



SEAL

**TOOLKIT SUPPORTING EDUCATION AND  
ACTIVATION OF SENIORS**





**Content table**

**Introduction ..... 4**

    Project SEAL ..... 5

**Aging of population..... 6**

**Tools supporting education and activation of seniors..... 8**

    Lifelong Learning and Teaching..... 10

    Senior volunteering (seniors support seniors) ..... 13

    ICT for the elderly ..... 16

    Intergenerational exchange of knowledge and experience useful in daily life..... 18

    Gardening, Garden maintenance training ..... 20

    Cultural circle and Library for aged ..... 23

    English education despite all negativity ..... 27

    Senior Citizens Computer Class ..... 31

    Young and Old for a better life..... 34

    Stimulation lab sensory and musical ..... 38

    Self-tracking calendar of “well-being” ..... 40

    Second Spring Houses..... 44

    Kitchen Lab..... 47

    Dancing clubs for seniors..... 49

    Dietary Education and Cooking for General Well Being..... 51

    Horticultural therapy..... 54

    DIYing studio (handicraft workshops) ..... 57

    Story Telling and Poem, Memoirs Compilation..... 59

    Validation therapy ..... 62

    Inspiration for Inclusion ..... 64

    Memory training/Haptic sets ..... 67

    Reminiscence therapy/mind maps ..... 69

    Memory training/Kim’s Game ..... 71

**Glossary .....73**

**Project partners .....83**

## Introduction

### ***Seniors nowadays***

There are significant differences between the current senior citizens now and the previous years. Along with the global ageing of societies (decreasing natural growth with simultaneous increase in life expectancy), increased migration of societies, growing number of relationship breakdowns, lack of offspring, etc. there is a growing number of seniors running a one-person household.

The current image of senior citizens is: **active people**; those who take care of their own appearance and environment on a daily basis; those who follow the requirements of fashion; those who engage in various pro-health activities; those who take care of a high level of physical and mental fitness.

Current seniors require a high quality educational offer that includes a range of subjects tailored to the individual needs and listeners and the possibility of engaging participants in various activities. Current senior consciously selects the activities in which he participates, paying attention to: quality, attractiveness of the offer and its usefulness in everyday life.

Increasingly, current seniors are interested in expanding their knowledge of technological innovations (ICT) in order to be active in the digital world; the current seniors wish to pursue their passions/interests, which (for various reasons such as: lack of time, family duties) they could not afford in their earlier life. The current senior tries to remain an active citizen by participating in a variety of cultural events (theatre, cinema, opera). In addition, they actively participate in pro-health activities, including those related to physical activity (such as: dancing classes, fitness etc.) as well as individual activities. They want to maintain in good physical and mental health and to counteract loneliness and social isolation.

In the era of the Internet and development of digital technologies, an increasing number of the population experiences loneliness "in the crowd". Regardless of age more and more people are having many virtual contacts, without maintaining real close social relationships. It is more advisable to develop and enrich the educational offer for seniors, which through its innovative form and methods will be: tailored to the requirements of the current reality, develop individual passions and interests of seniors, strengthen their independence and have

an influence on the improvement of psychophysical functioning of the individuals; at the same time, contribute to the establishment of new social relationships.

Often seniors after retirement experience a crisis related to the loss of his professional social position. Seniors feel more lonely and less useful, what has a great impact on their functioning and suffering of deression. It is important that the senior can continue to be active and involved in daily life activities; the educational and activating forms/tools should engage a senior and enable him/her to have an real influence on the quality and form of classes proposed.

Current seniors are a group of people: with specific individual needs; people with diverse professional/social/educational experience; diverse health situation and diverse levels of cognitive abilities (memory, concentration, attention), which significantly affect their educational capabilities. Methods and forms of education used should be universal enough to respond to the needs of a diverse group of seniors, at the same time individually tailored to the specific individual needs and capabilities. Bearing in mind the global problem of ageing societies and available existing forms of support for seniors, it is justified to exchange experiences in this field between organisations from different cultures, nationalities, geographical areas, social and economic situations. International cooperation of organisations working in thefield of eduaction and activation of seniors will enable the development of useful, universal tools for education and activation of seniors, taking into account their current needs.

While inventing tools useful in the field of education and activation of seniors it is important to take into considerations needs of seniors who remain **not active** and who are fully dependent on the help of others. It is also important to develop tools that will be helpful **for people supporting** seniors in their daily life (professionals and family members).

### **Project SEAL**

Project SEAL (Senior Education for Active Living) is an international initiative aimed at developing innovative educational tools used for education and activation of seniors.

Project partnership consist of five (5) organizations from the Czech Republic, Italy, Poland and Turkey. Aim of partnership is to exchange experiences and share examples of good practice. The project is co-financed by the European Union's Erasmus+ Programme for 2014-2020; Adult Education Sector; KA2-Strategic Partnerships, cooperation for innovation and exchange of good practices.

Project duration: 01.12.2018-30.11.2020

Project number: 2018-1-EN01-KA204-051176

Project webstie: <https://sealproject.eu/>

**SEAL project objectives:**

- Exchange of experiences and good practices in the field of education and activation of seniors;
- Universal educational and activation tools to be created in cooperation of diverse international organisations;
- To support the psychophysical functioning of seniors and their active participation in social life.

**Aging of population**

Citizen structure of the European Union is changing and growing older, which means that older population is becoming more and more important. This is also influencing the labour market, families and individuals.







We cannot clearly define the line between middle age and senior period, because it does not have the same meaning in all societies and because getting old is a process of biological, psychological and social changes. However, we can define a person as a senior citizen when something changes in their activities or in their role in the society, for example when they become grandparents, when they retire, or when they reach a certain age. Agreement about when we can define a person as old or a senior is not really one hundred percent clear, and therefore we use different age limits according to different needs. However, two most common definitions of a person getting old or becoming a senior are when a person retires or when she/he turns 60.

Lately we have recorded numerous initiatives that wish to emphasise that the third life period is not dependant, inactive and passive, because senior citizens get the chance to spend their time doing new forms of activities, benefiting the society. Therefore the phrase “active aging”, which means continuous activity of seniors in the economic, social, cultural and civic areas, is becoming very common in the societies.

“Active aging” process is very important because people in their third age period are one of the most vulnerable groups, exposed to specific challenges, such as lower financial position, diminishing social connections, worsening in the quality of life, lower level of independence and autonomy and threat of becoming isolated from the rest of the society. At the same time, getting older is often connected to loss of various goods, reputation and power. Due to various prejudices and stereotypes about older people, they are often lonely and their mobility is very limited because of different diseases, getting weaker, financial problems or fear of outer world, which leads them to be isolated from the rest of the society.

For these reasons, it is of crucial importance that senior citizens are offered different trainings and other educational forms, which will help them develop their skills in the field of technological progress, social inclusion, self-esteem and informing.

## Tools supporting education and activation of seniors

Categories	Tools	Page	Symbol
<b>Psychological problems</b>	<ul style="list-style-type: none"> <li>• Self-tracking calendar of “well-being”</li> <li>• Validation therapy</li> </ul>	45 67	
<b>Physical difficulties</b>	<ul style="list-style-type: none"> <li>• Gardening, Garden maintenance training</li> <li>• Dancing clubs for seniors</li> <li>• DIYing studio</li> <li>• Hortocultural therapy</li> </ul>	25 54 62 59	
<b>Cognitive disfunctions</b>	<ul style="list-style-type: none"> <li>• Story Telling and Poem, Memoirs Compilation</li> <li>• DIYing studio</li> <li>• Validation therapy</li> <li>• Stimulation lab sensory and musical</li> </ul>	64 62 67 43	
<b>Social activities against lonelines</b>	<ul style="list-style-type: none"> <li>• Young and Old for a Better Life</li> <li>• Second Spring Houses</li> <li>• ICT for the elderly</li> <li>• Senior volunteering</li> <li>• Dancing clubs for seniors</li> <li>• Intergenerational exchange of knowledge and experience useful in daily life</li> <li>• Hortocultural therapy</li> <li>• Kitchen Lab</li> </ul>	39 49 21 18 54 23 59 52	
<b>Individual activities</b>	<ul style="list-style-type: none"> <li>• Dietary Education and Cooking for General Well Being</li> <li>• Self-tracking calendar of “well-being”</li> <li>• DIYing studio (handicraft workshops)</li> <li>• Senior volunteering</li> </ul>	56 54 62 18	
<b>Group activities</b>	<ul style="list-style-type: none"> <li>• Senior Citizen Computer Class</li> <li>• English education despite all negativities</li> <li>• Cultural Circle and Library for Aged</li> <li>• Lifelong Learning and Teaching</li> <li>• Kitchen Lab</li> <li>• ICT for the elderly</li> </ul>	36 32 28 15 52 21	



	• Intergenerational exchange of knowledge and experience useful in daily life	23	
	• Dancing clubs for seniors	54	
	• DIYing studio (handicraft workshops)	62	
	• Senior volunteering	18	



Title of activity	Lifelong Learning and Teaching
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>As working people spend their entire professional life by learning new things to do their jobs, the static and uniform life they go into during their retirement causes them to cope with various psycho-social problems. A significant number of people who has always lived an active life cannot adapt to their new life after retirement and start looking for new jobs or at least hobbies. Within the scope of the project, retired people will be provided with project preparation and implementation trainings and will take part in various activities such as (Erasmus+) youth projects, within an intergenerational cooperation.</p>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>The project includes solutions for retired people to increase their active participation, to integrate them into social life, and to improve their productivity by increasing their project writing and implementation competencies, enabling them to find jobs and work after retirement.</p> <p>On the other hand, by utilizing their educational roles and experiences, they are provided to transfer the qualifications acquired in the project to non-governmental organizations in need of these issues:</p> <p>Organization of project preparation trainings to activate their mental abilities and knowledge through exchange of ideas with youth groups and NGOs.</p> <p>Formation of project ideas and project writing.</p> <p>Researching employment opportunities for both young people and adults and creating and implementing projects for this situation.</p> <p>Creating and supporting environments for young and adult social and cultural activities.</p> <p>The activity of contributing to various NGOs from the current and accumulated experiences of retired people.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>Their active participation will get integrated into social life. Productivity will increase their project writing and implementation competencies, enabling them to find jobs and work after retirement. By utilizing their educational roles and experiences, they will have the</p>



	<p>opportunity to transfer the qualifications acquired in the project to non-governmental organizations in need of these issues.</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>To have a certificate of project expert, especially in the field of Erasmus. To have the competence to establish cooperation ties between NGOs that adults and young people can share. To have at least 5 years of experience in project writing and implementation.</p>
<p><b>Description of methods used</b></p>	<p>In cooperation with NGOs operating in our province, to support the volunteer-based activities of NGOs and public institutions providing project trainings and to ensure that the participants receive training</p>
<p><b>Type of activation</b> (physical, psychical, memory,...)</p>	<p><input checked="" type="checkbox"/> psychic  <input type="checkbox"/> physical  <input checked="" type="checkbox"/> memory  <input checked="" type="checkbox"/> other conceptual</p>
<p><b>Materials/ Equipments needed</b> (papers, pencils, computer,...)</p>	<p>PC, internet connection, paper, pen, iPod (in case of individual use), books, articles</p>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)</p>	<p>The target group of the project is retired people, stakeholders are teachers' houses, teacher lodges, - because especially retired teachers are concerned - local administrations providing social services to retirees, trade unions and associations serving teachers, NGOs and education decision makers at local levels.</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p><input checked="" type="checkbox"/> individual  <input checked="" type="checkbox"/> group of 40 (number of participants)</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>30 hours</p>
<p><b>Prerequisites of participants</b></p>	<p>No special prerequisites are required and no special competence is required, apart from having a university degree. Retired people and volunteer youth who work in youth groups in NGOs.</p>



	<p>Since retired people may experience problems such as hearing and vision loss, difficulty in focusing, and lack of attention in terms of their age, the trainings will be carried out considering these situations. In the presentations, the texts and figures will be larger and the narrations will be made louder and slower. Focusing problems will be solved by making frequent, frequent repetitions and keeping lecture hours shorter.</p>
<p><b>Resources (EN)</b></p>	<p>Erasmus projects, presentations on this subject.</p> <p><a href="http://www.esifundsforhealth.eu/sites/default/files/2018-07/Day%20%20Let%20us%20be%20active_0.pdf">http://www.esifundsforhealth.eu/sites/default/files/2018-07/Day%20%20Let%20us%20be%20active_0.pdf</a></p> <p><a href="https://www.aginginplace.org/how-to-volunteer-as-a-senior/">https://www.aginginplace.org/how-to-volunteer-as-a-senior/</a></p> <p><a href="https://www.swww.com/blog/summer-community-service-projects-senior-residents/">https://www.swww.com/blog/summer-community-service-projects-senior-residents/</a></p>
<p><b>Resources (TR)</b></p>	<p><a href="https://www.avrupa.info.tr/tr/hayat-boyu-ogrenme-programi-187">https://www.avrupa.info.tr/tr/hayat-boyu-ogrenme-programi-187</a></p> <p><a href="http://www.hayatbilder.org/">http://www.hayatbilder.org/</a></p>



<b>Title of activity</b>	<b>Senior volunteering (seniors support seniors)</b>
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>building new interpersonal relationships; increase the level of everyday activity and involvement in the activities for local society; improvement of living conditions of seniors</p>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>Circular meetings of a group of seniors willing to be engaged in regular voluntary activities dedicated to local society. Organisation of meetings (at least twice a month) in order to discuss further voluntary activities for the local community. Creation of a list of ideas for senior volunteering in their local community. Division of roles within the senior citizens' group in terms of individual abilities. A person responsible for senior volunteering stays in a regular contact with organisations such as: churches, social welfare centres, social welfare homes, etc. to gather information about senior citizens who are inactive and in need of volunteer support.</p> <p>Each of the senior citizens involved in the volunteer group regularly supports at least 1 person at senior age who is in need of support. In addition, the senior volunteer will be involved in activities dedicated to a group of senior volunteers.</p> <p>The aim is to build a net of local social relationships between seniors, increase their sense of usefulness and the ability to influence on their own environment of living.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>Each volunteer will learn more about the needs of seniors living in the neighbourhood; a visible increase in self-confidence of each senior involved in the voluntary activities; Seniors involved in this kind of activities will build new lasting social relationships - counteracting feelings of loneliness and emptiness; develop the ability to listen and understand needs of others.</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>Psychologist; an educator with knowledge and experience in working with elderly people; priest, members of seniors’ families etc.</p>



	It is important that the person responsible for senior volunteering has knowledge and experience in working with senior volunteers and activating seniors.
<b>Description of methods used</b>	described in the point: "description of activity"
<b>Type of activation</b> (physical, psychical, memory,...)	<input checked="" type="checkbox"/> psychical <input checked="" type="checkbox"/> physical <input type="checkbox"/> memory <input checked="" type="checkbox"/> other: social inclusion
<b>Materials/Equipment needed</b> (papers, pencils, computer,...)	Flipcharts, computers connected to Internet, markers, calendars + notebooks, pens.
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	Active seniors
<b>Recommended size of the group</b> (group or individual)	<input checked="" type="checkbox"/> individual <input checked="" type="checkbox"/> group up to 20 seniors (number of participants)
<b>Recommended duration</b> (in hours/days + frequency if applicable)	<ul style="list-style-type: none"> <li>- 1,5 hour meeting twice a month (meetings of the voluntary group);</li> <li>- individual meetings/ telephone contact (senior volunteers with seniors who receive voluntary help) not less than once a week.</li> </ul>
<b>Prerequisites of participants</b>	Participants should have a basic knowledge of : how to use the computer and Internet, use cell phones, fill in documents.
<b>Resources</b>	about senior volunteering : ENG: <a href="https://www.aginginplace.org/how-to-volunteer-as-a-senior/">https://www.aginginplace.org/how-to-volunteer-as-a-senior/</a> ENG: <a href="http://centrumis.pl/poznan-50-volunteering.html">http://centrumis.pl/poznan-50-volunteering.html</a>



	<p>ENG: <a href="https://www.gooverseas.com/volunteer-abroad/senior-travelers">https://www.gooverseas.com/volunteer-abroad/senior-travelers</a></p> <p>ENG: <a href="https://globalvolunteers.org/senior-volunteers/">https://globalvolunteers.org/senior-volunteers/</a></p> <p>ENG: <a href="http://www.volunteerracine.org/programs/retired/">http://www.volunteerracine.org/programs/retired/</a></p> <p>PL: <a href="https://www.opole.pl/aktywnosc-spoeczna-przez-cale-zycie-wolontariat-senioralny/">https://www.opole.pl/aktywnosc-spoeczna-przez-cale-zycie-wolontariat-senioralny/</a></p>
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<b>Title of activity</b>	<b>ICT for the elderly</b>
<b>Learning objectives</b> (main Goal/Aim/Purpose)	The overall goal of the activity is to offer the possibility to older people to increase the potential for communication with each other and with the outside world, in a fun and creative way, through the use of computers and the internet. To create topic to be shared with youngsters - to promote independence in everyday actions (home banking)
<b>Description of activity</b> (provide approximately 10 lines)	The program of the course, dedicated to real beginners, is structured in order to complete in 15 lessons the computer's abc, from ignition to internet browsing, from the use of email to social networks. The presentation of the various devices that can be connected to the PC, (camera, scanner, etc.) it is also an opportunity to help older people become familiar with new communication technologies (mobile phone, terrestrial digital television, iPod, lptv, etc.). Each edition is enriched by a multimedia work that tutors and grandparents build together to practice with the PC.
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	Use of computer and use of email to social networks.
<b>Requested background of "trainer"/leader of activity</b>	Experience with adult learner
<b>Description of methods used</b>	
<b>Type of activization</b> (physical, psychical, memory,)	Other
<b>Materials/Equipment needed</b> (papers, pencils, computer,)	Computer room
<b>To whom the activity is dedicated</b>	All seniors





(gender, age, barriers/limitations...description of target group)	
<b>Recommended size of the group</b> (group or individual)	The limit of number of people depends of the size of the studio
<b>Recommended duration</b> (in hours/days + frequency if applicable)	The duration of the course is 30 hours, 15 meetings of two hours on a weekly basis.
<b>Prerequisites of participants</b>	non
<b>Recourses</b>	<p>The first kit for digital adult literacy, compiled with the Department of Linguistics of the University "Sapienza" in Rome, consists of 7 volumes: Guidelines for grandparents, Guidelines for teachers, Guidelines for tutors, practical guide to the use of pc, The e-Government Manual, The E-Med Manual, The Technology Guide. Online also video lessons for e-learning.</p> <p>EN: <a href="http://www.eseniors.eu/en_grundtvig.htm">http://www.eseniors.eu/en_grundtvig.htm</a></p> <p>EN: <a href="https://www.tandfonline.com/doi/abs/10.1080/03601277.2017.1386351">https://www.tandfonline.com/doi/abs/10.1080/03601277.2017.1386351</a></p>



<b>Title of activity</b>	<b>Intergenerational exchange of knowledge and experience useful in daily life</b>
<b>Learning objectives</b> (main goal/aim/purpose)	Increase of the ability to communicate between: seniors and teenagers; increase of the ability to listen and understand the needs of people of different ages; increase of the new technology knowledge and its practical application (how to use them in practice).
<b>Description of activity</b> (provide approximately 10 lines)	Organisation of thematic meetings with the participation of seniors and young people, aimed at mutual sharing of knowledge and experience. Young people cooperate with seniors and all participants learn from each other. The topics of the meetings are chosen by the participants and co-managed by them. Each person proposes a topic which is important in his/her opinion and in cooperation with the representatives of the group (trainer- if needed) prepares the thematic meeting (about a chosen topic). The meetings are led by seniors as well as by young people. Example of activities: teenagers help seniors to learn how to use a smartphone or app; on the other hand seniors teach teenagers the basics of cooking traditional dishes; young people help seniors to learn foreign languages; all participants do crosswords together; intergenerational groups of people taking part in board/card games, etc.
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	Increase of the level of tolerance to others; increase in understanding the needs of older people/youth
<b>Requested background of “trainer”/leader of activity</b>	Coach, psychologist, teacher/educator experienced in working with seniors and young people
<b>Description of methods used</b>	Community meetings, where all participants have the same rights and obligations; everyone has an influence on: what topics will be discussed; what skills will be improved.
<b>Type of activation</b> (physical, psychical, memory,...)	x psychical <input type="checkbox"/> physical <input checked="" type="checkbox"/> memory <input checked="" type="checkbox"/> other: intergenerational integration



<p><b>Materials/Equipment needed</b> (papers, pencils, computer,...)</p>	<p>Computers with Internet access and basic Ms Office software knowledge; A4 paper, pens and markers; tablet, mobile phones, cameras etc.</p>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)</p>	<p>Young people aged 14-20 ; seniors (without age limits)</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p>☑ individual x group up to 20 participants (number of participants)</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>Regular meetings at least once a week for a period of 6 months at least</p>
<p><b>Prerequisites of participants</b></p>	<p>Different levels of knowledge and skills are indicated; All members of the group search for information and the development of knowledge and skills</p>
<p><b>Resources</b></p>	<p>Examples of articles about teenagers and seniors working together :</p> <p><a href="https://www.bethesdahealth.org/importance-connecting-young-people-seniors/">https://www.bethesdahealth.org/importance-connecting-young-people-seniors/</a></p> <p><a href="https://www.cyc-net.org/cyc-online/cycol-1103-baizerman.html">https://www.cyc-net.org/cyc-online/cycol-1103-baizerman.html</a></p> <p><a href="https://www.bayshorehomecare.com/10-benefits-connecting-youth-seniors/">https://www.bayshorehomecare.com/10-benefits-connecting-youth-seniors/</a></p>



<b>Title of activity</b>	<b>Gardening, Garden maintenance training</b>
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>The main objective of this project is to provide a hobby that will support the activities of the aged people in the long term and a qualification in which they can use their leisure time. In addition, aged people will be able to participate in social life by sharing experiences with the society.</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> <li>• providing information and advice on the daily life situations of the aged.</li> <li>• help in solving individual problems through training.</li> <li>• to provide the aged with the understanding that they are not alone and that they are a part of society.</li> </ul>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>During this project, a Gardening School will be established and education will be given to elderly individuals in groups of 20 people. Within the scope of the project, local parks and gardens will be visited and outdoor activities will be realized and interaction between elderly individuals will be increased.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>At the end of the project, the elderly will be able to use each other's experiences in their own lives and care in their own garden, hobby garden or other gardens in the vicinity.</p> <p>The elderly will gain new skills by using each other's resources, methods and knowledge. They will increase their self-confidence and reduce their complaints about health.</p> <p>They will have a chance to voluntarily work in landscape arrangement in their own local municipal institutions.</p>
<p><b>Requested background of "trainer"/leader of activity</b></p>	<p>To have the necessary proficiency in gardening, garden arrangement and care and preferably working with the elderly</p>
<p><b>Description of methods used</b></p>	<p>In our project, first of all, we will divide the elderly into groups according to their level of knowledge in this subject and create level groups and provide theoretical and practical training. We will benefit from the elderly individuals who have a high level of knowledge in the</p>



	trainings. Participating actively in the training will increase the impact of our project.
<b>Type of activization</b> (physical, psychical, memory,...)	X psychical X physical X memory <input type="checkbox"/> other <b>conceptual</b>
<b>Materials/ Equipments needed</b> (papers, pencils, computer,...)	Garden tools, transportation vehicles
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	Adults and seniors from these target groups: <ul style="list-style-type: none"> <li>• Male and female unemployed and retired seniors</li> <li>• Volunteers who will provide training for the elderly</li> <li>• Rural residents who have difficulty in accessing such training</li> <li>• NGO representatives who want to serve the elderly</li> </ul>
<b>Recommended size of the group</b> (group or individual)	Volunteer and employee group of 10 people Elderly group of 20 people
<b>Recommended duration</b> (in hours/days + frequency if applicable)	3 Months
<b>Prerequisites of participants</b>	The participant shall have the necessary preliminary information about plants, trees and flowers and the ability to use necessary tools.
<b>Resources (EN)</b>	The works of the municipality, the works of NGOs, articles written on this subject and related websites. <a href="https://www.betterhealth.vic.gov.au/health/healthyliving/gardening-for-older-people">https://www.betterhealth.vic.gov.au/health/healthyliving/gardening-for-older-people</a> <a href="https://www.goldencarers.com/how-to-start-a-garden-club-for-seniors/4314/">https://www.goldencarers.com/how-to-start-a-garden-club-for-seniors/4314/</a> <a href="https://www.gardeningknowhow.com/special/accessible/gardens-for-senior-citizens.htm">https://www.gardeningknowhow.com/special/accessible/gardens-for-senior-citizens.htm</a> <a href="https://www.researchgate.net/publication/308053292_Gardening_intervention_for_physical_and_psychological">https://www.researchgate.net/publication/308053292_Gardening_intervention_for_physical_and_psychological</a>



<b>Resources (TR)</b>	<p><a href="https://dergipark.org.tr/en/download/article-file/390057">_health benefits in elderly women at community centers/link/57f5b09008ae280dd0b8ea0c/download</a></p> <p><a href="https://dergipark.org.tr/en/download/article-file/390057">https://dergipark.org.tr/en/download/article-file/390057</a></p> <p><a href="http://hbogm.meb.gov.tr/modulerprogramlar">http://hbogm.meb.gov.tr/modulerprogramlar</a></p> <p><a href="http://www.cankaya.bel.tr/pages/567/BAHCIVANLIK-EGITIMI-KURSU/">http://www.cankaya.bel.tr/pages/567/BAHCIVANLIK-EGITIMI-KURSU/</a></p> <p><a href="https://agac.istanbul/basin-odasi/haberler/bah%C3%A7ivanlik-kursu-basliyor.aspx">https://agac.istanbul/basin-odasi/haberler/bah%C3%A7ivanlik-kursu-basliyor.aspx</a></p>
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Title of activity	Cultural circle and Library for aged
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>The main aim of this activity is to create a public library as a place that will be supporting activities of elderlies on long-term basis, providing them also space where they can spend their free time. The aim is not, however, establishing a library focused solely on problems of aged people, but rather a place of meetings, where aged ones would feel welcomed being not separated from major society.</p> <p>Specific objectives are:</p> <ul style="list-style-type: none"> <li>• providing information and counselling concerning everyday life-situations that elderlies deal with;</li> <li>• offering support in education, access to internet, places for studying, help with solving problems (mainly connected to health);</li> <li>• providing support to aged as well as non-aged book culture and improving literacy of old people;</li> <li>• offering free-time activities and cultural activities.</li> </ul>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>During the activity, a special library was established providing close to Rome in Monterotondo town. A place where aged ones can educate themselves, meet other people, spend their free time and ask for help or counselling when solving various life situations. The library is reflecting specifics of aged people not only concerning services offered, but also regarding interior conception.</p> <p>Apart from basic library services the library has been offering these specialized services within so-called 'circles':</p> <ul style="list-style-type: none"> <li>• information circle – general and specialized counselling (information about social security benefits, children care, unemployment after retirement, housing etc.); methodical information centre for age issues;</li> <li>• study circle – access to PCs with internet connection, group and individual study places, various courses e.g. on improving PC and information literacy,</li> </ul>

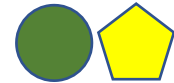


	<p>motivational programmes, assistance with finding a voluntary job;</p> <ul style="list-style-type: none"> <li>• reading circle – support of agenda and non-aged book culture, presenting library collections to library visitors, supplementing library collections with specialized studies literature;</li> <li>• cultural and leisure-time circle – programs for aged with grandchildren and for the whole families: lectures, exhibitions, storytelling, drama, musical and dancing workshops, motivational programs, etc.</li> </ul>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>A completely new library, and the first Aged library in the Central Italy, was built in 2008. Since its opening, it has been offering a collection of materials about social, ethnic and minority issues, specialized health studies, literature, newspapers and minor issues. The library runs, moreover, a club for adult girls organizing meetings with writers, art workshops, workshops on various topics (e.g. health diseases, bullying against aged people, dangers of internet, eating disorders, etc.).</p> <p>For aged ones and families, the library offers places for studying, provides information and counselling services, organises cultural and educational activities.</p> <p>The library thus fulfils its main aim, providing a space for meeting aged and non-aged people to fight against solitude.</p> <p>The aims are described on the field before (description of the activity).</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>At least one year of working with aged people inside a cultural centre or in a cooperative together with them. (professionals and caregivers)</p>
<p><b>Description of methods used</b></p>	<p>In Italy, there are some specialized libraries, however, they focus merely at collecting literature about ages etc. The concept of the Cultural Circle and Aged library is new in a way that it is a library not only about aged but above all for aged and that it serves as a public space where all people can meet, old ones could educate themselves, spend their free time and ask for help when needed.</p>





<p><b>Type of activization</b> (physical, psychical, memory,...)</p>	<p>x psychical <input type="checkbox"/> physical x memory x other <b>conceptual</b></p>
<p><b>Materials/ Equipments needed</b> (papers, pencils, computer,...)</p>	<p>Pc, internet connections, papers, pencils, iPod (in case for individual use), books, articles</p>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)</p>	<p>Caregivers, professionals working with aged ones, aged people in order to involve them in the activities of searching and collecting books and materials with other aged people as volunteers or mentors.</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p>x individual x group of any (number of participants)</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>No time limitations, this is a long term activity useful for a centre for aged people.</p>
<p><b>Prerequisites of participants</b></p>	<p>Not any special pre requisites and not any special manual ability. It is possible to realise this activity in some areas or places with socially excluded groups as the aged ones living in the outskirts of the big cities. Workers and caregivers should have the ability to boost the potential of developing of aged ones in order to foster their social inclusion. A cooperation with other subjects (NGOs, non-formal initiatives, social workers etc.) and their support is also a very important so participants should have or should boost some relations with other groups or entities in order to enrich the network of possible relationships.</p>
<p><b>Resources</b></p>	<p>Article, publications related with the social inclusion activities (there are so many in different languages but not reported here as they cannot be only in Italian) but words for research can be: inclusion, activities for aged,</p>



social inclusion for aged people, fight against solitude, aged a helping aged

The overall costs used for the project reached ca € 40,000. Budget description is as follows:

- furniture (shelves, charging desk, tables and chairs...) – € 11,000
- technical facilities – € 12,000
- library collection – € 17,000

Concerning human resources, there are 5 librarians working in the library branch in as volunteers.

Online museums

<http://www.interactivedesign.digital/>

<http://www.museionline.info/>

Libraries for Aged ones

<https://www.griswoldhomecare.com/blog/libraries-offer-seniors-more-than-just-books/>

<https://www.webjunction.org/explore-topics/older-adults.html>



Title of activity	English education despite all negativity
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>Since English has become the main language of international communication, it is essential for European citizens to improve their communication skills in English in order to:</p> <ul style="list-style-type: none"> <li>• communicate freely among Europeans in real life situations,</li> <li>• seek new opportunities outside their native countries,</li> <li>• collaborate with other aged people from other countries in terms of exchanging knowledge in their respective areas of interest.</li> </ul> <p>Nowadays, aged and adults have a better understanding of the English language through formal and informal education than older adults who might not have had this opportunity to be taught English from the communicative approach. Our group was made up of Partners with experience working with disadvantaged groups of all kinds and some less experienced partners who wanted to learn how to deal with different training situations and to teach in a non formal environment.</p>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>About learning different techniques to teach aged. The workers or teachers will deliver language sessions on team building, group dynamics &amp; handling difficult situations when working together with groups of people. This also will help in working with our respective aged groups.</p> <p>Aged ones will learn from each one's experience in delivering and creating resources to non English speaking adults, they will be followed by a double language teacher / worker.</p> <p>A desire on the part of English teachers from non English speaking countries to make lessons better and help people to converse better rather than just understanding English grammar.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>The activity will allow aged ones to understand one another's methodology and pedagogical approaches to teaching conversational English. It also helped support English teachers to enrich and improve their own teaching approaches. Trainers will work together,</p>



	<p>sharing ideas and experiences through discussions, workshops and observations and took part in lessons. By using each others resources, methods and knowledge, we want to continue to give lessons to our own aged learners in order to improve their communication skills. All our target groups will benefit from the activity by means of better understanding of documents available only in English as International newspapers, being able to use support websites in English and feel confident in contacting others to exchange experiences and ideas when the communication language required is English. This activity was needed given the poor access to English courses in rural areas, significant gap concerning English communication skills between different age groups and a common lack of communicative approach in formal English teaching systems.</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>At least one year of working with aged people inside a cultural centre or in a cooperative together with them. (professionals and caregivers)</p>
<p><b>Description of methods used</b></p>	<p>Our respective aged groups used online blogs &amp; social media to improve communication between then using English as the vehicle. Marketing was important for the project as it would be a vehicle for engaging learners. This was carried out locally to raise the project awareness. The end product shows resources of good practice &amp; they were uploaded to the project blog.</p>
<p><b>Type of activization</b> (physical, psychical, memory,...)</p>	<p><input checked="" type="checkbox"/> psychical <input type="checkbox"/> physical <input checked="" type="checkbox"/> memory <input checked="" type="checkbox"/> other <b>basic language skills</b></p>
<p><b>Materials/ Equipments needed</b> (papers, pencils, computer,...)</p>	<p>Pc, internet connections, papers, pencils, iPod (in case for individual use), books, articles</p>
<p><b>To whom the activity is dedicated</b></p>	<p>We wanted to bring together adult people &amp; aged belonging to these target groups: 1) Disadvantaged, unemployed &amp; retired, old immigrants &amp; ethnic groups; 2) Workers and entrepreneurs lacking communication</p>



<p>(gender, age, barriers/limitations,...description of target group)</p>	<p>skills in English; 3) Residents of rural areas with limited access to English courses 4) English teachers. We aimed at valuing their mutual potential and learning how to help each other expand their knowledge of English delivered in a relaxed &amp; non threatening environment, where hesitant learners would feel more comfortable. We wanted to learn from each other's experience in delivering and creating resources to non English speaking adults. We wanted to share best practice with each country &amp; share resources during our meetings. Each group carried out two surveys, one for trainers &amp; one for aged to gather information on the best learning environment &amp; the learners desire to improve their English communication skills in order to determine their preferred learning style &amp; preferred methods of training. The local groups delivered sessions on team building, group dynamics &amp; handling difficult situations when working together with groups of people.</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p>x individual x group of any (number of participants)</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>3 months at least but without any formal limit to the activity.</p>
<p><b>Prerequisites of participants</b></p>	<p>In order to deliver any language learning session the teachers or workers will have a A2 level of competency and they will be able to communicate in A1 level with the learners.</p> <p>Then the teachers and workers will be able to use mouse, touch pad, key board, (in case of computer classes).</p> <p>It is possible to realize this activity in places with socially excluded groups with potential of developing systematic activities for their inclusion. A cooperation with other subjects (NGOs, non-formal initiatives, social workers etc.) and their support is also a very important.</p>
<p><b>Resources</b></p>	<p>Article, publications related with the social inclusion activities (there are so many in different languages but not reported here as they cannot be only in Italian) but words for research can be: inclusion, activities for aged,</p>



social inclusion for aged people, fight against solitude, language books and texts.

Language lessons for aged ones

<https://www.cae.net/lms-language-schools-features/>

<https://francescolorenti.clickfunnels.com/>

Foreign language courses for aged

<https://www.youtube.com/watch?v=MITfFdNMhrs>



<b>Title of activity</b>	<b>Senior Citizens Computer Class</b>
<b>Learning objectives</b> (main Goal/Aim/Purpose)	<p>To give the opportunity to participants to learn new skills, meet new people who they can become friends with and help each other to learn and gain confidence, which will reduce social exclusion.</p> <p>By encouraging them to use ICT, they will become more digitally aware and will be able to look for information, regarding pensions, tax affairs, housing benefits etc.</p> <p>Some adults will still be able to use the computer to find part time or full time job opportunities.</p>
<b>Description of activity</b> (provide approximately 10 lines)	<p>Upperby CDC facilitate over 50's each Monday for people who are socially excluded. The clubs are divided into two sessions am and pm. During these session the participants come and learn digital skills, computers, tablets, phones, digital photography etc.</p> <p>These participants are generally single males and females.</p> <ul style="list-style-type: none"> <li>• Drop in sessions</li> <li>• Relaxed and friendly atmosphere</li> <li>• Knowledgeable staff</li> <li>• Building confidence</li> </ul>
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	<p>Friendships made. Participants working together, inside and outside of the course time. New skills learnt and developed.</p> <p>Participants progress from computers , to laptops to tablets.</p> <p>Participants now using online sites for shopping, reading newspapers completing forms etc</p> <p>Participants now using facebook, twitter, YouTube etc.</p>
<b>Requested background of "trainer"/leader of activity</b>	<p>At least one year of working with aged people inside a cultural centre or in a cooperative together with them. (professionals and caregivers)</p>
<b>Description of methods used</b>	<p>One to one sessions, Learner led, Group activities. Demonstrations on practical exercises, using digital images etc by qualified tutor.</p>



<b>Type of activization</b> (physical, psychical, memory,...)	x psychical <input type="checkbox"/> physical x memory x other <b>conceptual</b>
<b>Materials/ Equipments needed</b> (papers, pencils, computer,...)	Up to date computer equipment, I-pads, Tablets, Internet – free
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	Socially excluded, Lacking in confidence and self motivation, aged with No ICT skills, people who don't have the equipment at home, Over 50's, Any person wanting to learn new skills, people with no confidence or motivation to learn, Hesitant learners
<b>Recommended size of the group</b> (group or individual)	x individual x group of any (number of participants)
<b>Recommended duration</b> (in hours/days + frequency if applicable)	2 months, but without any formal limitation and it is possible to repeat the activity many other times.
<b>Prerequisites of participants</b>	<p>In order to deliver any language learning session the teachers or workers will have a A2 level of competency and they will be able to communicate in A1 level with the learners.</p> <p>Then the teachers and workers will be able to use mouse, touch pad, key board, (in case of computer classes) and the Office package from Ms-Microsoft.</p> <p>It is possible to realize this activity in places with socially excluded groups with potential of developing systematic activities for their inclusion. A cooperation with other subjects (NGOs, non-formal initiatives, social workers etc.) and their support is also a very important.</p>
<b>Resources</b>	Links <a href="https://www.joinpapa.com/how-to-teach-technology-to-seniors/">https://www.joinpapa.com/how-to-teach-technology-to-seniors/</a> Resources online





	<p><a href="https://www.superprof.co.uk/blog/computer-courses-for-the-elderly/">https://www.superprof.co.uk/blog/computer-courses-for-the-elderly/</a></p> <p><a href="https://www.makeuseof.com/tag/top-8-websites-senior-citizens-obtain-basic-internet-computer-skills-si/">https://www.makeuseof.com/tag/top-8-websites-senior-citizens-obtain-basic-internet-computer-skills-si/</a></p> <p>Articles</p> <p><a href="https://epale.ec.europa.eu/en/content/teaching-computer-skills-older-adults-adapting-their-needs">https://epale.ec.europa.eu/en/content/teaching-computer-skills-older-adults-adapting-their-needs</a></p>
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<b>Title of activity</b>	<b>Young and Old for a better life</b>
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>To value their mutual potential and learn how to help each other build their own personal and professional life project with a view to rendering them able to put into force their capabilities and integrate/reintegrate in the society.</p> <p>The aims and objectives of the project was the focus of `isolated and lonely` senior individuals. The project developed effective communication between elderly people, trainers, disadvantaged people as well as contact between friends and family. The project also promoted education skills in art, culture and basic technology literacy amongst the elderly participants. In addition, the project will focus on educating and building recreational skills to create a means of interest or a hobby to occupy themselves. Partners encouraged self-development amongst these individuals and as a result give these people confidence to be socially active within the community.</p> <p>The project gave participants the opportunity to learn and evaluate different art and cultural teachings, therefore help build a network of friendship by exchanging experiences. Through the exchange experience, participants understand different cultures, increase their knowledge in European living standards with an awareness and benefits of European citizenship.</p>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>We brought together two generations to bridge the gap by addressing the Digital divide between younger and older people to share skills and experiences when using new technologies. Workshops were run with 2 groups of 6 young people and 6 adults at a time using technologies such as computers, mobile phones, digital cameras, kindles, ipad, remote controls and other handheld devices etc. This gave the old ones confidence and understanding using technology, helping to maintain their independence throughout their lives and realise technology can be helpful and not destructive. It helped to give the young people the skills to teach others how to use the equipment, not just to use it for them. They understud adults are not “unintelligent” they just have not been given the skills</p>



	<p>required. They learnt mutual respect for each other's abilities and be able to combine their different skills and knowledge. Verbal communication were a major part in addressing the problem between both ages as the younger generation seem to have a problem talking to adults. The activities were filmed, constituting valuable resources to be shared within the partnership, and with local authorities, educational experts, media, etc. The 10 partners took part in a conference with officials from the town of Rome, including the local council officials. One event was to take part in a "Bridging the gap" debate at a local language college. A visit took place to the library, which is now the hub of the local community. There were other workshops that took place over the two years in 5 different countries.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>Participants working together, inside and outside of the course time. New skills learnt and developed. Participants from all countries worked together on various projects throughout the programme. All parties shared good practice about how they integrate both generations in their organisations.</p>
<p><b>Requested background of "trainer"/leader of activity</b></p>	<p>At least one year of working with aged people inside a cultural centre or in a cooperative together with them. (professionals and caregivers)</p>
<p><b>Description of methods used</b></p>	<p>Getting both generations to accept the views of each other. Willingness for both age differences to work together. This project worked extremely well in all people involved in the project. To value their mutual potential and learn how to help each other build their own personal and professional life project with a view to rendering them able to put into force their capabilities and integrate/reintegrate in the society.</p>
<p><b>Type of activation</b> (physical, psychical, memory,...)</p>	<p>x psychical  <input type="checkbox"/> physical                  x memory                  x other <b>conceptual and digital skills</b></p>
<p><b>Materials/ Equipments needed</b></p>	<p>Pc, internet connections, papers, pencils, iPod (in case for individual use), books, articles</p>



(papers, pencils, computer,...)	
<b>To whom the activity is dedicated</b>  (gender, age, barriers/limitations,...description of target group)	Over 50's adults, 18 – 30's adults, Any person wanting to learn new skills, Male/Female, Socially excluded
<b>Recommended size of the group</b>  (group or individual)	x individual x group of any (number of participants)
<b>Recommended duration</b> (in hours/days + frequency if applicable)	2 months
<b>Prerequisites of participants</b>	<p>In order to deliver any language learning session the teachers or workers will have a A2 level of competency and they will be able to communicate in A1 level with the learners.</p> <p>Then the teachers and workers will be able to use mouse, touch pad, key board, (in case of computer classes) and the Office package from Ms-Microsoft.</p> <p>It is possible to realize this activity in places with socially excluded groups with potential of developing systematic activities for their inclusion. A cooperation with other subjects (NGOs, non-formal initiatives, social workers etc.) and their support is also a very important.</p>
<b>Resources</b>	<p>Articles, publications related with the social inclusion activities and words for research can be: inclusion, activities for aged, social inclusion for aged people, fight against solitude, language books and texts.</p> <p>Useful Links <a href="http://peranziani.it">http://peranziani.it</a></p> <p>Articles <a href="https://www.donnamoderna.com/salute/psiche-e-benessere/passare-piu-tempo-con-gli-anziani-allungare-vita">https://www.donnamoderna.com/salute/psiche-e-benessere/passare-piu-tempo-con-gli-anziani-allungare-vita</a></p> <p>Publications or Newspapers</p>



	<p><a href="https://www.ilfattoquotidiano.it/2018/12/06/giovani-e-anziani-unitevi-i-vostri-bisogni-sono-piu-simili-di-quanto-pensiate/4816091/">https://www.ilfattoquotidiano.it/2018/12/06/giovani-e-anziani-unitevi-i-vostri-bisogni-sono-piu-simili-di-quanto-pensiate/4816091/</a></p> <p>Websites</p> <p><a href="https://www.avvenire.it/papa/pagine/papa-francesco-a-colloquio-con-anziani-e-giovani-2">https://www.avvenire.it/papa/pagine/papa-francesco-a-colloquio-con-anziani-e-giovani-2</a></p>
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<b>Title of activity</b>	<b>Stimulation lab sensory and musical</b>
<b>Learning objectives</b> (main Goal/Aim/Purpose)	Building new relationships; counteracting loneliness; increasing integration with local society; developing manual skills.
<b>Description of activity</b> (provide approximately 10 lines)	The various sensory stimulation laboratories are mostly aimed at people with severe dementia. Through sound paths (guided listening to music), olfactory (spices, perfumes, etc.), visuals (viewing paintings, colours, images, etc.) and tactile (the manipulation of materials, it is a way to reconnect with the positive sensations of childhood, to discover that matter is as mouldable as our body is subject to change) it is possible to reactivate sleepy states, infuse relaxation and well-being, reduce states of agitation, facilitate verbal expression, the externation of emotions, create a providing operators and relatives with another picture of the person involved.
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	Insists the sensorially sits.
<b>Requested background of "trainer"/leader of activity</b>	Formation in music therapy
<b>Description of methods used</b>	Music therapy is the use of music and/or its elements (sound, rhythm and harmony) by a qualified music therapist, in individual or group relationship, within a defined process to facilitate and promote communication, relationships, learning, mobilisation, expression, organisation and other therapeutic goals worthy of relief in order to meet the needs physical, emotional, mental, social and cognitive.
<b>Type of activization</b> (physical, psychical, memory,...)	Music therapy aims to develop potential and/or rehabilitate the individual's functions so that he can achieve better integration on the intrapersonal and/or interpersonal level and, consequently, a better quality of life prevention, rehabilitation and therapy.



<p><b>Materials/Equipments needed</b></p> <p>(papers, pencils, computer,...)</p>	<p>A studio adapted to the needs of seniors with sounds instruments.</p>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers /limitations, description of target group)</p>	<p>Senior with cognitive impairment.</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p>The limit depends on the needs and severity of the cases.</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>The duration depends severity of the cases and the objectives we want to achieve.</p>
<p><b>Prerequisites of participants</b></p>	<p>non</p>
<p><b>Resourses</b></p>	<p>Materials in musicotherapy.</p> <p>EN: <a href="https://montessorituzla.ba/en/montessori-iq-music-lab/">https://montessorituzla.ba/en/montessori-iq-music-lab/</a></p> <p>EN: <a href="https://www.countrymeadows.com/blog/sensory-stimulation-benefits-seniors-in-need-of-memory-support">https://www.countrymeadows.com/blog/sensory-stimulation-benefits-seniors-in-need-of-memory-support</a></p> <p>EN: <a href="https://www.enasco.com/c/Senior-Activities/Sensory-Stimulation/Auditory-Stimulation">https://www.enasco.com/c/Senior-Activities/Sensory-Stimulation/Auditory-Stimulation</a></p>

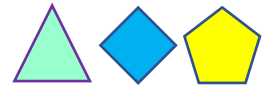


<b>Title of activity</b>	<b>Self-tracking calendar of “well-being”</b>
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>The aim is to increase the ability to self-assess one's own behaviour and emotional states; to increase the ability to plan a day and become more active</p>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>A self-assessment tool for seniors, which is helpful in assessing what makes seniors feel better and worse; what kind of activities they should avoid in their everyday life and what they should do more to increase their level of life satisfaction. As the level of general satisfaction increases, it is assumed that the level of being active will increase also. Than the level of seniors independence will increase and their health will improve in general.</p> <p>The self-tracking covers keeping a diary of the person’s well-being for a period of 2 weeks at least. Every day in the evening (before falling asleep) the senior writes down the activities in which they participated during the day. He/she assigns each activity by giving + or - (assessing whether it has improved or worsened the well-being). On the basis of a two-week observation, the senior is able to assess after which activities they feel better and which particular activities have a negative impact on them.</p> <p>On the basis of the information gathered, the senior learns to plan each day and include as many activities as possible that improve they well-being. Senior also learns how to avoid doing things which make him/her feel worse.</p> <p>This tool is helpful to counteract depression (experienced by many seniors nowadays).</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>Self-observation, self-assessment, assessment of one's own behaviour and reactions, day-planning</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>Coach, therapist, psychologist working in an individual relationship with a senior</p>





<b>Description of methods used</b>	
<b>Type of activation</b> (physical, psychical, memory,...)	<input checked="" type="checkbox"/> psychical <input type="checkbox"/> physical <input checked="" type="checkbox"/> Memory <input checked="" type="checkbox"/> other
<b>Materials/Equipment needed</b> (papers, pencils, computer,...)	Paper, calendar, pen, tablet/computer (if electronic version of calendar)
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	All seniors ( both active and passive)
<b>Recommended size of the group</b> (group or individual)	x individual
<b>Recommended duration</b> (in hours/days + frequency if applicable)	<p>The whole process of implementation of changes in everyday functioning takes about 6 months. The person first carries out self-observation for at least two weeks. Then they implement more and more activities assessed by themselves as the one which have an impact on the increase of satisfaction/ well-being. Then senior reflects on other activities that can improve the quality of life and tries to gradually implement these elements in their plan of a day (each time assessing whether the particular activity is appropriate for him/her). Then the senior learns how to eliminate/reduce activities that affect him/her negatively (e.g. conversations with a specific person, prolonged TV watching or watching specific programmes, etc.).</p> <p>This tool helps to develop new habits and increase seniors satisfaction from life.</p>
<b>Prerequisites of participants</b>	non



<b>Resources</b>	Example of the tool (an example of a daily activities with a self-assessment):				
	<b>Date</b>	<b>Activities done 6.00-12.00</b>	<b>Activities done 12.00-18.00</b>	<b>Activities done 18.00-00.00</b>	<b>Activities done 00.00-6.00</b>
	MONDAY (dd-mm-yy)	1..... +/- 2.....+ /- 3.....+/ - .....	1..... +/- 2.....+ /- 3.....+/ - .....	1..... +/- 2.....+ /- 3.....+/ - .....	1..... +/- 2.....+ /- 3.....+/ - .....
	TUESDAY (dd-mm-yy)				
	WEDNESDAY (dd-mm-yy)				
	THURSDAY (dd-mm-yy)				
	FRIDAY (dd-mm-yy)				



	SATURDAY (dd-mm-yy)				
	SUNDAY (dd-mm-yy)				



<b>Title of activity</b>	<b>Second Spring Houses</b>
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>The Second Spring Houses Project aims to create private living spaces for retirees from a completely different perspective from the current approach in society. These houses should not be considered as a home for the elderly, nor a nursing home or a nursing home. Young people who choose to stay alone or with their spouses in these new special residential areas will have the opportunity to benefit from the services. As the main purpose of the project; In the social responsibility projects, the elderly will be actively involved with young people and will work primarily to meet the needs of students who are in difficulty of studying at university due to economic disabilities. Second Spring Houses Project revenues will be used for this purpose.</p>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>In the scope of the project, university students will provide voluntary help services. The relations here will be based on coordinated solidarity within the context of mutual responsibilities, not on the basis of the client / employee. There will be a separate common space for social activities, including a cafeteria, training rooms, workshops and administrative offices. Social and cultural activities will be provided to the elderly people who participate in the project outside the houses. In workshops, different handicrafts such as knitting, ceramics, wood, as well as artistic activities such as music and painting will be possible. In addition to the possibility to realize different applications in the advanced computer laboratory, the university library and a separate library for popular publications will also be utilized. In addition, cultural tours and domestic and international holiday opportunities will be created in which young people can participate.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>The project will create an appropriate platform for in-depth research in various disciplines such as old age, youth, intergenerational relations, social responsibility, development of pre-social behaviors and fundamental rights. In addition, joint studies with relevant University Centers will be developed in order to carry out the implementation effectively.</p>



<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>Instructors who have worked with young people who have competence in elderly education</p>
<p><b>Description of methods used</b></p>	<p>In order to help the elderly, some of the volunteer students will be accommodated in this family environment and will carry out their activities with the support of experts by participating in a training program organized by experts in order to develop a healthy relationship. These services include; physical therapy, health care, personal care and maintenance, transportation, house cleaning etc. First of all, the guests of these houses will be voluntary retirees who do not accept the perception of old age of society, who believe that they will still do for themselves and for the society, who have the desire to live an active life and who will be pleased to be among the youth. The results of academic studies for a quality life after retirement were accepted as the main reference in shaping the project.</p>
<p><b>Type of activization</b> (physical, psychical, memory,...)</p>	<p> <input checked="" type="checkbox"/> psychic  <input type="checkbox"/> physical  <input checked="" type="checkbox"/> memory  <input checked="" type="checkbox"/> other conceptual                 </p>
<p><b>Materials/ Equipments needed</b> (papers, pencils, computer,...)</p>	<p>It is envisaged that there will be 3 to 4 storeys in harmony with the ecological environment, 10 studio flats on each floor and common areas such as rest, kitchen, dining, television, bookcase, architectural elements facilitating life for the elderly, and having the style of decorating where they can find the warmth of their own homes. Each floor will also have two similar apartments, which allow up to four students to stay.</p>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)</p>	<p>This project is based on two pillars of society; “Young people”, and “old people”. First of all, the guests of these houses will be voluntary retirees who do not accept the perception of old age of society, who believe that they will still do for themselves and for the society, who have the desire to live an active life and who will be pleased to be among the youth. The second target group of the project will be university students who will</p>



	provide voluntary help services without financial resources.
<b>Recommended size of the group</b> (group or individual)	20-25 people
<b>Recommended duration</b> (in hours/days + frequency if applicable)	10 months
<b>Prerequisites of participants</b>	No special prerequisites and no special competence. Collaboration and their support is also very important in the whole project (NGOs, informal initiatives, social workers, etc.).
<b>Resources (EN)</b>	The revenues of the project will be provided by the donations of real persons, civil or official organizations and monthly payments of the elderly receiving the above services. These revenues are important for ensuring the continuity of the Second Spring Houses Project Center activities. <a href="https://www.sabah.com.tr/guney/2018/02/28/emekliler-icin-ikinci-bahar-evi-aciliyor">https://www.sabah.com.tr/guney/2018/02/28/emekliler-icin-ikinci-bahar-evi-aciliyor</a> <a href="http://www.hussam.hacettepe.edu.tr/Projeler/2.BaharEvleri.html">http://www.hussam.hacettepe.edu.tr/Projeler/2.BaharEvleri.html</a>
<b>Resources (TR)</b>	<a href="https://www.haberler.com/yaslilar-icin-ikinci-bahar-evleri-5367004-haberi/">https://www.haberler.com/yaslilar-icin-ikinci-bahar-evleri-5367004-haberi/</a> <a href="https://www.kayseriolay.com/ikinci-bahar-evi-muteahhidini-ariyor-h30269.htm">https://www.kayseriolay.com/ikinci-bahar-evi-muteahhidini-ariyor-h30269.htm</a> <a href="https://www.latimes.com/archives/la-xpm-1992-02-02-mn-1805-story.html">https://www.latimes.com/archives/la-xpm-1992-02-02-mn-1805-story.html</a> <a href="https://www.seniorlivinghelp.org/assisted-living/vermont/bradford.html">https://www.seniorlivinghelp.org/assisted-living/vermont/bradford.html</a> <a href="https://www.verywellhealth.com/activities-for-nursing-homes-and-assisted-living-197773">https://www.verywellhealth.com/activities-for-nursing-homes-and-assisted-living-197773</a> <a href="https://ourhousesl.com/activities/">https://ourhousesl.com/activities/</a>



Title of activity	Kitchen Lab
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<ul style="list-style-type: none"> <li>• Motivate socialization and sharing of experiences (choice, preparation, tasting).</li> <li>• Encouraging the correct fine-motor movements, also in relation to other interventions (synergy with the work done in re-education interventions for example).</li> <li>• Stimulating the senses in relation to activity (tactility, smell, taste, sight, hearing).</li> <li>• To learn new words (specialized vocabulary).</li> </ul>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>The aim of the workshop is to involve guests in a once habitual activity such as cooking, making sure that everyone contributes according to their residual skills and abilities. The workshop provides a collective choice of recipes that will be prepared, usually the holidays offer an opportunity for the choice of recipes, which also serves to work on the temporal orientation. Each participant is called to contribute by telling their own experience, sharing with others their own tastes and preferences and the variants that used to make to the chosen recipe. Once you have chosen the recipe you will move on to the preparation. The occupational therapist who follows the workshop offers everyone the support necessary to prepare the dish.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>To share experiences and learning with other.</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>Background in kitchen laboratory.</p>
<p><b>Description of methods used</b></p>	
<p><b>Type of activization</b> (physical, psychical, memory...)</p>	<p>Physical, psychical and memory.</p>



<p><b>Materials/Equipment's needed</b> (papers, pencils, computer...)</p>	<p>A kitchen adapted to make guest work easier, kitchen utensils special artefacts to make up for specific deficits.</p>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations...description of target group)</p>	<p>All seniors.</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p>The Limit of number of people depends of the size of the kitchen.</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>Once a week. For the duration it's depends of the dish they want to cock.</p>
<p><b>Prerequisites of participants</b></p>	<p>non</p>
<p><b>Recourses</b></p>	<p>All materials needed for cooking. EN: <a href="https://pacemanila.com/senior-high-kitchen-immersion-program/">https://pacemanila.com/senior-high-kitchen-immersion-program/</a> EN: <a href="https://www.nap.edu/read/11311/chapter/5">https://www.nap.edu/read/11311/chapter/5</a></p>





<b>Title of activity</b>	<b>Dancing clubs for seniors</b>
<b>Learning objectives</b> (main Goal/Aim/Purpose)	Building new social relations; counteracting loneliness; increasing integration with the elderly,
<b>Description of activity</b> (provide approximately 10 lines)	<p>A survey conducted between seniors measuring their needs; they reported that they face a lack of the opportunity to go to a dancing clubs dedicated only to seniors. In their senior age they still have a need for integration, participation in organized dance parties and many seniors feel uncomfortable while attending clubs for young people due to the fact that usually dance clubs in cities are planned to be visited by young people (average age about 30, modern music) seniors do not feel comfortable in such places.</p> <p>The growing number of seniors living alone, experiencing the need for integration and building social relationships, they reported the lack of dance clubs only for seniors (people aged 55 and over). The clubs should be open at least 3 days a week. It is advisable for such clubs to provide “café services”, where seniors can come during the day and meet for a “coffee conversation”, and in the evenings to participate in an organized dance parties with live music. In such a club some thematic meetings (literature, art) could be organized as well.</p>
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	self-confidence in interpersonal relations
<b>Requested background of “trainer”/leader of activity</b>	A person with a knowledge of the needs of seniors and experience in organising integration events for seniors.
<b>Description of methods used</b>	Survey and brainstorming
<b>Type of activation</b> (physical, psychical, memory,...)	X other : combating social isolation and loneliness



<p><b>Materials/Equipment needed</b> (papers, pencils, computer,...)</p>	<p>Club adapted to the needs of seniors; if possible: convenient location close to the city centre</p>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)</p>	<p>All seniors (at the age 55 +)</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p>non</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>Club opened at least 3 times a week from 11.00 a.m. to 10.00 p.m.</p>
<p><b>Prerequisites of participants</b></p>	<p>non</p>
<p><b>Resources</b></p>	<p>Examples of articles about the influence of dance on the functioning of seniors:</p> <p><a href="https://www.yourcareeverywhere.com/life-stages/healthy-aging/health-benefits-of-dancing-for-seniors.html">https://www.yourcareeverywhere.com/life-stages/healthy-aging/health-benefits-of-dancing-for-seniors.html</a></p> <p><a href="https://www.careexperts.org.au/helpful-tips/benefits-of-dance-for-seniors">https://www.careexperts.org.au/helpful-tips/benefits-of-dance-for-seniors</a></p> <p><a href="https://www.feroscare.com.au/fero-stories/articles/dancing-for-better-health---physical-activity-for-seniors">https://www.feroscare.com.au/fero-stories/articles/dancing-for-better-health---physical-activity-for-seniors</a></p>



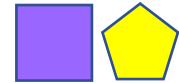
<b>Title of activity</b>	<b>Dietary Education and Cooking for General Well Being</b>
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>Being able to watch one’s own diet in a healthy way by actively applying useful cooking techniques, as a defense mechanism for old age illnesses.</p> <p>Awareness of the vital vitamins, minerals, healthy fats, antioxidants, collagens, etc and macro nutrition such as carbohydrates, fats and proteins, as well as particular food items used for nourishment in alternative medicine.</p>
<p><b>Description of activity</b> (provide approximately 10 lines)</p>	<p>During the application of a survey, when asked about cooking lessons, some seniors said that they need support from a dietician because they want to be aware of what food is good and what is not good for their general health.</p> <p>The growing number of seniors living alone taken into consideration, they don’t get nutrition in a reasonable way. So, they need to know how much of what food they should buy from the supermarket and grocery; and they need to know healthy cooking techniques and health benefits of each food and dish; which food fights against what symptom or disease; and what makes their immunity strong and themselves more active.</p> <p>Some senior people know the benefit of some superfoods such as natural honey, olive oil molasses, mixed trotting soup, some spices, nuts and teas sold in particular shops called “aktar”, kefir or Turkish yoghurt.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>A growing knowledge and raised awareness about nutrition and dietary habits.</p> <p>Knowing how to and how much they need to integrate good food into their diet.</p> <p>Being able to prepare their own food independently and without risks.</p> <p>Watching their diet in a sensible way in order to avoid some cases of bad health.</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>A dietician, a professional cook (and a nurse preferably) who has vast knowledge and practice on senior diets.</p>



	These staff must have a certificate for teaching or training in their own field.
<b>Description of methods used</b>	Presentations. Practical demonstration on the spot. Application of the methods with special monitoring and assistance for each individual.
<b>Type of activation</b> (physical, psychical, memory,...)	x psychical x physical x memory x other combating age-related diseases
<b>Materials/ Equipments needed</b> (papers, pencils, computer,...)	A small conference room or a local club. Cooking materials, cookers, utensils
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	All seniors (aged 55 +)
<b>Recommended size of the group</b> (group or individual)	x individual x group of any (15)
<b>Recommended duration</b> (in hours/days + frequency if applicable)	2 months. Three times a week. 5 hours in the afternoons.
<b>Prerequisites of participants</b>	Non
<b>Resources (EN)</b>	<a href="https://healthyeating.sfgate.com/nutrition-activities-elderly-12123.html">https://healthyeating.sfgate.com/nutrition-activities-elderly-12123.html</a> <a href="https://ed.ted.com/lessons?category=nutrition">https://ed.ted.com/lessons?category=nutrition</a> <a href="https://www.healthline.com/health/healthy-eating-for-seniors">https://www.healthline.com/health/healthy-eating-for-seniors</a>



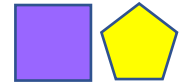
<b>Resources (TR)</b>	<p><a href="https://www.uptodate.com/contents/diet-and-health-beyond-the-basics">https://www.uptodate.com/contents/diet-and-health-beyond-the-basics</a></p> <p><a href="http://www.agingkingcounty.org/wp-content/uploads/sites/185/2016/09/FinalNutritionEducation.pdf">http://www.agingkingcounty.org/wp-content/uploads/sites/185/2016/09/FinalNutritionEducation.pdf</a></p> <p><a href="https://www.ncbi.nlm.nih.gov/pubmed/12047828">https://www.ncbi.nlm.nih.gov/pubmed/12047828</a></p> <p><a href="https://www.sciencedirect.com/science/article/abs/pii/S1499404606603102">https://www.sciencedirect.com/science/article/abs/pii/S1499404606603102</a></p> <p><a href="https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-nutrition/">https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-nutrition/</a></p> <p><a href="https://hnrca.tufts.edu/myplate/">https://hnrca.tufts.edu/myplate/</a></p> <p><a href="https://www.acibademmobil.com.tr/yaslilarda-beslenme-bozukluklari/">https://www.acibademmobil.com.tr/yaslilarda-beslenme-bozukluklari/</a></p>
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Title of activity	Horticultural therapy
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<ul style="list-style-type: none"> <li>• stimulate decision-making,</li> <li>• to experience success,</li> <li>• develop a sense of responsibility in care,</li> <li>• give tasks,</li> <li>• allow the sharing of experiences,</li> <li>• tell and tell stories.</li> </ul>
<p><b>Description of activity</b></p>	<p>HT is an activity that needs to be structured because plant care needs quite precise time and defined modes. HT usually takes place daily at fixed times when individuals or groups are conducted in the dedicated space. HT, especially at the beginning, is a management activity in which the therapist gives tasks and explanations by taking on a leadership and control role (e.g. will explain how to water or prune, will say when it is time to sow etc). Despite the need for the presence of the therapist, the patient is free to conduct the activity alone by applying the methods and strategies learned. If the activity is group, they can join experienced patients (who will borrow the role of the therapist) new patients to encourage imitation learning and meaning negotiation. If there is a need to achieve special objectives (e.g. exercise of specific motor activities) the therapist will structure the activity on the basis of those objectives (e.g. it will oblige certain movements or routes).</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>Increase in the variety of personal skills.</p>
<p><b>Requested background of "trainer"/leader of activity</b></p>	<p>Experiences in gardening and group management.</p>
<p><b>Description of methods used</b></p>	<p>Horticultural therapy is simply gardening as therapy: plants are used to perform an activity of improvement and comfort of the body, mind and spirit. HT was not properly "theorized", but it was born mainly from the</p>



	<p>experience of therapists. It was recently formalized by Hank Bruce in "Gardens for the Senses, Gardening as Therapy" which collected the well-known techniques of gardening to adapt them in contexts of care and therapy with a focus on safety, continuous stimulation of the senses sharing spaces and activities.</p>
<p><b>Type of activation</b> (physical, psychical, memory...)</p>	<p>Physical and memory.</p>
<p><b>Materials/Equipment's needed</b> (papers, pencils, computer...)</p>	<p>Indoor or outdoor garden.</p> <p>The main features of the garden are:</p> <ul style="list-style-type: none"> <li>• the size enough to move and to have different points of view;</li> <li>• exposure to the sun and air where possible;</li> <li>• the presence of water (fountain, stream or pool).</li> <li>• The typical tools of gardening (palettes, rakes, watering cans, shears, pots, etc.-</li> <li>• use requires supervision although many tools are made in a way that is not dangerous);</li> <li>• Containers for the earth (it is important for tactile sensations and the modellability);</li> <li>• Touch Pool (it is a shallow container – 2 cm – from which to take water and in which to dip your hands to wash them; it can be a structure in its own right or the terminal of a fountain);</li> <li>• Plants (there are certain categories of plants to use in the HT: all are non-poisonous and spineless, some categories are properly tactile, others smelly others still coloured and are used according to the goals and liking of the individual patient).</li> </ul>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations...description of target group)</p>	<p>HT is applied with elderly people suffering from physical disabilities that do not compromise autonomy, Alzheimer's, Down syndrome, the elderly in general (especially in institutions), the blind.</p>
<p><b>Recommended size of the group</b></p>	<p>The Limit of number of people depends of the garden. The activities can be in group or individual.</p>



(group or individual)	
<b>Recommended duration</b> (in hours/days + frequency if applicable)	Depends on the therapist and on the objectives, we want to achieve.
<b>Prerequisites of participants</b>	non
<b>Recourses</b>	<p>Hank Bruce, "Gardens for the Senses, Gardening as Therapy".</p> <p>EN: <a href="https://www.ahta.org/horticultural-therapy">https://www.ahta.org/horticultural-therapy</a></p> <p>EN: <a href="https://edition.cnn.com/2018/08/03/health/sw-horticultural-therapy/index.html">https://edition.cnn.com/2018/08/03/health/sw-horticultural-therapy/index.html</a></p> <p>EN: <a href="http://www.jtcm.org/horticultural-therapy/">http://www.jtcm.org/horticultural-therapy/</a></p> <p>IT: <a href="http://www.healinggardens.it/horticulture.php">http://www.healinggardens.it/horticulture.php</a></p>





Title of activity	DIYing studio (handicraft workshops)
<b>Learning objectives</b> (main Goal/Aim/Purpose)	Building new relationships; counteracting loneliness; increasing integration with local society; developing manual skills.
<b>Description of activity</b>	<p>Regular meetings for members of local society (especially seniors) in the handicraft workshop (studio), where seniors have the opportunity to develop their manual skills such as: making stained glass creation, painting, woodworking, pottery, renovation of worn-out objects (e.g. tables, chairs, picture frames), etc. It is important to equip the studio with various tools so that the workshop could be attended by people involved in different activities at the same time. The studio should be open at least 3 hours each time (at least twice a week). Seniors can come at a time convenient for them, join the group and take care of / take part in the chosen activity. A support of a therapist supporting seniors is crucial in the studio. Such a person should provide individual support for seniors. It is advisable for the place to have a “calming character” (relaxing music in the background - sounds of nature).</p> <p>The studio has the character of an “open creative space” for members of local society at diverse age, but in particular it is dedicated to seniors from the neighbourhood. It is advisable that such studios should be located near the particular district centres.</p>
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	Increase in the variety of handicraft skills
<b>Requested background of “trainer”/leader of activity</b>	handicraft professional background
<b>Description of methods used</b>	Already described in: “Description of activity”
<b>Type of activation</b> (physical, psychical, memory,...)	x other: combating social isolation and loneliness; handicraft



<b>Materials/Equipment needed</b> (papers, pencils, computer,...)	The handicraft studio has to be equipped with various tools for a wide range of implementation. The studio should be adapted to the needs of seniors.
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	All seniors ( all participants receive an individual support in accordance to their individual needs/skills/ level of manual skills)
<b>Recommended size of the group</b> (group or individual)	The limit number of people depends of the size of the studio
<b>Recommended duration</b> (in hours/days + frequency if applicable)	Studio opened at least 2 times a week. Each time for at least 3 hours
<b>Prerequisites of participants</b>	non
<b>Resources</b>	Examples of articles/handbooks/films about the influence of DIYing and handicraft workshops on functioning of seniors:  ENG (handbook, a result of Erasmus + project): <a href="http://craftwellbeing.eu/wpinst/wp-content/uploads/2017/08/handbook.pdf">http://craftwellbeing.eu/wpinst/wp-content/uploads/2017/08/handbook.pdf</a>  ENG: <a href="https://www.youtube.com/watch?v=z9SuumFvUu8">https://www.youtube.com/watch?v=z9SuumFvUu8</a>  ENG: <a href="https://www.seniorliving.org/life/activities/crafting/">https://www.seniorliving.org/life/activities/crafting/</a>  ENG: <a href="http://www.boomers-with-elderly-parents.com/easy-crafts.html">http://www.boomers-with-elderly-parents.com/easy-crafts.html</a>



Title of activity	Story Telling and Poem, Memoirs Compilation
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>Intergenerational exchange of knowledge of cultural value and useful in daily lif, between seniors and young people.</p> <p>Increasing intergenerational dialogue.</p> <p>Preventing loss of memory both in the literal and actual meaning of the word.</p> <p>After the outcome of this activity is produced, other people will gain cultural knowledge from the seniors. Short peoems called “mani” which are mostly verbal literature and old folk songs called “türkü” etc will not be forgotten.</p>
<p><b>Description of activity</b></p>	<p>There will be a team of young people, who are mostly teenagers, and they will have scheduled sessions with the seniors. The seniors will tell them stories, talk about their memories, poems, etc. The young people, together with the help of the volunteering seniors, will be in charge of recording, writing or recording a video of what the seniors deliver to them. This will be done over an extended period of time so that there will be a vast collection of recorded material which later could become a book or an e-book and published. There will be a teacher to moderates and supervise the sessions and the outputs.</p>
<p><b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)</p>	<p>Being able to recollect and then communicate in a rather organised manner their memories. Working with and collaborating with a group of much younger generation.</p>
<p><b>Requested background of “trainer”/leader of activity</b></p>	<p>Only good communication skills and patience is needed, considering the youth that will work with the seniors.</p>
<p><b>Description of methods used</b></p>	<p>Community meetings, where all participants have the same rights and obligations. Each senior citizen will have the freedom to talk about what topic s/he wants. Their speech will be recorded and then typed by voluntary younger people.</p>
<p><b>Type of activization</b></p>	<p><input checked="" type="checkbox"/> psychical <input type="checkbox"/> physical</p>

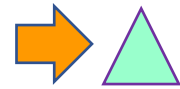




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Title of activity	Validation therapy
<b>Learning objectives</b> (main Goal/Aim/Purpose)	<ul style="list-style-type: none"> <li>• Recover self;</li> <li>• Decrease behavioural problems.</li> </ul>
<b>Description of activity</b>	<p>Group validation therapy, according to Feil, provides one session per week in which each member plays a specific role to be agreed upon at the beginning of therapy. The group meeting, ranging from 30-60 minutes, usually includes four separate moments dedicated to music, interview, motor exercise and food. Again, reminiscence in the strict sense is accompanied by stimulation interventions that can promote interaction between patients and therapists. All these activities are aimed at dialogue with the patient who will have to be led to externalise his vision of reality. The therapist should comfort his vision by coming into contact with it empathetically, showing understanding and participation and adding elements consistent with the elder's vision.</p>
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	Improving interpersonal relationships
<b>Requested background of “trainer”/leader of activity</b>	Experience and background in validation therapy
<b>Description of methods used</b>	<p>"Validation" therapy is a technique proposed by Feil in 1967 - Group therapy in a home for the aged) that through listening by the therapist tries to know the vision of the patient's reality (the memory of which can lead him to live in antecedent periods) life experience), in order to create meaningful emotional contacts. The main goal is not to bring the patient back to the current reality, but, on the contrary, it is to empathize with his "world" in order to understand his behaviours, feelings and emotions. Validation therapy appears to be influenced by psychodynamic theories and at the same time adopts a "humanistic" approach; humanistic theories believe that the way in which the subject sees and interprets the surrounding reality (individual optics) is more important than objective reality.</p>



<b>Type of activization</b> (physical, psychical, memory...)	Psychical
<b>Materials/Equipment needed</b> (papers, pencils, computer...)	There are no specific instruments, only sometimes you use music.
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations...description of target group)	Elderly people with dementia.
<b>Recommended size of the group</b> (group or individual)	Validation therapy can be applied both individually and in groups (5-10 participants) that meet regularly.
<b>Recommended duration</b> (in hours/days + frequency if applicable)	The group meeting, lasting 30-60 minutes.
<b>Prerequisites of participants</b>	non
<b>Recourses</b>	<p>Feil in 1967 - Group therapy in a home for the aged.</p> <p>EN: <a href="https://www.seniorliving.org/health/validation-therapy/">https://www.seniorliving.org/health/validation-therapy/</a></p> <p>EN: <a href="https://www.verywellhealth.com/using-validation-therapy-for-people-with-dementia-98683">https://www.verywellhealth.com/using-validation-therapy-for-people-with-dementia-98683</a></p> <p>EN: <a href="http://horticultural-therapy-trust.org/">http://horticultural-therapy-trust.org/</a></p>

Title of activity	Inspiration for Inclusion
<p><b>Learning objectives</b> (main Goal/Aim/Purpose)</p>	<p>The activity develops knowledge and skills of aged ones that help to successfully solve challenges of mutual coexistence of people from various cultural backgrounds. The objectives are:</p> <ul style="list-style-type: none"> <li>• Informing professionals and aged ones about a new conception of inclusive activities.</li> <li>• Providing them with tools for work with others as with one collective.</li> <li>• Providing caregivers with inspirational teaching methods</li> <li>• Create and develop support network.</li> <li>• Sharing of good practices.</li> <li>• Providing professionals with tools for self-evaluation.</li> </ul>
<p><b>Description of activity</b></p>	<p>The method consists of two main activities. The first one is a seminar 'Introduction to Inclusion' that should inform professionals and leading staff about changes in inclusive education, provide them with examples of good practices and invite them to the next project activities.</p> <p>The second activity is a several-day lasting activity with aged named 'A small School of Inclusion'. It provides caregivers with the up-to-date information about common education, inclusion, individualized education, methods for effective management, examples of good practices of inclusion and introduces them modern methods for inclusive education. They have also possibility to try the methods in practice when working with simulated classroom consisting of aged people having various specific needs.</p> <p>As an outcome of the project, a brochure on methodology of multicultural education will be published. It will include a detailed description of the structure of lectures of multicultural activities and audiovisual material. Another outcome will be a methodical material 'Inspiration for inclusion' covering</p>



	basic terms in inclusive education, expert texts for caregivers and examples of good practices.
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	<p>Within the first round of 'A Small School of Inclusion', staff members and professionals will be informed about new conception of inclusive activities with aged people. Around 40 of them will take part in the training, adopting new methods of inclusive activities and evaluation and later they will use them in their daily activities with aged ones.</p> <p>In the past activities they learnt about different cultures, habits, importance of cultural diversity and intercultural dialogue based on understanding as well as about necessity in being initiative themselves in this.</p>
<b>Requested background of "trainer"/leader of activity</b>	At least one year of working with aged people inside a cultural centre or in a cooperative together with them (professionals and caregivers).
<b>Description of methods used</b>	<p>It is innovative in providing a complex support of creating pro-inclusive environment in the centre consisting of:</p> <ul style="list-style-type: none"> <li>• information about new conception of inclusion adopted by the recent methodologies;</li> <li>• practical lectures/workshops of multicultural education for aged ones;</li> <li>• teaching gerontology modern inclusive educational methods and giving them space to share examples of good practices</li> </ul> <p>The lectures are led by 2 trainers</p>
<b>Type of activation</b> (physical, psychical, memory,...)	<input type="checkbox"/> psychical <input type="checkbox"/> physical <input type="checkbox"/> memory <input checked="" type="checkbox"/> other conceptual
<b>Materials/ Equipments needed</b> (papers, pencils, computer,...)	PC, internet connections, papers, pencils, iPod (in case for individual use)

<p><b>To whom the activity is dedicated</b></p> <p>(gender, age, barriers/limitations,...description of target group)</p>	<p>Caregivers, professionals working with aged ones, young aged people in order to involve them in the activities with other aged people as volunteers or mentors.</p>
<p><b>Recommended size of the group</b></p> <p>(group or individual)</p>	<p>☑ individual</p> <p>x group of 40 (number of participants)</p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	
<p><b>Prerequisites of participants</b></p>	<p>Not any special professional prerequisites and not any special manual ability except the ability to use mouse, touch pad, key board,... (in case of computer classes).</p>
<p><b>Resources</b></p>	<p>Article, publications related with the social inclusion activities (there are so many in different languages but not reported here as they cannot be only in Italian) but words for research can be: inclusion, activities for aged, social inclusion for aged people, fight against solitude, aged helping aged.</p> <p>8 inclusive family activities for aged and young ones</p> <p><a href="https://www.feroscare.com.au/feros-stories/articles/8-inclusive-family-holiday-activities-kids-senior-friendly">https://www.feroscare.com.au/feros-stories/articles/8-inclusive-family-holiday-activities-kids-senior-friendly</a></p> <p>Inclusive activities for aged ones</p> <p><a href="https://www.activeluton.co.uk/activities-for-older-people">https://www.activeluton.co.uk/activities-for-older-people</a></p> <p>Portal for Aged Ones (in Italian)</p> <p><a href="https://peranziani.it/">https://peranziani.it/</a></p> <p>Activities of social Inclusion for Elderly (in Italian)</p> <p>In attachment</p>



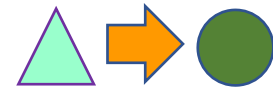
Title of activity	Memory training/Haptic sets
<b>Learning objectives</b> (main Goal/Aim/Purpose)	Development and enhancement of sensory memory, specifically the tactile (haptic) memory. The sensory memory allows us to store information gathered by the senses for a short period of time and thus processes immediate stimuli.
<b>Description of activity</b>	The trainer prepares haptic sets and places them in opaque bags. Each set contains ten items that should be easily recognizable by touch (e.g. a pine cone, pebble, feather, bean, shell ...) The trainer has a blindfold prepared for each participant. Having their eyes blindfolded, the clients receive a bag a try to identify all the items contained inside. They classify the items into those they recognized and those they could not identify. Subsequently, the clients can order the items from the largest to the smallest, or sort them by touch according to a model set (they touch the item and then try to find the same item, assigning the item to it–again without using their vision).
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	Strengthening the ability to examine items by touch, better awareness of feelings such as pain, heat, itching, tingling, pressure or vibration. In addition, seniors train the development of fine motor skills and strengthening of the grip, which is essential for self-service in everyday life.
<b>Requested background of “trainer”/leader of activity</b>	Nothing, just the preparation of sets.
<b>Description of methods used</b>	The trainer works with a group of seniors to whom he explains the assignment and then assists them when they do not know what to do. He/she leads a subsequent discussion about which items the seniors have recognized, which not and why. The trainer talks with the seniors about which item was warm and which was cold, spiky, or heavy, supporting verbal expression of item description. He/she is available for subsequent tasks and assists in their implementation.
<b>Type of activization</b>	<input type="checkbox"/> psychical <input checked="" type="checkbox"/> <b>physical</b>



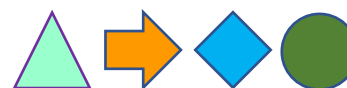
(physical, psychical, memory,...)	<input type="checkbox"/> memory <input checked="" type="checkbox"/> other: sensomotoric
<b>Materials/Equipment needed</b> (papers, pencils, computer,...)	Ten (according to the number of participating seniors) identical haptic sets, ten fabric bags on a drawstring (so that they can be reused), blindfolds
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	The activity is suitable for any clients who have not fully developed old age dementia (in the initial stages, the clients are able to manage the activity), and an uncontrollable shaking of the hands (impeding grip) is another obstacle. Seniors are not restricted by age or sex, only by their specific health condition.
<b>Recommended size of the group</b> (group or individual)	<input checked="" type="checkbox"/> <b>individual</b> <input checked="" type="checkbox"/> <b>group</b> The activity is suitable both for individual clients and groups.
<b>Recommended duration</b> (in hours/days + frequency if applicable)	30 minutes
<b>Prerequisites of participants</b>	Seniors must be able to grasp items with their hands and work with them.
<b>Resources</b>	



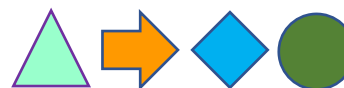
<b>Title of activity</b>	<b>Reminiscence therapy/mind maps</b>
<b>Learning objectives</b> (main Goal/Aim/Purpose)	To recall a specific topic reflected in clients' lives
<b>Description of activity</b>	A mind map is a comprehensive, clearly structured diagram depicting ideas in a graphical form. In the mind map, the relationships between themes and ideas can be clearly displayed and individual ideas can be further developed. The mind map can be focused on any area in the life of seniors that is common to the group.
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	Seniors are able to work together, they create and develop ideas, contribute to a joint discussion
<b>Requested background of "trainer"/leader of activity</b>	The trainer should be able to explain the assignment well, help the clients to recall memories, and then lead a joint discussion.
<b>Description of methods used</b>	Seniors are divided into groups of 4 to 5 and the trainer explains to them how the mind maps are formed. He/she explains that there is a topic written in the middle of the diagram, and—in the form of a free discussion—it is possible to build up ideas and subtopics that the members of the group think are relevant to it. Among suitable topics for the mind map within the reminiscence therapy are family, work, family habits, childhood, home and others. Seniors are usually shy at the beginning, but then they get up the courage and, with appropriate questions from the trainer, start to work with their own memories, share them with others, or deduce statements that are then projected into the mind map.
<b>Type of activation</b> (physical, psychical, memory,...)	<input checked="" type="checkbox"/> psychical <input type="checkbox"/> physical <input type="checkbox"/> memory
<b>Materials/Equipment needed</b>	<ul style="list-style-type: none"> <li>• A large sheet of paper</li> <li>• Markers</li> </ul>



<p>(paper, pencils, computer,...)</p>	<ul style="list-style-type: none"> <li>• Coloured pencils</li> <li>• Newspapers</li> <li>• Glue</li> </ul>
<p><b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)</p>	<p>The activity is suitable for any clients who have not fully developed old age dementia (in the initial stages, the clients are able to manage the activity), and an uncontrollable shaking of the hands (impeding writing) is another obstacle. Seniors are not restricted by age or sex, only by their specific health condition. Seniors with physical limitations can have a personal assistant, be helped by the trainer, or use compensatory aids.</p>
<p><b>Recommended size of the group</b> (group or individual)</p>	<p><input type="checkbox"/> individual x <b>group of 4-5</b></p>
<p><b>Recommended duration</b> (in hours/days + frequency if applicable)</p>	<p>60 minutes</p>
<p><b>Prerequisites of participants</b></p>	<p>There are virtually no limitations, the trainer can help with almost everything.</p>
<p><b>Resources</b></p>	



Title of activity	Memory training/Kim's Game
<b>Learning objectives</b> (main Goal/Aim/Purpose)	<p>The main goal is to support visual memory, which is intended for previously seen visual information. It is a kind of short-term memory that processes the data we receive using our sight. We further strengthen the ability to concentrate as well as subsequent work with the gained information.</p>
<b>Description of activity)</b>	<p>The trainer chooses 15 items that are large enough, have a suitable colour and are well known to the seniors. Therefore, the trainer chooses mainly items for everyday use, or items that the clients personally used to use. He/she then asks the clients to close their eyes, or gently covers their eyes with a blindfold so that they do not see the preparation of the activity. Subsequently, the trainer places 15 items in the middle of the table and covers them carefully. He/she then asks everyone to open their eyes, gives everyone a pen and paper, and explains that he/she will uncover the items placed on the table and the clients will have 60 seconds to remember as many of them as possible. After uncovering the items, the trainer covers them again and asks the seniors to write down as many of the items they have seen as possible. The clients can then be asked, for example, to sort the items alphabetically, categorise them as animate and inanimate, assign them to individual colours, or come up with a verb for each item related to its usage.</p>
<b>Learning outcomes</b> (what seniors will be able to do and know after taking part in activity)	<p>Seniors are able to concentrate better, create their own help system for memorizing objects. They also strengthen the ability to recall what individual items looked like and what they were used for.</p>
<b>Requested background of "trainer"/leader of activity</b>	<p>The trainer (leader of the activity) just needs to prepare for the activity.</p>
<b>Description of methods used</b>	<p>The trainer responsibly prepares a set of items to be remembered by seniors. The set may consist of entirely random objects, or may be made up of objects that share a common theme (e.g. the garden). The trainer engages elements of discussion, logical thinking of cooperation. He/she leads a discussion with the clients</p>



	about how the items are used, whether they personally used them, and whether they look the same today as earlier.
<b>Type of activation</b> (physical, psychical, memory,...)	x <b>psychical</b> <input type="checkbox"/> physical x <b>memory</b> <input type="checkbox"/> other
<b>Materials/Equipment needed</b> (paper, pencils, computer,...)	<ul style="list-style-type: none"> <li>• Items we want to use for the game</li> <li>• Scarf or tablecloth suitable for covering</li> <li>• Pencils</li> <li>• Sheets of paper</li> <li>• Stopwatch</li> </ul>
<b>To whom the activity is dedicated</b> (gender, age, barriers/limitations,...description of target group)	The activity is suitable for any clients who have not fully developed old age dementia (in the initial stages, the clients are able to manage the activity), and an uncontrollable shaking of the hands (impeding writing) is another obstacle. The client must have good vision. Seniors are not restricted by age or sex, only by their specific health condition.
<b>Recommended size of the group</b> (group or individual)	x <b>individual</b> x <b>group</b> The activity can be done individually as well as in a group.
<b>Recommended duration</b> (in hours/days + frequency if applicable)	15 minutes, twice a week
<b>Prerequisites of participants</b>	Seniors should be able to see well within the intentions of the size of the items chosen for the activity, they should be able to hold the pencil in their hands and write.
<b>Resources</b>	



## Glossary

**Access** An individual's ability to obtain appropriate health care services. Barriers to access can be financial, geographic, organizational and sociological. Efforts to improve access often focus on providing/improving health coverage.

**Accessibility** As required by the Americans with Disabilities Act, removal of barriers that would hinder a person with a disability from entering, functioning, and working within a facility. Required restructuring of the facility cannot cause undue hardship for the employer or organization.

**Accreditation** is a process whereby a program of study or an institution is recognized by an external body as meeting certain predetermined standards. For facilities, accreditation standards are usually defined in terms of physical plant, governing body, administration, medical and other staff. Accreditation is often carried out by organizations created for the purpose of assuring the public of the quality achieved through an accredited institution or program. The state or federal governments can recognize accreditation in lieu of, or as the basis for licensure or other mandatory approvals. Public or private payment programs often require accreditation as a condition of payment for covered services. Accreditation may either be permanent or may be given for a specified period of time.

**Acute Care** Care that is generally provided for a short period of time to treat a certain illness or condition. This type of care can include short-term hospital stays, doctor's visits, surgery, and X-rays. Medical treatment rendered to individuals whose illnesses or health problems are of a short-term or episodic nature. Acute care facilities are those hospitals that mainly serve persons with short-term health problems.

**Admission Date** at which an individual was reported to have been admitted to a nursing home for which a Medicaid claim has been paid. Admission may occur before the beginning of a Medicaid-financed nursing home spell if a person entered the nursing home with other insurance coverage before Medicaid began covering the nursing facility care.

**Advance Care Planning** The process of discussing, determining and/or executing treatment directives and appointing a proxy decision maker.

**Aktar** A kind spices shop where you can find various nuts and herbal teas in Turkey.

**Alternative medicine** Any of a range of medical therapies that are not regarded as orthodox by the medical profession, such as herbalism, naturopathy, and crystal healing.

**Alzheimer's Disease** A progressive, irreversible disease characterized by degeneration of the brain cells and severe loss of memory, causing the individual to become dysfunctional and dependent upon others for basic living needs.

**Ambulatory Care** All types of health services which are provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory care usually implies that the patient must travel to a location to receive services which do not require an overnight stay.

An individual must have an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, an individual's impairment or combination of impairments must be so severe that he or she is unable to do past work, but cannot, considering age, education, and work experience, engage in any other kind of substantial gainful activity which exists in the national economy.

**Ancillary Services Supplemental** are services, including laboratory, radiology, physical therapy, and inhalation therapy, that are provided in conjunction with medical or hospital care.

**Antioxidants** is a substance that inhibits oxidation, especially one used to counteract the deterioration of stored food products.

**Assistive Devices Tools** that enable individuals with disabilities to perform essential job functions, e.g., telephone headsets, adapted computer keyboards, enhanced computer monitors.

**Behavioral Health** is an umbrella term that includes mental health and substance abuse, and frequently is used to distinguish from "physical" health. Health care services provided for depression or alcoholism would be considered behavioral health care, while setting a broken leg would be physical health.

**Beneficiary** is an individual who receives benefits from or is covered by an insurance policy or other health care financing program.

**Capacity** is an individual's ability to understand the significant benefits, risks, and alternatives to proposed health care and to make and communicate a health care decision. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

**Care Transitions** is a set of actions designed to ensure the coordination and continuity of health care as individuals transfer between different locations or different levels of care within the same location. Representative locations include (but are not limited to) hospitals, sub-acute and post-acute nursing facilities, the individual's home, primary and specialty care offices, and long-term care/retirement communities. Transitional care is based on a comprehensive plan of care and the availability of health care practitioners who are well-trained in chronic care and have current information about the patient's goals, preferences, and clinical status. It includes logistical arrangements, education of the patient and family, and coordination among the health professionals involved in the transition.

**Care/Case Managers Offers** is a single point of entry to the aging services network. Care/case managers assess clients' needs, create service plans, and coordinate and monitor services; they may operate privately or may be employed by social service agencies or public programs. Typically case managers are nurses or social workers.

**Caregiver Person** provides support and assistance with various activities to a family member, friend, or neighbor. A caregiver may provide emotional or financial support, as well as hands-

on help with different tasks. Caregivers can use the formal and informal supports that are available. Caregiving may also be done from long distance.

**Clinical Condition** is a diagnosis (e.g., cerebrovascular hemorrhage) or a patient state that may be associated with more than one diagnosis (such as paraplegia) or that may be as yet undiagnosed (such as low back pain).

**Cognitive Impairment Deterioration** or loss of intellectual capacity which requires continual supervision to protect the individual or others, as measured by clinical evidence and standardized tests that reliably measure impairment in the area of short or long-term memory, orientation as to person, place and time, or deductive or abstract reasoning. Such loss in intellectual capacity can result from Alzheimer's disease or similar forms of senility or Irreversible Dementia.

**Collagen** is the main structural protein found in skin and other connective tissues, widely used in purified form for cosmetic surgical treatments.

**Covered Services** is health care services covered by an insurance plan.

**Custodial Care** Care that does not require specialized training or services.

**Dementia** is a term which describes a group of diseases (including Alzheimer's Disease) which are characterized by memory loss and other declines in mental functioning.

**Developmental Disability (DD)** is a disability which originates before age 18, can be expected to continue indefinitely, and constitutes a substantial handicap to the person's ability to function normally.

**Dietary** is relating to or provided by diet.

**Direct Patient Care** are any activities by a health professional involving direct interaction, treatment, administration of medications, or other therapy or involvement with a patient.

**Disability** is the limitation of normal physical, mental, social activity of an individual. There are varying types (functional, occupational, learning), degrees (partial, total), and durations (temporary, permanent) of disability. Benefits are often available only for specific disabilities, such as total and permanent (the requirement for Social Security and Medicare).

**Disease Management** is a system of coordinated health care interventions and communications for populations with conditions (e.g., patients with asthma or diabetes) in which patient self-care efforts are significant. Disease management could include team-based care where physicians and/or other health professionals participate in the delivery and management of care. It also includes the appropriate use of pharmaceuticals.

**DIYing- do-it-yourself** is doing various things on one's own, renewing/processing things

**Emergency Medical Services (EMS)** are services utilized in responding to the perceived individual need for immediate treatment for medical, physiological, or psychological illness or injury.

**Fee-for-Service (FFS)** is the way traditional Medicare and health insurance work. Medical providers bill for whatever service they provide. Medicare and/or traditional insurance pay their share, and the patient pays the balance through co-payments and deductibles.

**Geriatrician Physician** is certified in the care of older people.

**Geriatrics Medical** is specialty focusing on treatment of health problems of the elderly.

**Gerontology** is a study of the biological, psychological and social processes of aging.

**Handicapped** are those individuals diagnosed as having a handicapping condition in accordance with the following definitions: mentally retarded; seriously emotionally disturbed; specific learning disability; hearing, speech, or sight impaired; physical or health handicapped. Persons should not be counted as handicapped unless they have been clinically diagnosed as having these conditions. Use one primary diagnosis for multiply handicapped children.

**Handicraft-** creative hand-made works such as: decoupage, painting, knitting, ceramics

**Health Insurance** is a financial protection against the medical care costs arising from disease or accidental bodily injury. Such insurance usually covers all or part of the medical costs of treating the disease or injury. Insurance may be obtained on either an individual or a group basis.

**Home Care** provides one or more of the following categories of services in a client's home: companion/sitting, personal care, and skilled nursing. Home care staff typically spend from 4 to 24 hours in a client's home. However, shorter visits are offered for home care services in some retirement housing communities.

**Home Health Aide** is a person who, under the supervision of a home health or social service agency, assists elderly, ill or disabled person with household chores, bathing, personal care, and other daily living needs. Social service agency personnel are sometimes called personal care aides.

**Home Health Care** provides short-term, intermittent (not daily) skilled health care services to patients in their homes, typically for up to 60 days, and often following a hospital discharge. Skilled nursing is provided by RNs and LPNs, and rehabilitation services (such as physical therapy and speech therapy) are provided by licensed therapists. A physician's order is required for all services.

Includes a wide range of health-related services such as assistance with medications, wound care, intravenous (IV) therapy, and help with basic needs such as bathing, dressing, mobility, etc., which are delivered at a person's home.

**Home Medical Equipment (HME)** (Also called Durable Medical Equipment) is an equipment such as hospital beds, wheelchairs, and prosthetics used at home. Home Medical Equipment may be covered by Medicaid and in part by Medicare or private insurance.

**Homebound** is one of the requirements to qualify for Medicare home health care. Means that someone is generally unable to leave the house, and if they do leave home, it is only for a short time (e.g., for a medical appointment) and requires much effort.

**Homemaker Services** are in-home help with meal preparation, shopping, light housekeeping, money management, personal hygiene and grooming, and laundry.

**Horticultural therapy** is a professional practice that uses plants and gardening to improve mental and physical health

**Hospice** is an organizations provide end-of-life care to patients with a terminal illness and a life expectancy of less than 6 months. Because most people prefer to stay at home, services are usually provided in the home setting as opposed to an in-patient facility. Services are provided by an inter-disciplinary clinical team including nurses, certified nursing assistants (CNAs), social workers, volunteers, bereavement counselors, chaplains, and medical directors. In-patient hospice care can be delivered in an in-patient hospice facility and in other settings such as a skilled nursing home.

**Hospital** is an institution whose primary function is to provide inpatient diagnostic and therapeutic services for a variety of medical conditions, both surgical and nonsurgical.

**Chronic Care** is care and treatment given to individuals whose health problems are of a long-term and continuing nature. Rehabilitation facilities, nursing homes, and mental hospitals may be considered chronic care facilities.

**Chronic Disease** are disease that has one or more of the following characteristics: is permanent; leaves residual disability; is caused by nonreversible pathological alternation; requires special training of the patient for rehabilitation; or may be expected to require a long period of supervision, observation, or care.

**Chronic Illness** is long-term or permanent illness (e.g., diabetes, arthritis) which often results in some type of disability and which may require a person to seek help with various activities.

**Immunity** is the ability of an organism to resist a particular infection or toxin by the action of specific antibodies or sensitized white blood cells.

**Independent Living Retirement Communities** mean all non-subsidized retirement communities offer independent living accommodations. Some also offer personal care/assisted living, and skilled nursing/rehab services. These communities are also known as Senior Living Communities or, in a few cases, Continuing Care Retirement Communities (CCRCs).

**Indigent Care Health** are services provided to the poor or those unable to pay. Since many indigent patients are not eligible for federal or state programs, the costs which are covered by Medicaid are generally recorded separately from indigent care costs.

**Institutional Health Services** are services delivered on an inpatient basis in hospitals, nursing homes, or other inpatient institutions. The term may also refer to services delivered on an outpatient basis by departments or other organizational units of, or sponsored by, such institutions.

Kefir: A thick, sour beverage fermented from cow's milk and usually containing a small amount of alcohol.

**Level of Care (LOC)** is amount of assistance required by consumers which may determine their eligibility for programs and services. Levels include: protective, intermediate, and skilled.

**Life-Sustaining Treatment** is medical procedures that replace or support an essential bodily function. Life-sustaining treatments include CPR, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

**Loneliness** is that negative feeling that arises when our social needs are unmet by the quantity and quality of our current social relationships.

**Long-Term Care (LTC)** is range of medical and/or social services designed to help people who have disabilities or chronic care needs. Services may be short-term or long-term and may be provided in a person's home, in the community, or in residential facilities (e.g., nursing homes or Assisted Living\Personal Care).

**Managed Care (MC)** is a method of organizing and financing health care services which emphasizes cost-effectiveness and coordination of care. Managed care organizations (including HMOs, PPOs, and PSOs) receive a fixed amount of money per client/member per month (called a capitation), no matter how much care a member needs during that month.

**Mani** Short 4-line rhyming Turkish poem

**Medical Necessity Services** or supplies which are appropriate and consistent with the diagnosis in accord with accepted standards of community practice and are not considered experimental. They also cannot be omitted without adversely affecting the individual's condition or the quality of medical care.

**Medically Indigent** are people who cannot afford needed health care because of insufficient income and/or lack of adequate health insurance.

**Memory loss** (amnesia) is unusual forgetfulness. You may not be able to remember new events, recall one or more memories of the past, or both.

**Mental Health** is the capacity in an individual to function effectively in society. Mental health is a concept influenced by biological, environmental, emotional, and cultural factors and is highly variable in definition, depending on time and place. It is often defined in practice as the absence of any identifiable or significant mental disorder and sometimes improperly used as a synonym for mental illness.

**Mental Illness/Impairment** is a deficiency in the ability to think, perceive, reason, or remember, which results in loss of the ability to take care of one's daily living needs.

**Mental Retardation** is a significantly subaverage general intellectual functioning (specifically an I.Q. below 70) existing concurrently with deficits in adaptive behavior manifested during the developmental period (age 0-21).

**Molasses** is thick, dark brown juice obtained from raw sugar during the refining process.

**Mortality Death** is term to describe the relation of deaths to the population in which they occur.

**Music therapy** is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

**Neighborhood Health Center** is an ambulatory health care program usually serving a catchment area which has scarce or nonexistent health services or a population with special health needs. These centers attempt to coordinate federal, state, and local resources in a single organization capable of delivering both health and related social services to a defined

population. While such a center may not directly provide all types of health care, it usually takes responsibility to arrange all medical services needed by its patient population.

**New technology** is an electronic devices, information technology, software and applications accessible and used in everyday life

**NGO** is a non-profit organization that operates independently of any government, typically one whose purpose is to address a social or political issue.

**Nonprofit/Not-For-Profit** is an organization that reinvests all profits back into that organization.

**Nurse Practitioner (NP)** is a registered nurse working in an expanded nursing role, usually with a focus on meeting primary health care needs. NPs conduct physical examinations, interpret laboratory results, select plans of treatment, identify medication requirements, and perform certain medical management activities for selected health conditions. Some NPs specialize in geriatric care.

**Occupational Therapy (OT)** is designed to help patients improve their independence with activities of daily living through rehabilitation, exercises, and the use of assistive devices. Occupational Therapy may be covered in part by Medicare.

**Outpatient** is a patient who is receiving ambulatory care at a hospital or other facility without being admitted to the facility. Usually, it does not mean people receiving services from a physician's office or other program which also does not provide inpatient care.

**Physical Therapy (PT)** is designed to restore/improve movement and strength in people whose mobility has been impaired by injury and disease. May include exercise, massage, water therapy, and assistive devices. May be covered in part by Medicare.

**Physician Assistant (PA)** (Also known as a physician extender.) is a specially trained and licensed or otherwise credentialed individual who performs tasks, which might otherwise be performed by a physician, under the direction of a supervising physician.

**Pre-Existing Condition** is illnesses or disability for which the insured was treated or advised within a stipulated time period before making application for a life or health insurance policy. A pre-existing condition can result in cancellation of the policy.

**Preventive Medicine** is a care which has the aim of preventing disease or its consequences. It includes health care programs aimed at warding off illnesses (e.g., immunizations), early detection of disease (e.g., Pap smears), and inhibiting further deterioration of the body (e.g., exercise or prophylactic surgery). Preventive medicine is also concerned with general prevention measures aimed at improving the healthfulness of the environment.

**Primary Care** is a basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system.

**Provider** is an individual or organization that provides health care or long-term care services (e.g., doctors, hospital, physical therapists, home health aides, and more).

**Provider Sponsored Organization (PSO)** is managed care organization that is similar to an HMO or Medicare HMO except that the organization is owned by the providers in that plan and these providers share the financial risk assumed by the organization.



**Psychiatric Rehabilitation Option** is an optional Medicaid service that can include (depending on state definitions) community support programs, school-based services, crisis intervention services, and outpatient psychotherapy services.

**Quality of Care** can be defined as a measure of the degree to which delivered health services meet established professional standards and judgments of value to the consumer.

**Rehabilitation Services** are services designed to improve/restore a person's functioning; includes physical therapy, occupational therapy, and/or speech therapy. Rehabilitation Services may be provided at home or in long-term care facilities and may be covered in part by Medicare.

**Rehabilitation** is the combined and coordinated use of medical, social, educational, and vocational measures for training or retaining individuals disabled by disease or injury to the highest possible level of functional ability. Several different types of rehabilitation are distinguished: vocational, social, psychological, medical, and educational.

**Respiratory Therapy** is the diagnostic evaluation, management, and treatment of the care of patients with deficiencies and abnormalities in the cardiopulmonary (heart-lung) system.

**Respite Care** is a service in which trained professionals or volunteers come into the home to provide short-term care (from a few hours to a few days) for an older person to allow caregivers some time away from their caregiving role.

**Retiree** is a person who has retired from employment.

**Retirement Communities** are all non-subsidized retirement communities offer independent living accommodations. Some also offer personal care/assisted living and skilled nursing/rehab services. These communities are also known as Senior Living Communities, Independent Living Retirement Communities or, in a few cases, Continuing Care Retirement Communities (CCRCs).

**Screening** is the use of quick procedures to differentiate apparently well persons who have a disease or a high risk of disease from those who probably do not have the disease.

**Second Spring House** is a facility where seniors gather for socialisation or for a specific activity.

**Self-assessment** is a self-evaluation of one's own mood, skills, abilities, resources, limitations, etc.

**Senility** is the generalized characterization of progressive decline in mental functioning as a condition of the aging process. Within geriatric medicine, this term has limited meaning and is often substituted for the diagnosis of senile dementia and/or senile psychosis.

**Senior Center Provides** is a variety of on-site programs for older adults including recreation, socialization, congregate meals, and some health services. Senior centers are usually a good source of information about area programs and services.

**Senior Living Communities** are all non-subsidized retirement communities offer independent living accommodations for seniors. Some also offer personal care/assisted living and skilled nursing/rehab services. These communities are also known as Independent Living Retirement Communities or, in a few cases, Continuing Care Retirement Communities (CCRCs).



**Service Plan** (also called Care Plan or Treatment Plan) is a written document which outlines the types and frequency of the long-term care services that a consumer receives. It may include treatment goals for him or her for a specified time period.

**Severity of Illness** is a risk prediction system to correlate the "seriousness" of a disease in a particular patient with the statistically "expected" outcome (e.g., mortality, morbidity, efficiency of care).

**Skilled Care** is a "Higher level" of care (such as injections, catheterizations, and dressing changes) provided by trained medical professionals, including nurses, doctors, and physical therapist.

**Skilled Nursing Care** is a daily nursing and rehabilitative care, prescribed by a physician, that can be performed only by or under the supervision of skilled medical personnel.

**Skilled Nursing Homes/Rehab** (also called Skilled Nursing Facilities) offer two levels of care: long-term care and short-term rehab. Upon discharge from rehab, patients often need follow-up care in their homes. Prior to discharge, nursing home staff coordinate home- and community-based services delivered in the patient's home, such as home health care, home care, medical equipment, etc.

**Social worker** is a Person responsible for helping individuals, families, and groups of people to cope with problems they're facing to improve their patients' lives.

**Special Care Units** is a long-term care facility units with services specifically for persons with Alzheimer's Disease, dementia, head injuries, or other disorders.

**Speech Therapy** is designed to help restore speech through exercises. Speech Therapy may be covered by Medicare.

**Stimulation** is the raising of levels of physiological or nervous activity in the body or any biological system.

**Superfood** is a non-medical term popularized in the media to refer to foods that can have health-promoting properties such as reducing one's risk of disease or improving any aspect of physical or emotional health.

**Support Groups** are groups of people who share a common bond (e.g., caregivers) who come together on a regular basis to share problems and experiences. Support Groups may be sponsored by social service agencies, senior centers, religious organizations, as well as organizations such as the Alzheimer's Association.

**Transportation Services** provides transportation for older adults to services and appointments. May use bus, taxi, volunteer drivers, or van services that can accommodate wheelchairs and persons with other special needs.

**Treatment Plan** (also called Care Plan or Service Plan) is a written document which outlines the types and frequency of the long-term care services that a consumer receives. It may include treatment goals for him or her for a specified time period.

**Trotting soup** is a soup made by stewing meat-covered bones of animals.

**Türkü** is a traditional Turkish folk song.

**Well-being** means the state of being comfortable, healthy or happy.

**Wellness** is a dynamic state of physical, mental, and social well-being. Wellness is a way of life which equips the individual to realize the full potential of his or her capabilities and to overcome and compensate for weaknesses. It is a lifestyle which recognizes the importance of nutrition, physical fitness, stress reduction, and self-responsibility.

## Project partners



CKU Sopot is a public school providing formal and informal education for adults; at this moment provides VET courses in professions such as: photographer, informatician, accountant, graphic designer. CKU Sopot provides various workshops for elderly people at Third Age University (with approximately 950 students). Within CKU Sopot there is also teacher training centre. CKU Sopot is highly experienced in transnational cooperation including Erasmus + projects.



GLAFKA is an educational and training organisation providing education and consulting in the area of lifelong learning and development of innovative educational methods, vocational skills of beneficiaries. Provides courses and support for groups experiencing social exclusion. Provides IT courses for seniors (aged 60 +). GLAFKA has a various experience in transnational projects including Erasmus +.



IST is a non-governmental organisation founded in 1814 to provide support for people with sensory disabilities and to train their teacher. IST provides various types of support like: daily care, assisted housing, assisted learning, therapy workshops (painting, cooking, cinema, sport activities), VET education of disabled people and training for operator working in the sector. Highly experienced in Erasmus + projects.



PROMETEO is a non governmental organisation providing educational offer and support for members of institutions working in the field of education of adults. Is involved in projects and programmes connected with: development of vocational skills of students; tourism; social inclusion of immigrants and activities against racism; education of elderly people; development of innovative educational tools. PROMETEO has a wide experience in transnational cooperation including Erasmus + projects.



KMEM is a public body which coordinates and supervises over 1084 schools. The employees from the research and development department are highly experienced in various types of projects (including Erasmus + projects). The institution is responsible for organizing the various courses for adults and for teachers in whole region. It supports the acquisition and development of competences required in the labour market; obtaining qualifications to supplement education.



