-olds); 2 meetings, 2 hours each. 1. Theatre show about diversity/disability (role play) 2. Discussion with the class and production of materials based on the feedback received in order to put them on display (discussion, workshop training).
4. Secondary school (2 classes of 13-year-olds); architectural barriers (discuss in order to persuade the local authorities to eliminate architectural barriers)

Persuade drivers not to park their cars in parking lots for people with disabilities or in pedestrian areas.

30. Summer camp for teenagers with disabilities – Italy

E-STATE INSIEME summer camp is a recreational and educational service.

The aim was to see summer as a moment of fun and wellness, in a context of positive relationships between people of the same age group.

There have been many occasions and situations in which they could all get to better know themselves by using their skills and relational abilities in a group context.

Other than young people with disabilities, the project has also included teenagers of their same age group who have had the opportunity to take part in internships and volunteering activities; moreover, also the Boy scout association and the Uno a Cento sport association have been involved.

Thanks to the group activities and the same age of the participants, friendship grew between them both during activities and in everyday situations, and this is very important for their self-esteem and independence.

The objectives refer both to the families and the people to whom the project is addressed:

- Creating occasions for the inclusion of these people in the place they are in and in their peer group.
- Supporting the parents who work in summer when students are on holiday;
- Guaranteeing an education not only aimed at having fun but also at acquiring skills and social abilities, with the help of professionals;
- Guaranteeing meetings with other people to do group activities, so that everyone can improve their relational and social skills.

Activities are organized and alternated so that the participants can have fun but also learn through games, manual activities and trips that put them in contact with nature and local gems.

There are many activities during the week:

- Manual, musical, recreational and physical workshop activities (workshop active teaching);
- Activities such as going to the supermarket and cooking lunch aimed at the independence of the participants (actions that follow the principles of auto determination);
- Trips in parks, oasis and places worth visiting for their environment and nature (outdoor training);

Some of the activities are: outdoor games, music workshops, computer activities, film clubs, artistic expression workshops, clay modelling, carpentry workshops, walks, days out in town, trips on the hills and at the seaside. Once a week, there will be outdoor trips (seaside, hills, town). Experiential learning is the best approach.

31. Bike tours for all ages – Spain

The project, carried out by the association Kalapie, gives the opportunity to elderly or people with functional diversity to ride in a tricycle in San Sebastián for free.

Through this initiative, citizens have the opportunity to integrate older people into society and foster intergenerational relationships through a relaxed and leisurely ride in a tricycle. The aim of the project is for older people to feel valued and able to go for a bike ride and feel the air on their faces.

The walks are made to different areas of the city, beach, concrete neighbourhoods ... where the person wants to go. These walks include stops in specific places to have something in a bar, coffee-shop ... if the person wants. Each ride takes between an hour and an hour and a half.

This project has its roots in the Cycling Without Age (CWA) initiative, born in Copenhagen in 2013, and is currently established in more than 200 cities around the world.

<http://cyclingwithoutage.org/>

32. Effects of a physical exercise programme on frailty and sarcopenia on elderly people – Spain

The aim of the study is to determine the effect of a physical exercise program in the prevention and treatment of fragility and sarcopenia.

The final aim is to design a physical exercise protocol to prevent, mitigate and / or delay the effects of ageing in the elderly by increasing strength and muscular power as well as physical capacity. The differences in functional capacity, biochemical markers, quality of life and cognitive function are assessed and analysed.

People over the age of 70 who meet the criteria for inclusion, from nursing homes, sheltered houses and associations of older people, participate voluntarily in the study and have been divided into two groups: Experimental Group and Control Group. The intervention performed by the Experimental Group consists of a multicomponent physical exercise program, integrating aspects such as strength, aerobic work, balance and flexibility and performed twice a week for six months. The participants of the Control Group will continue to carry out the usual weekly sessions that the centre has scheduled.

Previously, the participants undergo a medical examination to proceed to the evaluation of the physical and psychological condition. The variables of interest are analyzed at three and six months of the intervention. Due to the increase in life expectancy along with chronic diseases, the results of this research could have a considerable impact on the autonomy, quality of life and well-being of the elderly.

33. Etxean Ondo – Spain

The main objective of the actions implemented has been the achievement of comfortable, safe and accessible home environments that facilitate the daily life of residents, integrating their preferences, customs and significant activities. In order to achieve all of this, modifications have been incorporated in the

environments, the organization, as well as in the content and development of daily life.

In relation to the **environment**, adjustments were made in the physical spaces (rooms, halls, corridors, dining rooms) in their equipment and decoration. Physical spaces were selected in the nursing homes - where the Project was developed - that by size and distribution could be adapted to the characteristics of the domestic environments. A perspective of continuity has been sought with the home environments of residents, favouring the incorporation of furniture and other decorative objects of their own in both public and private spaces. The illumination and the decoration of the environments is currently very close to that of a domestic environment: fabrics, cushions, colour, plants etc.

In terms of **organizational dimensions**, interventions were developed in relation to the training, dedication and organization of the staff. First, volunteer direct care (care assistants) professionals were identified to work in the Units. The ratio of the care assistants was increased, decreasing the rotation of the personnel between the different spaces of the centres. Ongoing training has been provided to staff on the characteristics of the person-centred and teamwork model of care. Individualized training sessions have been developed using their own audio-visual material (with visualization of actual video recordings of care assistant-resident interactions) in order to facilitate the acquisition of skills that would favour the independence and autonomy of residents.

The **organization of the Units revolves around the development of everyday life**. For this, the preferences of the residents have been identified and activities of everyday life with meaning for them and therapeutic value have been incorporated. Thus, in order to obtain information regarding values, interests, habits, customs and preferences, the life history of each resident was developed. In case the person does not have sufficient communicative resources, a close relative or person is requested to cooperate.

The information about residents' preferences together with the information regarding their functional and cognitive abilities are taken into account to develop interventions based on meaningful activities such as doing the laundry, ironing and folding garments, setting and clearing the table, and others.

Finally, periodic meetings of the Technical Team (doctor, nurse, psychologist, etc.) with the care assistants' teams have been programmed. The decision making in relation to the care has been modified, currently decisions are taken based on the information provided by the care assistants who are the reference professionals for the residents.

34. Equine Therapy – Spain

The experience consisted of 4 sessions riding a mare trained specifically for this purpose. This animal only works with people with disabilities. The rides were made in facilities of the Miracambos Riding Center and each lasted between 10 and 15 minutes, depending on the physical capacity of the person who rode the mare.

If necessary, the disabled person is accompanied on the horse by 2 professionals who support his/her trunk.

The benefits that are observed through this experience are varied. On the one hand, it reinforces the self-esteem of the participants, since in most cases people

do not believe they are capable of doing so. Just standing on the horse strengthens the musculature and trunk. The body temperature of the horse is transmitted to the person by heating their muscles. Being on top of such a high animal makes for a moment change the perspective on "how the world looks", how they see themselves and others. (Keep in mind that most participants move wheelchairs so that the perspective from where they see each other is very different). Emotionally it is a very positive experience. On the one hand, the excitement expressed by the participants is evident and on the other, the signs of affection towards the animal and among the people who participate.

35. Gurekin Blai – Spain

This activity allows to solve the difficulties of access to the beach as well as the enjoyment of the bath in the sea, through the handling of amphibious chairs in the hands of experienced lifeguards and with the support of volunteers who will be in charge of the transfer of the elderly and/or people with disabilities to the beach and also accompany them and support them in everything they need while they are on the beach.

The specific activity involves picking up the participants from home, center or service where they are, transferring them to the beach and there, offering them a bath in the sea, a walk on the beach, or just sitting in the shade in the seashore, always accompanied by a volunteer and the lifeguards who are working on the beach.

Beneficiaries are always supported by volunteer staff. Volunteers constitute the main support of this project. Their intervention prevents the isolation of the person and facilitates their mobility and their contact with the environment. The volunteer acts as a listening source, support link and community reference in the intervention.

36. Urban recycling Workshop - Spain

This experience tries to adapt and decorate the interior and exterior spaces of the Pamplona Municipal Day Center, turning waste material into decorative objects such as benches, tables, shelves through the realization of significant and therapeutic activities.

As a result of these activities the exterior patio has been redecorated and cozy spaces and meeting places have been created where older people are very comfortable.

The activity began to develop in specific moments to awaken the spirit to participate, but soon, the users started to claim more time and dedication to these activities, showing that they motivated them and that they felt fulfilled since they see that their creations are useful and have very positive result.

37. Food Bank – Spain

The experience mainly consists of organizing a collection of food in the Gerontological Centre to contribute to the Food Bank of the city, San Sebastian. The participants, in collaboration with workers of the centre who coordinate the project, are in charge of organizing this collection, of classifying the foods according to their characteristics and afterwards, of delivering to the Food Bank.

First the collection is announced by posting posters and talking to all the professionals, families, volunteers, and neighbours who come to the centre to get them involved in the project.

A visible space is available to deposit the products, and time is left for the people who want to deposit the food in this place. After the collection, the participants are responsible for classifying the foods according to their characteristics and for the final count. Subsequently, a visit to the headquarters of the Food Bank is organized to take the products and to know how the volunteers of this entity work.

This activity is based on a newspaper report on a massive collection of food by the city's Food Bank. Given the interest aroused by this news, it is decided to participate in the initiative in the measure that the participants of the center can do it, that is to say, making their own food collection. In this way, the Center opens up to the environment as a service, actively participating in society in a supportive way and enhancing the effective participation of people.

It is an initiative that promotes the active participation of people performing a social work. The initiative breaks with the stereotypes of older people, with the image of older people as people who are only targets of care, making it visible that they can continue to participate and contribute positively to society, promoting something as necessary today as is solidarity among people.

This activity empowers people, because on this occasion they are the ones who help others and this was gratifying for them.

In addition, it has a very important social impact, such as making society see the resources for older people, as open resources, where they participate in the activities promoted by the city, and not as places excluded from the environment. Besides, the impact of the activity itself, which is to provide food to the people who really need it and the feeling of satisfaction and gratification that it causes in each participant. This is what we call a great meaningful activity for people.

38. Matia Zaleak – Spain

Matia Zaleak aims to be a network of people involved with the well-being of the elderly and disabled people of Gipuzkoa. It is an agent of social transformation that aims to make society aware of the importance of improving the well-being of the elderly and people with disabilities.

The activity developed translates into achieving dreams and covering needs or deficiencies detected in any of these areas and that do not have coverage through the system.

There are different ways of being Matiazale: providing time volunteering with elderly and / or disabled people; Being an example of a person committed to this mission; Making an economic contribution to realize the needs detected (dreams).

Projects currently underway (dreams or needs detected):

1. Galloping without barriers: equine therapy program for people with functional diversity.
2. Bakar/(Bakardadea), Loneliness project: This is a study on loneliness in the Basque Country so that society, and the different generations, can

visualize the dimensions of loneliness and explore a set of interventions to prevent its negative effects.

3. Training for Alzheimer's: training course for volunteers who develop their work with elderly people with Alzheimer's disease and other dementias.
4. A barking an illusion: it is about developing an Assisted Therapy with a companion animal. The dog is a motivational component and channel to achieve therapeutic goals set by a health professional.

39. Integrated Dance – Spain

The Integrated Dance is that dance where the processes of learning and creation are realized with the participation of people with and without functional diversity in mixed groups. In this dance differences are not hidden, but increase the play of diversity as a matter of expression. All bodies, minds and emotions are integrated, and this diversity is what makes Integrated Dance genuine. Integrated Dance is not a style. The integrated adjective refers to a way of understanding dance that enables people with diversity to learn and create in inclusive spaces where there is a population without diversity.

This experience arises from the need of two people with functional diversity of dancing, expressing themselves through dance and performing their own artistic creations. With the collaboration of two other people, the association "Kolarearekin" is created that aims to bring an artistic discipline, in this case dance, to all people (with and without functional diversity) favouring mixed encounters to dance and work the movement .

These meetings are initially managed by the association. Its main job is to create mixed groups (between 5 and 13 people), find an artist who leads the workshop and get an artistic space. It is of great importance that these spaces are inclusive and that they are in the community, since the base of this activity is the normalization, the integration, the inclusion, avoiding at all times creating "ghettos" for people with functional diversity. On the other hand, these workshops may or may not result in an exhibition open to the public, depending on the needs and preferences of the artists.

Largely, the activities are videotaped or captured through photographs.

This activity has been developed over three years, and currently there are self-managing groups, without the need of an intermediary association. These people want to develop at an artistic level and manage their own creations. This is considered a great achievement, since so far there was no such possibility. Over time, a network of artists has been created, allowing for self-management.

40. Easy Reading club in IZA - Spain

The experience consists in the creation of an Easy Reading group among the residents of the IZA centre of Matia Fundazioa.

What is easy reading? Easy reading is done through "easy reading materials" which are books, documents, web pages ... prepared with especially to be read and understood by people with reading difficulties. These materials follow the guidelines of the International Federation of Library Associations and Institutions (IFLA) for content, language and form.

An easy reading club is a group of people who come together to read and comment on the same book, energized by a monitor. The club uses books endorsed by the logo of LF which as mentioned are especially suitable for people with reading and understanding difficulties.

Experience in the IZA Centre:

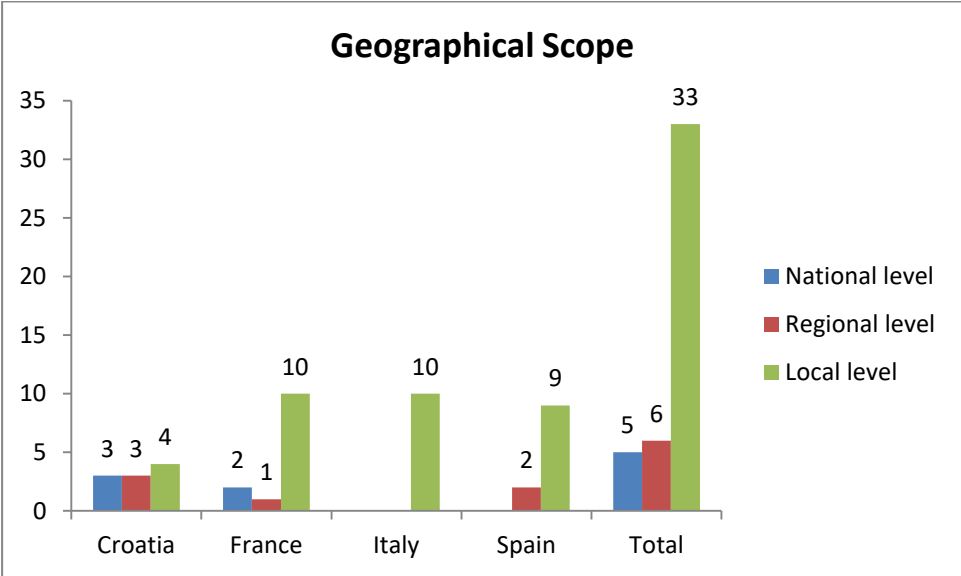
In the Iza Centre, easy reading was known through the institution: Easy Reading Euskadi, which was set up in 2012 as a reference entity in the Basque Autonomous Community around the development of the concept of Easy Reading (ER), to disseminate and implement this type of reading. The representative of this entity offered a workshop, a training to the professionals of the centre explaining what is Easy Reading, who is targeted, benefits, materials, how to implement a reading club ... etc.

After analysing the advantages and benefits, it was decided to create an LF group in the centre, which has been in operation since 2014 and is coordinated by a psychologist.

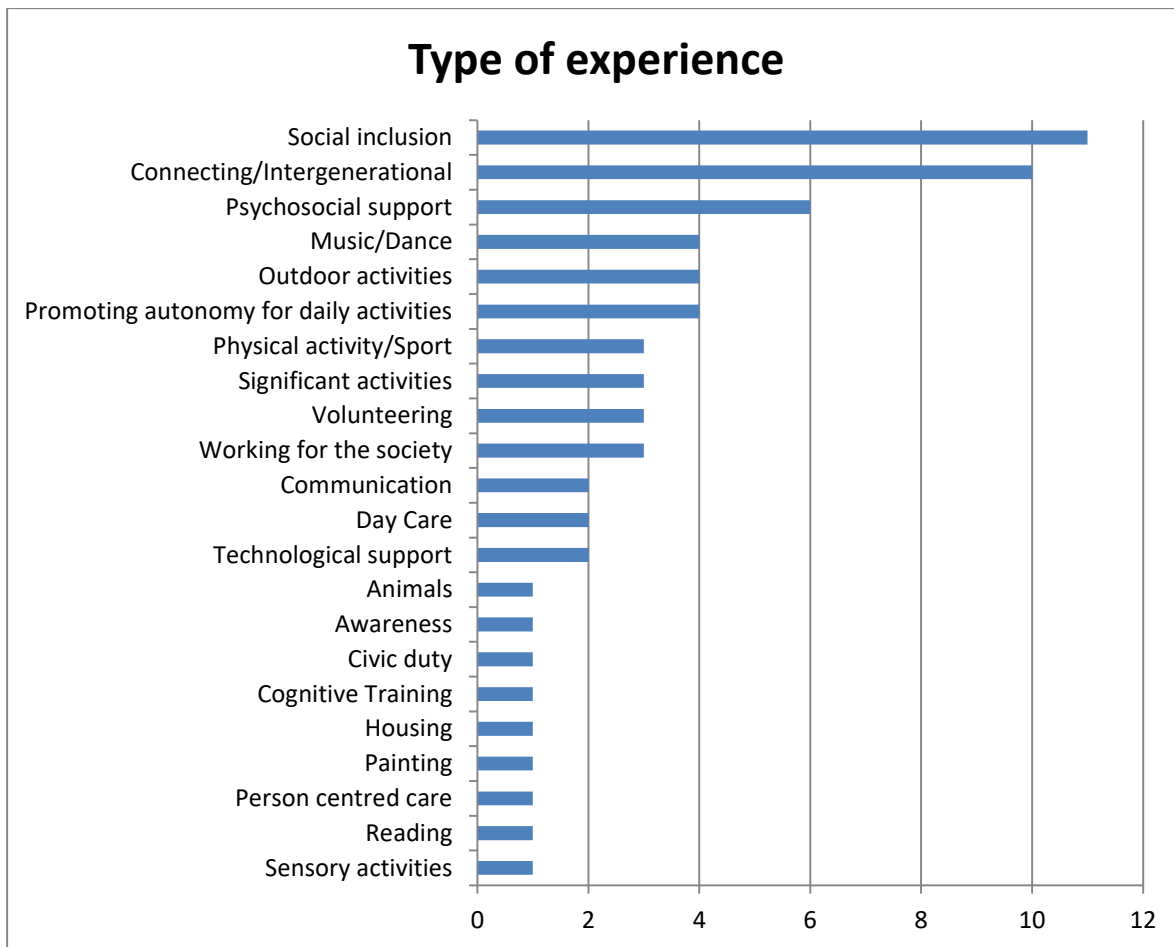
5.2 Analysis of the collected innovative field experiences

This section analyses the most relevant characteristics of all 40 innovative experiences.

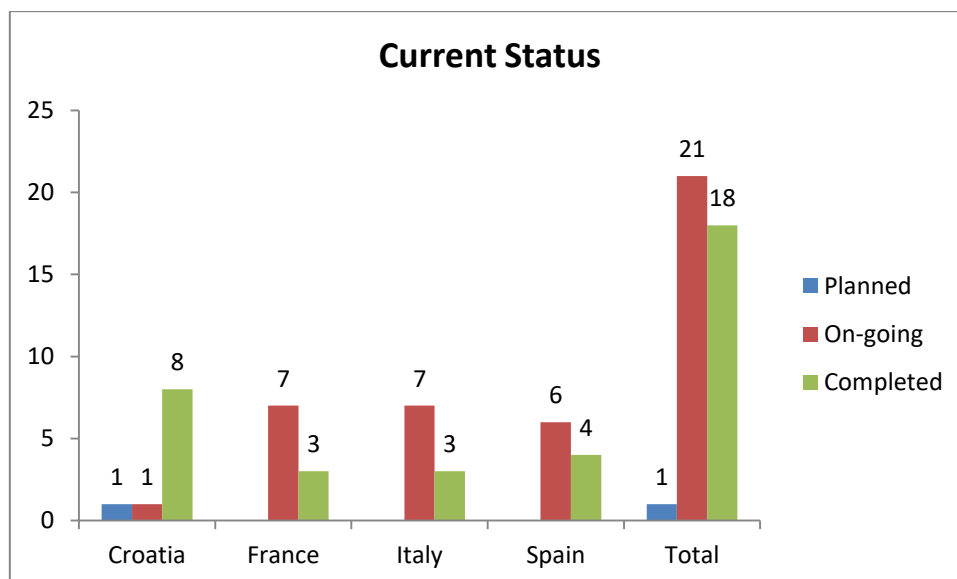
Most of the experiences collected in all countries are local (75%).



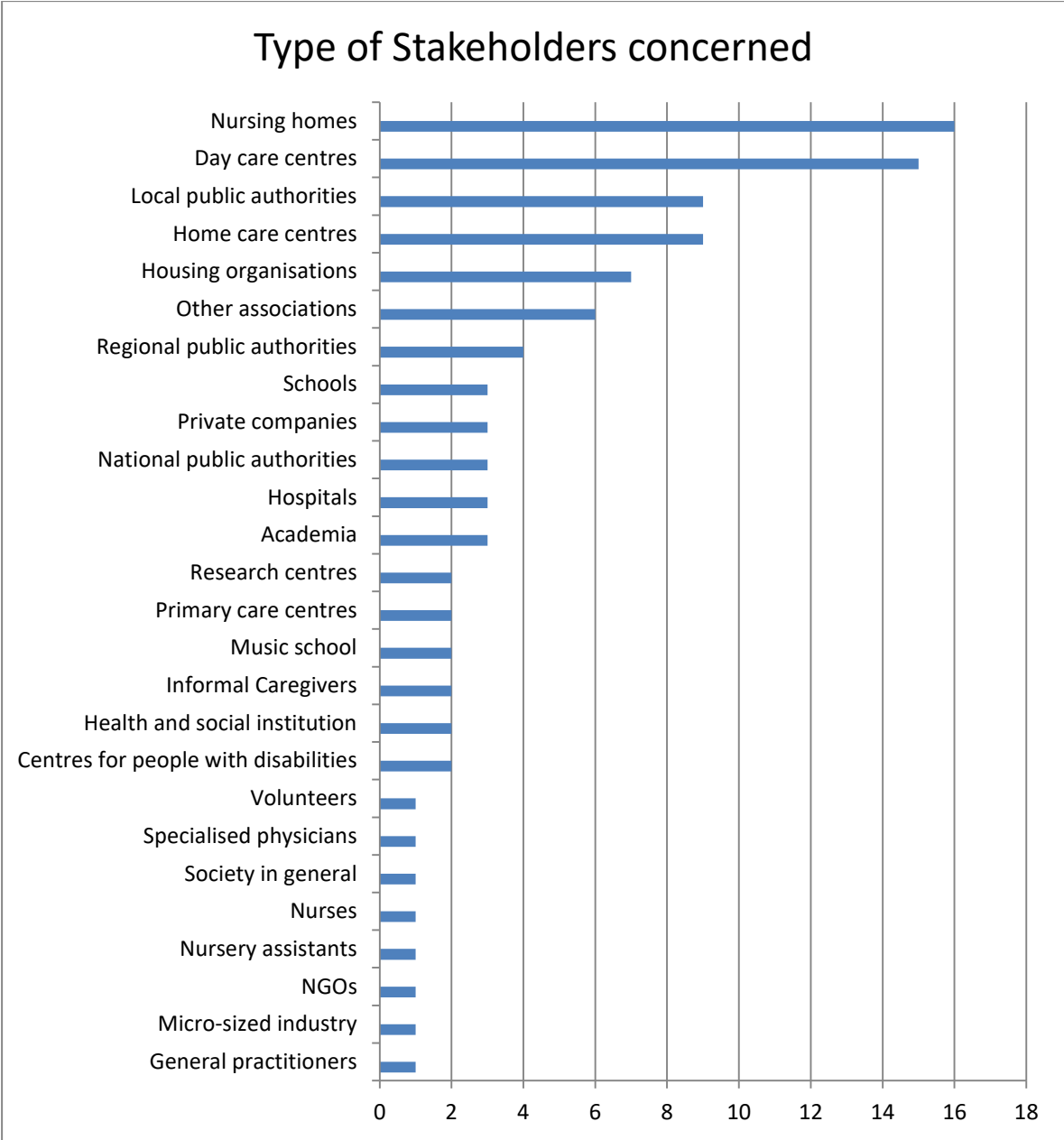
Taking into account the characteristics of the experiences, one thing we can undoubtedly highlight is their diversity in terms of the subject matter they address. Although it can be said that experiences related to social inclusion, intergenerational relationships and connecting people or psychosocial support predominate.



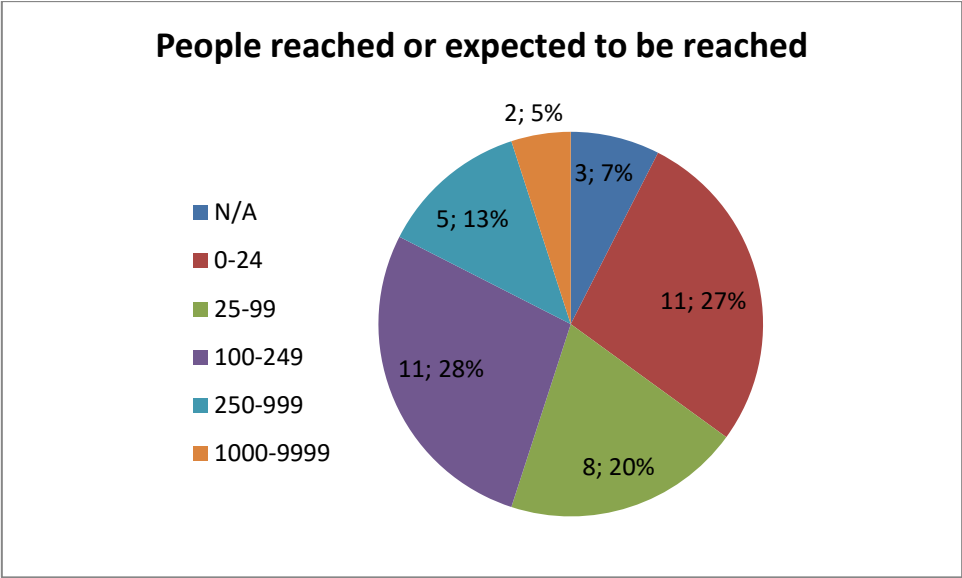
As for the state of the experiences most are ongoing at the time of information gathering (52.5%) or have already been completed (45%), only one experience is in planning status.



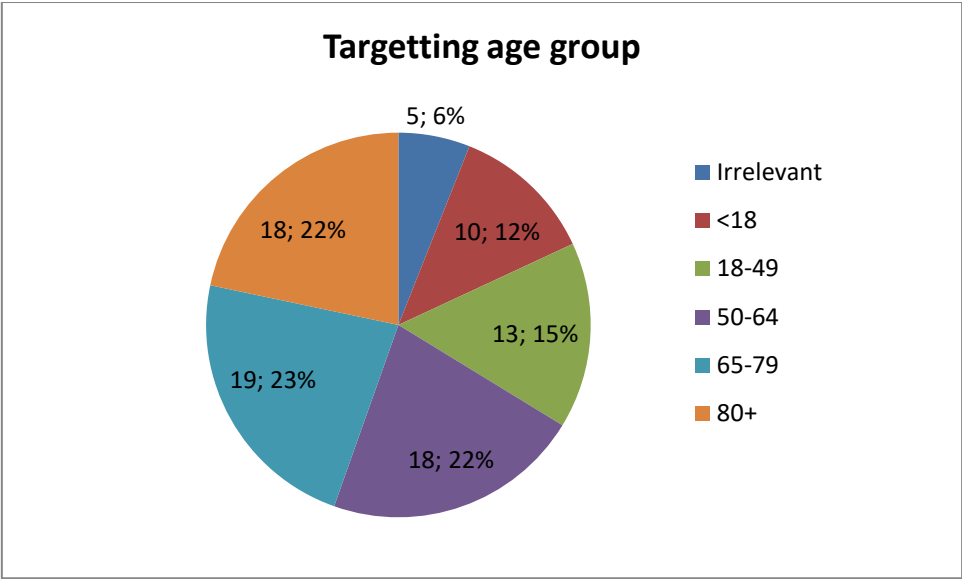
As well as the type of experiences, the type of stakeholders concerned is numerous and diverse, highlighting in this regard the nursing homes, day care centres, local public authorities, home care centres and housing organisations.



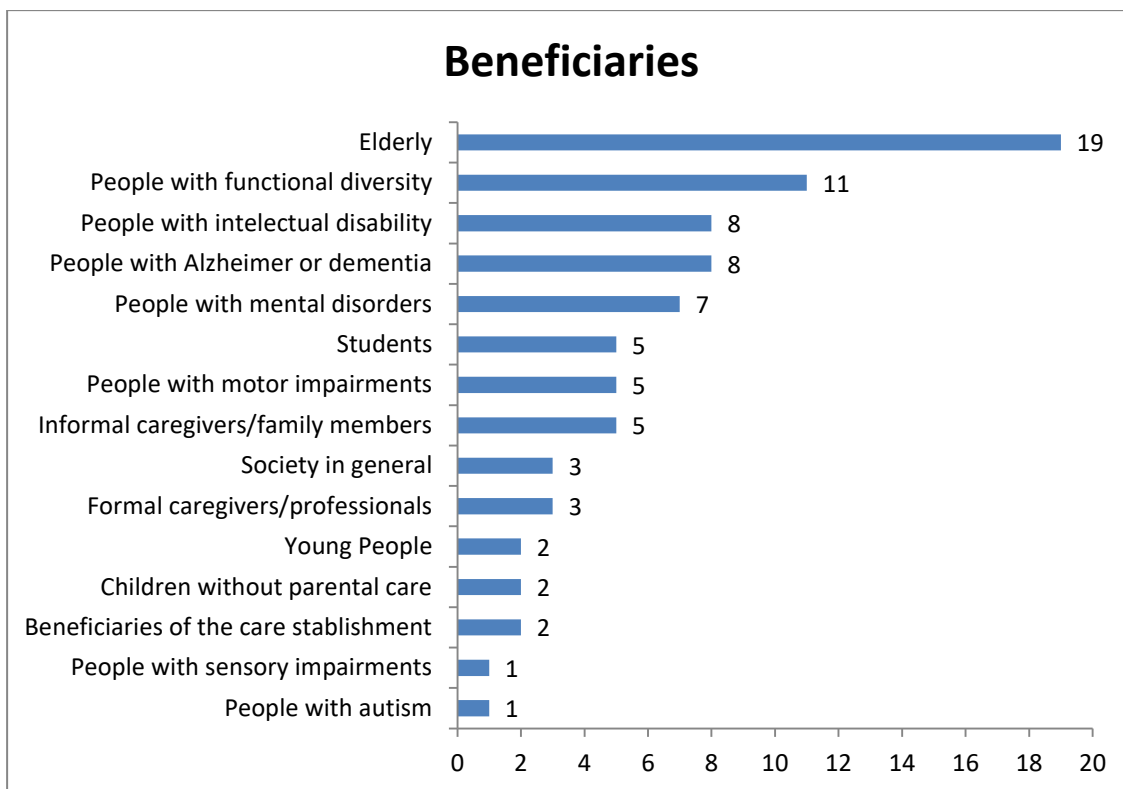
With regard to the scope and number of people to whom the experience reaches, a distribution is observed between the categories of 0-24 people reached (27%), 25-99 (20%) and 100-244 (28%), being minority the experiences that reach a greater number of people.



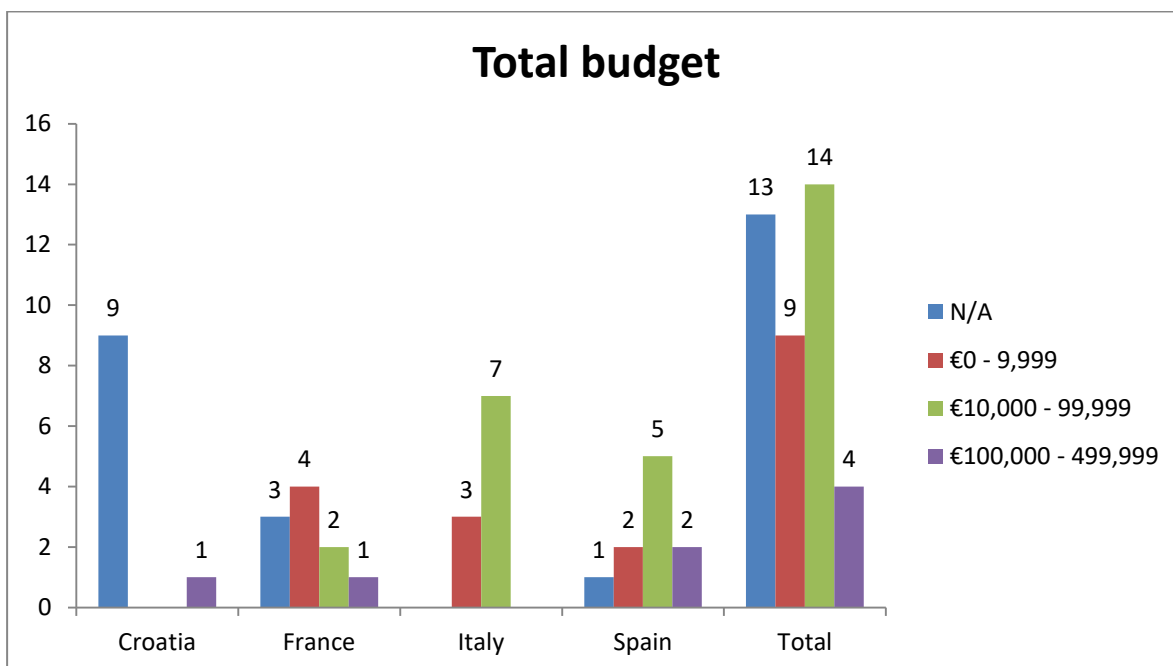
The age of the people to whom the experiences are directed covers the whole range of ages, from people under 18 to people over 80 years old, being the group of older people (over 65 years old) the most numerous with the 45%.



This last aspect is consistent with the type of beneficiaries to whom the experiences are directed, with the older people being the largest group (23%), followed by people with functional diversity (13.4%), people with intellectual disability (9.8%), people with dementia or Alzheimer (9.8%) and people with mental disorders (8.5%).

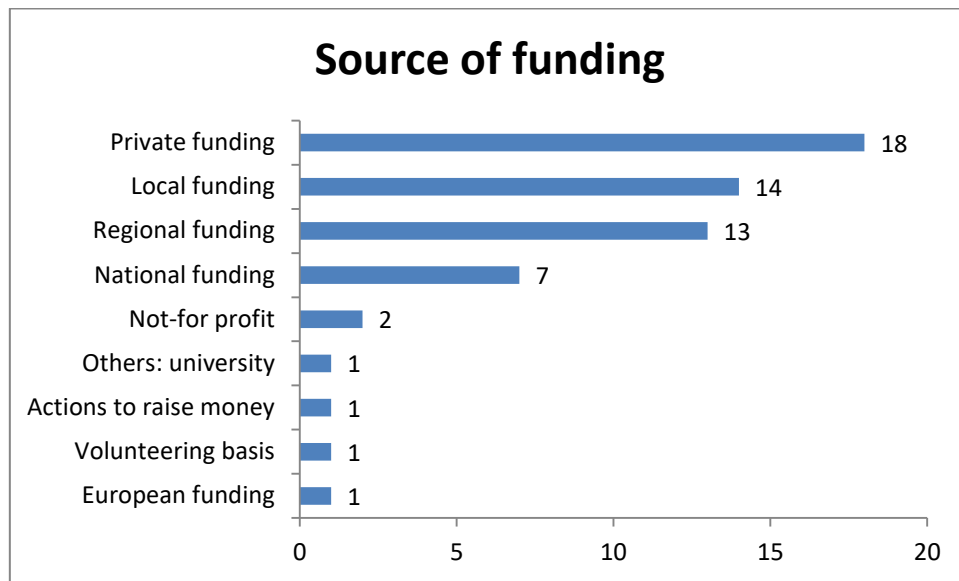


With respect to the economic aspect and more specifically the budget used to execute the experiences, in 13 out of 40 experiences it has not been possible to obtain this information, 35% has an average cost between 10,000 and 99,999 euros, being less the number of experiences with a higher cost (10%) and a lower cost (22.5%).

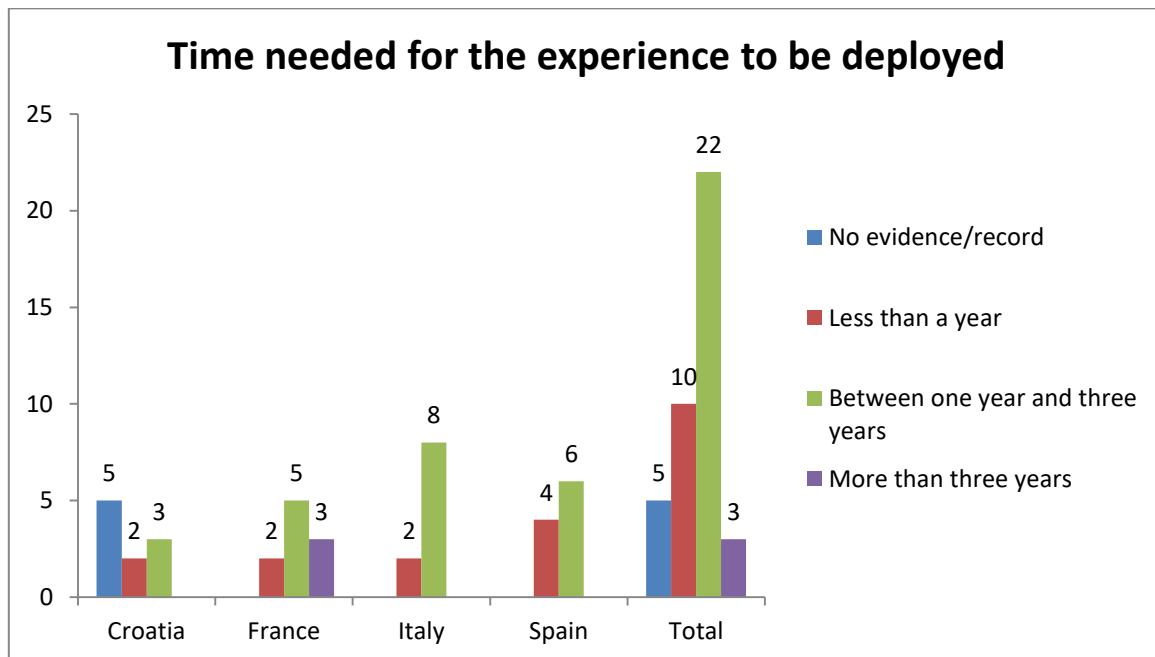


Most of the funds used come from private sources (31%), followed by local (24%), regional (22%) and national (12%) public sources, without these

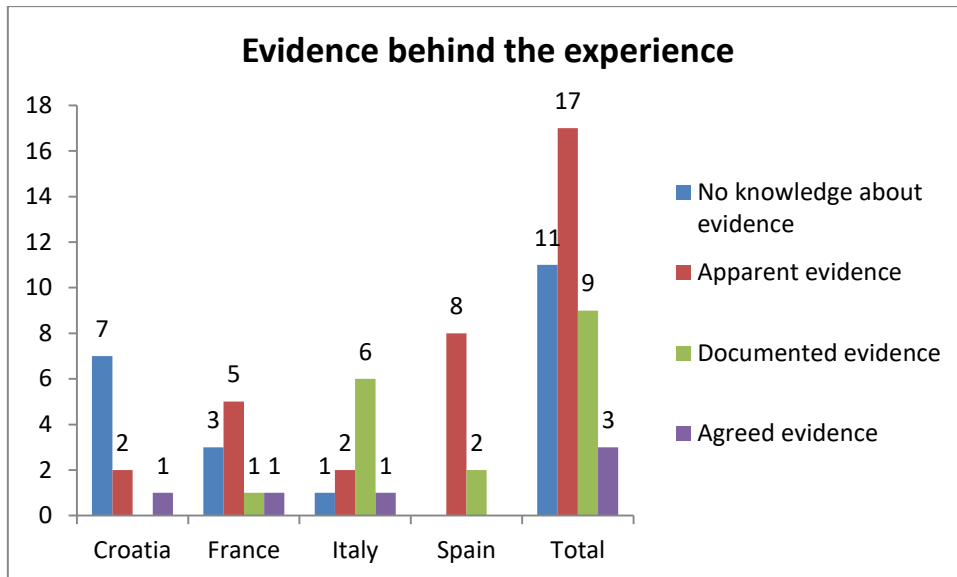
categories being mutually exclusive. In other words, the same experience may obtain funding from different sources.



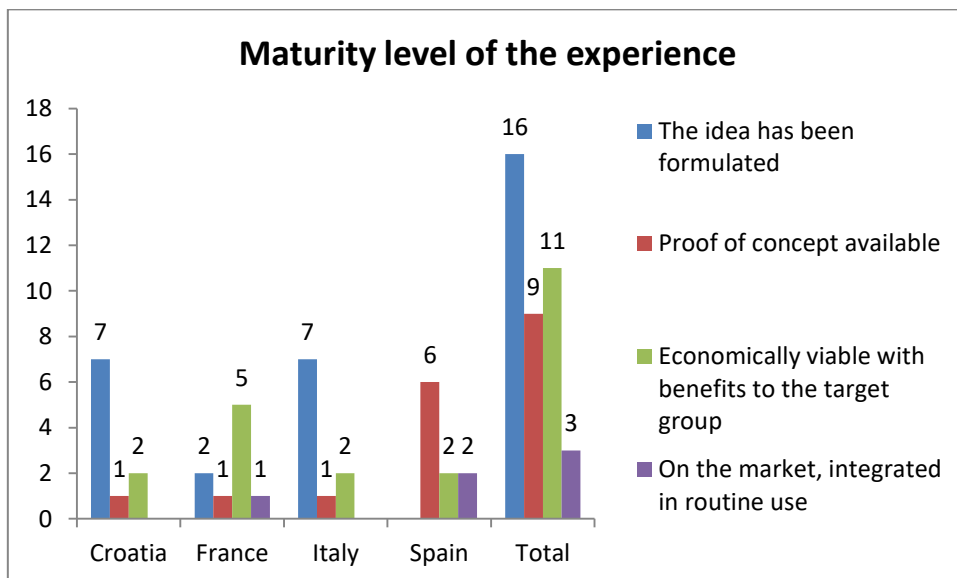
Most experiences need preparation and planning time before they can be carried out, ranging from less than one year (25%) to more than three years (7.5%), with an average preparation time of between one year and three years (55%).



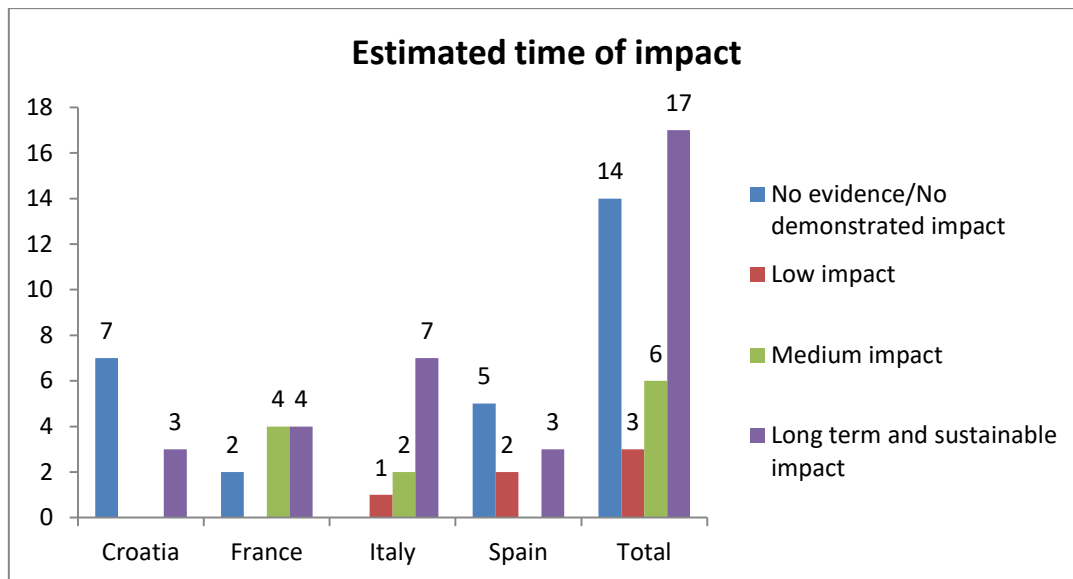
Although there is a general consensus that the experiences collected are positive for the beneficiaries, for the most part there is no clear evidence of the benefit (27.5%) or this evidence is apparent (42.5%) as a result of the perceptions of the people involved and success stories. However, in some of the experiences there is documented evidence based on systematic qualitative and quantitative studies (22.5%) and agreed evidence with an established monitoring system before and after implementation of the experience (7.5%), especially in those from Italy.



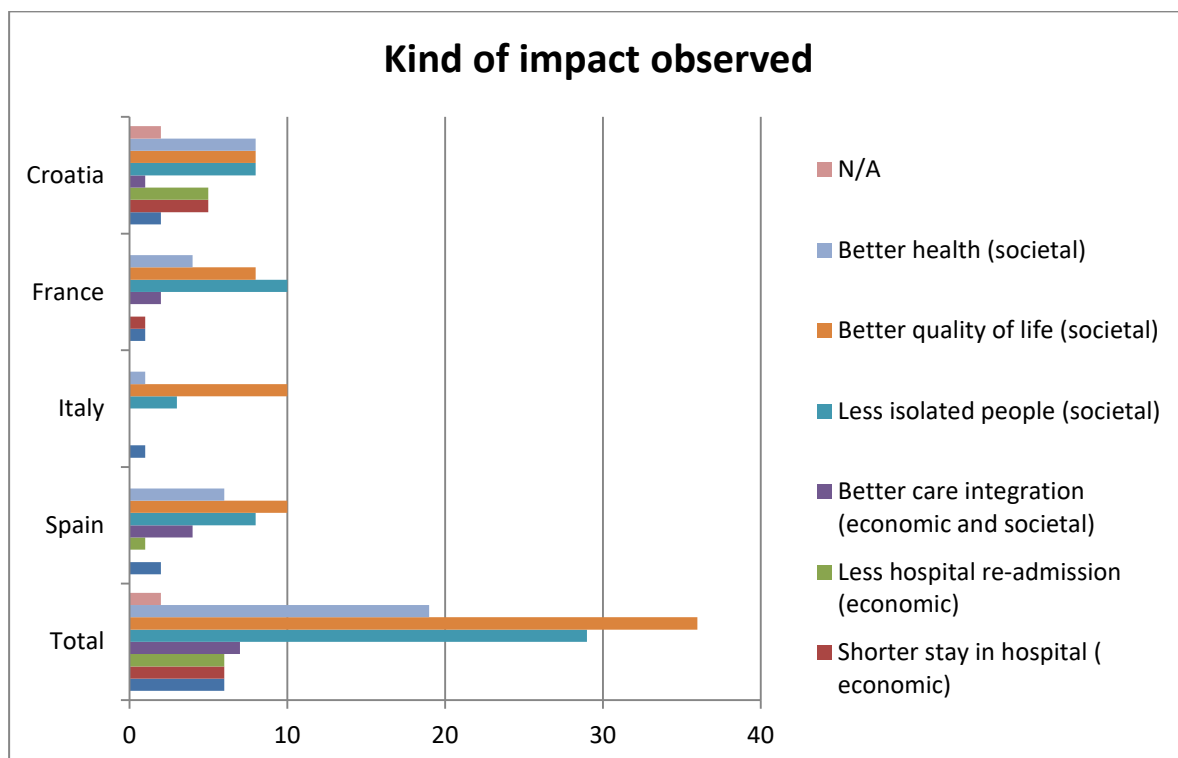
Regarding the maturity of the experiences in relation to their economic viability, only 3 out of 40 experiences are in the market and integrated in a routine use, 11 have proved to be economically viable and bring benefits for the target group even though they are not integrated in the daily routine, 9 work in a test setting and the potential end-users are positive about the concept, and finally there are 3 experiences in which experiments are being carried out to test a proof of concept.



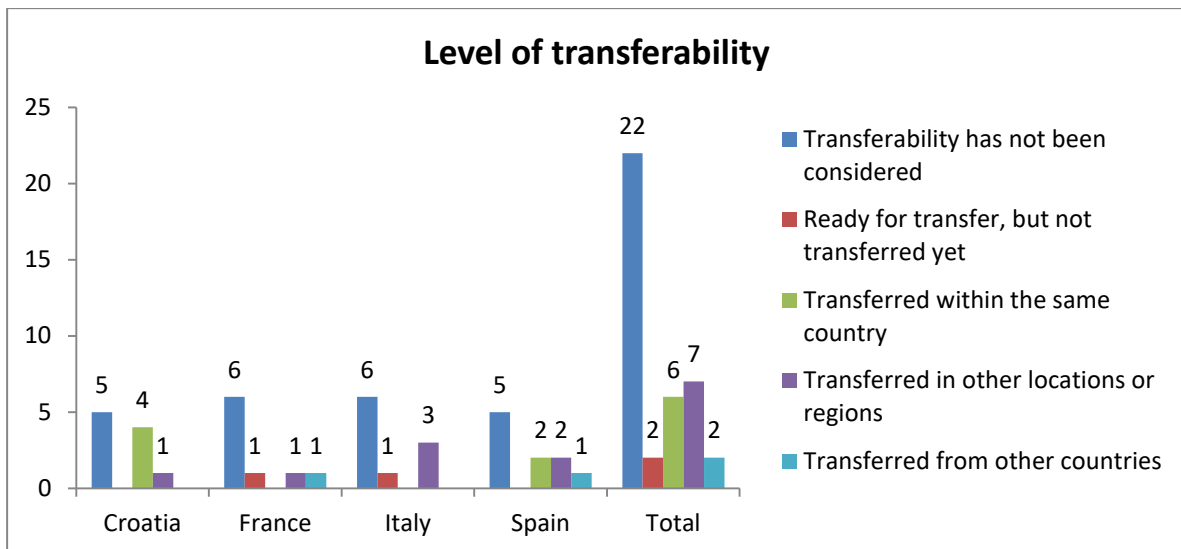
It is good to note that most experiences have a long-term and sustainable impact (42.5%), e.g. a long time after the pilot project ended and routine day-to-day began. However, in a considerable number of experiences (14 out of 40, 35%) there is no evidence or no demonstrated impact.



The kind of impact observed is mostly societal: better quality of life, less isolated people and better health are mentioned in this regard.



Finally, the level of transferability of the experiences has been taken into account. Most experiences (22 out of 39), have been developed on local level and transferability has not even been considered in a systematic way, 2 experiences are ready for transfer but they have not been transferred yet, 13 have been transferred within the same country or in other locations and regions at national scale in the same country and 2 experiences have been transferred from other countries.



6 CONCLUSIONS

To conclude:

- A complete picture of the current state has been obtained regarding state of art, current and innovative trainings related to social animation and innovative field experiences in the 4 participating countries.
- The characteristics of the current training in each country are very different, which enriches the project, but it has also been a challenge to design a common training program.
- Numerous and very diverse experiences focusing in various beneficiaries and environments have been gathered that can serve as inspiration in other organizations when implementing new activities.