Particip.AGE Project

Supporting community participation and social inclusion of Ageing People with Intellectual Disabilities

Collection of Good Practices on the support for social inclusion of Ageing People with Intellectual Disabilities

Institutions participating in the project:

European Platform for Rehabilitation, Belgium; **Fundación INTRAS**, Spain; **Mariaberg e.V**, Germany; **Medea Academy**, Italy; **University of Galway**, Ireland; **Panagia Eleousa**, Greece

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- Società della Salute del Mugello PROGETTO P.A.S.S.I. IN AUTONOMIA (Paths and Actions to Support the Independence of disabled people)
- Fundación Rey Ardid
- Rehab Group.

Abstract

The report shows eleven (11) good practices on the topic of policy and regulations on support to ageing persons with intellectual disabilities specifically, over 50 years of age without discrimination based on gender, age, social status or other characteristics. The good practices aim at maintaining the social inclusion of ageing people with intellectual disabilities in three main areas, such as: more inclusive policies, accessibility and more effective training. The practices are provided by project's partnership organizations from 6 different European countries: Belgium (EPR), Germany (Mariaberg e.V.), Greece (Panagia Eleousa), Ireland (Rehab Group), Italy (Medea Academy) and Spain (Fundación INTRAS) in order to identify and collect good practices in social services from the North, Centre, South, East and West of Europe to have a clearer understanding and need-based analysis of ageing persons with intellectual disabilities all around Europe.

The project partners are active in environments sometimes very different from one another, in which resources, regulations and culture are also very diverse. At the same time, they carry out training, education and policy interventions for very complex target groups.

In the good practices questionnaire the project partners were asked to tell more about the effective measures of assuring social inclusion of ageing persons with intellectual disabilities, their accessibility to the social services, trainings for the social services staff to ensure more quality services for ageing persons with intellectual disabilities as well as assessed the impact and transferability of these good practices.

Introduction

The main objective of Paricip.AGE project is establishing enhanced community and ensuring social inclusion of ageing persons with intellectual disabilities where their rights are fully protected. For this to be achieved, the project involves the major stakeholders and the final target group which is ageing persons with intellectual disabilities, specifically above 50 y.o., without discrimination of gender, age, social status, or other characteristics. Consequently, expected actions to be taken to achieve the main objective are:

1) upskilling competences and developing innovative tools to support work, activities, and practices of beneficiaries and other service providers, that is going to support the collaboration among the sectors of social service provision and community care services);
2) strengthening transnational relationships among partners and across different sectors (i.e. service provision, including community-based services);
3) responding to the specific needs of the context and supporting education that promotes inclusion;
4) innovating the project partners' educational tools on the one hand and transforming operational approaches on the other which will impact the individual, organizational and sectoral level of the partnership and beyond.

For achieving the project's objective, it is important to pay an additional attention on the priorities of the project which are the following:

- inclusion and diversity in all fields of education, training, youth, and sport;
- addressing digital transformation through development of digital readiness, resilience and capacity;
- improving the availability of high-quality learning opportunities for adults (namely ageing people);
- improving the competences of educators and other adult education staff.

According to the Article 5 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)[1] people with disabilities have the right to be included in

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[1] UN Convention on the Rights of Persons with Disabilities

the community and live independently with quality, accessible, person-centered and affordable, community- and family-based services comprising personal assistance, medical care and interventions by social workers. More precisely, the UN CRPD Art. 5[2] refers to the right to equality and non-discrimination of people with disabilities, with the support of Art. 19 of the Convention[3] referring to the right of persons with disabilities to live independently and be included in the community and Art. 25 (b)[4] referring to the provision of health services needed by persons with disabilities specifically because of their disabilities including services designed to minimize and prevent further disabilities including among children and older persons. The EU as a signatory party of the Convention is obliged to ensure these rights are met within its territory. In this respect, the new European Strategy on the Rights of Persons with Disabilities 2021-2030[5] is the main instrument to monitor its implementation and thus, to recognize that people with invisible disabilities, such as people with intellectual disabilities do not always receive the tailored support they need, which has been also aggravated by the Covid-19 crisis.

Another legal documents referring to this issue are the European Pillar of Social Rights (Principle 17) that addresses the need to include people with disabilities in our society: “People with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs[6]” and the Principle 18 on Long Term care which states that “everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services[7]”.

However, none of these legal documents address this particular target group with double vulnerability – ageing persons with intellectual disabilities. Despite of some efforts being made at policy levels, the goals are far from being achieved.

Nowadays, persons with intellectual disabilities are living way longer than previous generations due to advances in medicine, rehabilitation, technology, etc. As a

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[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Strategy for the rights of persons with disabilities 2021-2030
[6] The European Pillar of Social Rights (EPSR)
[7] Ibid.

consequence, there is an increased likelihood of secondary medical conditions to ageing and/or to an individual's particular disability. Ageing persons with disabilities experience a high rate of medical, functional, and psychosocial complications and/or changes about 20-25 years sooner compared to aging individuals without disabilities; specifically, "…as persons with disability reach age 50, many show the kind of functional ages that would not be expected until age 70-75 in people without disabilities[8]". Therefore, health, functional, and psychosocial changes not only impact the individual but the family as well, adding emotional and financial stress. Same applies to persons with intellectual disabilities. These data highlight that this specific target group is facing a double vulnerability: early ageing and intellectual disability. Consequently, such conditions expose them to suffer from the combined effect, with a negative impact on their social inclusion, health, quality of life, etc. The early aging of persons with intellectual disabilities puts them in the position that requires more and more support and care in the everyday life activities.

Furthermore, there are not sufficient studies on this specific target group, on their need, the challenges and barriers they face, etc. Even if these studies are available, they do not consider the fundamental elements, such as, for example, the impact of the digital transition on their support services and their lives, as well as their relationship with the community (the territorial one as well as the digital one). Also, on the other hand, the specific training courses for professionals who should support them and meet their specific and changing needs are lacking. This leads to the paradox of having very inadequate answers to the need of a doubly vulnerable group that, more than others, would need specific and effective support. All these shortcomings consequently have a devastating impact on one of the fundamental aspects of human's life: social inclusion and participation in the community. Taking part in community activities is regarded to be crucial for the wellbeing of every person, although, in fact, it is very difficult, if not impossible, for the specific group of ageing persons with disabilities. This further element feeds a negative spiral that exposes the target group to a further worsening of their quality of life and health.

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[8] The RRTC on Ageing with a Disability approach to the research program

Key messages, aims and challenges

Due to a substantial inefficacy of the legislation and policies that can assure the protection of rights of ageing persons with intellectual disabilities (so called group with a double vulnarability), they face a lot of challenges and barriers on their way to social inclusion and community participation.

According to the analysis conducted from the research undertaken, although many policy documents on persons with intellectual disabilities and ageing (separately) have been published, there is still a clear lack of attention to the issue of 'double vulnerability' (ageing with an intellectual disability). Namely, research and data collection on the specificities of this target group are lacking, meaning, for example, that the real needs of stakeholders are not taken into consideration by policy-makers and legislators. Even if available, research on this topic is not sufficiently considered in the policy making process. Policy recommendations that are produced often lack impact, failing to lead to changes in the legislative framework. For instance, although the *European Commission's Strategy for the Rights of Persons with Disabilities 2021-2030*[9] mentions the risks older persons with disabilities face and acknowledges the diversity of disability spectrum, it does not address the specific group of ageing persons with intellectual disabilities, making it harder to find effective solutions for social inclusion of this particular target group. It also emphasizes on a gap that exists in EU law in ensuring the equal treatment of persons with disabilities outside the field of employment, such as social protection, healthcare, education as well as an access to goods and services, including housing, underlining the need for further progress in EU legislation. Therefore, existing regulations are considered to be not effective enough and incapable of supporting the rights of ageing persons with intellectual disabilities in particular.

As a particularly vulnerable group, ageing persons with intellectual disabilities have unique and differing characteristics that must be handled by highly specialized personnel which raises another barrier for inclusivity of ageing persons with intellectual disabilities – inadequate competences of service providers' staff to support this

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[9] Strategy for the rights of persons with disabilities 2021-2030

vulnerable group. The context analysis has shown clear shortcomings in this sense, including:

- staff training is not specific enough (preparing them to work only with persons with intellectual disabilities or only with ageing people, but not with ageing persons with intellectual disabilities);
- service provision is structured in silos: services for ageing people and services for people with disabilities are usually different, with different staff which prevents communication, exchange of competences, reciprocal support etc.;
- staff providing different services, working with people with double vulnerabilities without having the adequate competences and tools, is often unmotivated and exposed to a higher risk of burn-out;
- service providers in this sector often do not have the ability to attract young staff, thus the average age of the staff is advanced (that usually may lead to an issue of staff being not very competent in using the digital tools which, in its turn, may represent more an obstacle, than a resource);
- the staff training is often not really up-to-date and does not include recently developed topics, such as digital skills;
- assistive technology is nowadays a fundamental resource for improving the lives of vulnerable people, including their participation in society, although the relevant staff is often either not aware of them, don't have access to these tools or don't know how to use them properly;
- the target's group input, needs and knowledge are often not properly considered and not integrated into the training pathways of the relevant staff;
- staff training is mostly focused on working on their clients with scarce attention being paid to the role of communities and the paramount importance of working on / with them.

Moreover, the target group has such characteristics that social inclusion and participation in their community is much more difficult than that of the mainstream population. In particular due to the following factors:

- the interpersonal network (family, friends, relatives, etc.) that often bridges the rest of society, tends to be weak and continues to weaken as the person ages;

- ageing persons with intellectual disabilities often live in isolated structures, physically far from the city centre that constitutes a problem related to the institutionalization and consequent ghettoization of the target group;
- ageing persons with intellectual disabilities are also isolated from the online community, not just the physical one (internet access and its use are often prevented or the target group does not have the basic digital skills to use digital devices; they also lack the knowledge and skills to use social media safely, thus, they don't have any possible access to the digital community);
- ageing persons with intellectual disabilities often aren't aware of the assistive technology which is of significant importance nowadays as it constitutes a fundamental resource for improving the lives of vulnerable people, including their participation in society;
- other existing approaches and tools for social inclusion of ageing persons with intellectual disabilities are often not exploited much in daily practice.

The context analysis has shown that the isolation of ageing persons with intellectual disabilities largely depends on the attitude of the community, local or digital, in which these people live. In particular with the relation to:

- communities often being completely unaware of the presence of ageing persons with intellectual disabilities (especially surrounding institutions of the territorial communities);
- communities often being not very attentive to the minorities in general (especially the online community);
- presence of a strong and widespread stereotype towards persons with intellectual disabilities and ageing people that leads to an even greater stereotype towards target group with double-vulnarability – ageing persons with intellectual disabilities which generates various reactions, such as fear and avoidance, infantilization and pietistic attitudes, passivation of the target group etc.;
- inability of the relevant staff to work actively in support of the social inclusion of the ageing persons with intellectual disabilities and the objective difficulties that the target group may face.

In order to eliminate these barriers, the following measures are recommended to be taken:

- increase awareness of the staff about their active role in supporting social inclusion of ageing persons with intellectual disabilities;
- develop a positive attitude of the staff aiming at working actively in support of the social inclusion of ageing persons with intellectual disabilities and the objective difficulties of the target group;
- advocate the use of assistive technology in daily life of ageing persons with intellectual disabilities with the aim of connecting with friends, families and communities;
- encourage participation of ageing persons with intellectual disabilities in the informal exchange sessions within the community and in the multiplier events at national level as well as other relevant events;
- encourage participation of ageing persons with intellectual disabilities in project-related activities in order to get their input and analyse their needs better;
- break existing stereotypes about ageing persons with intellectual disabilities by providing more information and educating the staff;
- research and collect the relevant data on the specificities of ageing persons with intellectual disabilities;
- develop impactful policy recommendations targeting all relevant stakeholders on the basis of which a respective legislation shall be drafted.

Methodology

The provision of effective training modules to promote social inclusion for both staff/carers and ageing persons with intellectual disabilities requires collecting of high-quality information from key target groups (e.g. carers/service users/staff). One single method may not be effective in collecting useful data to provide a context within which to design training modules, rather a combination of methods across partnership sites should provide valuable information to facilitate this.

Therefore, the first months of the project were dedicated to collecting of further data for integration into the context analysis implemented in the project planning phase. In particular, the good practices on the topic of policy and regulations on support to ageing persons with intellectual disabilities (10) were collected. The collected contents were thoroughly analysed and will result in in the material for the policy recommendations. In addition to, all the mentioned activities will be flown into the study “Ageing People with Intellectual disabilities. A pathway to their social inclusion”.

In this report, we will focus on the findings from the good practices undertaken by the project’s partners.

A good practice is a useful tool and a successful process or methodology that is ethical, fair and replicable. It usually considers, when relevant, the transformative practices that worked best. A good practice is not only a practice that is good in its sense, but also the one that has been proven to work well and produced expected results. Furthermore, it has been tested and supported by a series of evidence and validated sufficiently through its various replications. It can therefore be recommended as a model to follow. A good practice is not viewed as prescriptive, it can be adapted to meet new challenges, becoming better as improvements are discovered.

In some cases, a practice has also a potential to become a “good practice”, but cannot yet be qualified as a one because of the lack of evidence and/or replications. In this case, it can be considered a “promising practice”.

A good practice shall also meet the relevant criteria, such as:

- prove its strategic relevance as the most effective way in achieving a specific objective, successfully adopt and have a positive impact on individuals and/or communities (be effective and successful);
- fit the current needs, in particular the essential needs of the world’s poorest, without compromising the ability to address future needs (be environmentally, economically and socially sustainable);
- show how actors of all genders are involved in the process and in which way they were able to improve their livelihoods (be gender sensitive);
- be easy both to learn and implement (be technically feasible);
- support a joint sense of ownership of decisions and actions (be inherently participatory);
- have the potential for replication and should therefore be adaptable to similar

objectives in varying situations (be replicable and adaptable);

- contribute to disaster/crisis risks reduction for resilience (be the one to reduce potential disaster/crisis risks).

The good practices of the project identify three key areas on the support to social inclusion of ageing persons with intellectual disabilities, such as:

1) more effective policies on the social inclusion of ageing persons with intellectual disabilities;
2) target's group accessibility to social services;
3) more effective training of social services staff that provides services to ageing persons with intellectual disabilities.

Overview of findings

In the good practices provided by the project's partners such issues as unwanted loneliness and ways to its elimination (Fundación Rey Ardid), social network and individual care plan establishment (Fundación INTRAS), institutionalization of disability care (Mariaberg e.V.), home care support and strengthening the autonomy of ageing persons with intellectual disabilities (Medea Academy), person-centred approach to care and and the respective alignment of surrounding environment (Panagia Eleousa).

As the good practices showed, project partners share views on the measures need to be taken in order to implement and make the project's impact more effective, namely:

- to facilitate communication channels (with relatives, close persons to ageing persons with intellectual disabilities);
- not to cause overlaps with another target group's activities may have in their everyday routine they used to;
- to corroborate the information about the habits of ageing persons with disabilities from their relatives or/and close persons and update it on a regular basis (i.e. every 6 months);
- to create a well-structured system for collecting and storing information, depending on the activities/areas in which the target group is engaged;
- to maintain satisfaction questionnaires to be filled by both family members and

the target group themselves;

- to facilitate the realization of social activities for ageing persons with intellectual disabilities (i.e. activities in a social environment including the patients' families/close persons);
- to take into account the adaptation process of ageing persons with intellectual disabilities to the certain environment (all the possible physical barriers derived from ageing, must be taken into account);
- to maintain and update the trainings focusing on the needs of this clinical group;
- to facilitate the creation of homogenous groups engaged in the targeting activities (for this it is essential to have information on the cognitive profile, functional profile, physical profile and social profile of each person);
- to ensure that the relevant information related to the activities is available to each participant in a clearest way possible (for example, with the use of leaflets or pictograms);
- to reduce centralization and establish decentralized facilities in the communities of origin of the users (located directly in the communities, mostly in the center and in the social space of ageing persons with intellectual disabilities);
- to discuss regularly wishes and goals of the target group;
- to provide individual support according to the needs of the target group;
- to give a possibility for the target group to have a personal assistance according to their needs;
- to employ the staff with different qualifications (i.e. curative education nurses, educators, staff from elderly care, everyday caregivers, auxiliary staff (staff without training in the social field, but personally competent), volunteers and trainees etc.);
- to assess the needs of ageing persons with intellectual disabilities on a regular basis;
- to facilitate the inclusion of ageing persons with intellectual disabilities in the community (supported by various programs, excursions, concerts, etc.) where they can also contribute to the activity (according to their abilities);
- to provide specific trainings for stuff delivering services to ageing persons with

intellectual disabilities;

- to create a 'home-based' environment for the target group (helping ageing persons with intellectual disabilities to feel themselves comfortable, more autonomous and 'on their place');
- to establish a person-centered individual approach in order to specialize care according to the needs of ageing persons with intellectual disabilities;
- to address the problems that ageing persons with intellectual disabilities may face in a complex (dual) way - arising both from disability and an old age;
- to ensure that the target group and their family are finding themselves in a suitable environment that gives them an opportunity to systematically provide feedback about the services and programs;
- to promote and enhance the representation of ageing persons with intellectual disabilities within various respective organizations;
- to establish user's self-evaluation system.

As from the partner countries' perspectives and national measures in place, clear disparities in both approaches and relevant legislation can be seen.

For example, in **Spain** the main tool to address the following issue is the *Spanish Strategy on Disability 2022-2030*[10] created through a participative process, which counts, for the first time, the contributions of people with high levels of disability as a guide for advancing inclusive policies and fighting discrimination in all spheres of life (complemented with operational plans that are going to specify the precise actions to be carried out). The Spanish Strategy on Disability 2022-2030 was approved as an ambitious roadmap for the Spanish State, through its administrations and public authorities, with the aim to contribute to effective policy-making in human rights sector for persons with disabilities and their families. The document is regarded as a guide for **advancing inclusive policies and fighting discrimination in all spheres of life**. It will be complemented with operational plans that will specify the actions to be carried out. In short, it is a common framework for action to move forward for all the Public Authorities in Spain.

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[10] https://www.mdsocialesa2030.gob.es/derechos-sociales/discapacidad/docs/estrategia-espanola-discapacidad-2022-2030-def.pdf

On the other hand, in **Germany** the social legislation (covered by *the Social Code of the Federal Republic of Germany*[11]) is **applicable for every citizen in need of care** in different levels **where the age of the person play no role** aimed at **providing appropriate support to persons (whether they have a disability or not)** and that is **financed by the contributions of all employees to long-term care insurance** (as soon as the application is submitted to the long-term care insurance fund the Medical Service Commission or other independent assessors carry out the assessment to determine the need for long-term care). To be eligible for long-term care benefits, the insured person must have paid into the long-term care insurance fund as a member for two years in the ten years preceding the application or have been covered by a family insurance. The care degree is determined with the help of an assessment instrument based on care expertise. To determine how independent a person in need of care is, the assessor takes a close look at the following six areas of life, such as: mobility, mental and communication skills, behaviour and psychological problems, self-care, independent handling of illness- or therapy-related requirements and stresses - and coping with them, shaping everyday life and social contacts. Depending on the classification, persons in need of care then receive care allowance or care benefits in kind. People in need of care should be able to decide for themselves how and by whom they are cared for. The long-term care insurance therefore also supports those who choose to be cared for by relatives, friends or other volunteers instead of an outpatient care service. For this purpose, the long-term care insurance pays the so-called long-term care allowance. The prerequisite for receiving care allowance is that home care is provided by relatives or other voluntary caregivers, for example, and that the person has at least care level 2. The care allowance is transferred to the person in need of care by the care insurance fund. The care allowance can also be combined with outpatient care benefits in kind. Like the benefits in kind, the care allowance is graded according to the degree of need for care.

When it comes to **Italy,** the following issue is covered by the national law (*Law 112*

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[11] https://www.bundesgesundheitsministerium.de/themen/pflege/online-ratgeber-pflege/die-pflegeversicherung.html#:~:text=Die%20Pflegeversicherung%20wurde%20am%201,in%20der%20sozialen%20Pflegeversicherung%20versichert

of 22 June 2016: Provisions on assistance in favor of people with severe disabilities without family support[12]) with **its application delegated to the regions**, in this case Tuscany region. In the **Tuscany Region** it is **active through the implementation of projects presented by Health Societies, District Zones, Municipalities and USL (public health care providers), in co-planning with the associations and foundations that work in favor of people with disabilities and their families**. The **goal is to promote paths of progressive autonomy for people with disabilities, compatible with their abilities and skills, as well as to support family-type home-based housing solutions, alternatives to large institutions**. By 2022, twenty eight (28) various projects on this topic were presented in the Tuscany region. The *Regional Law 24/2005 on the Discipline of the regional health service*[13] defines the "Integrated system of interventions and services for the protection of rights of social citizenship" regulated by the municipalities in agreement with the services territorial areas of the district area to be implemented in the unitary forms of access to the services of the integrated system, in order to:

a) take charge of people;

b) propose integrated intervention projects;

c) provide services where the social worker is "in charge of the case and ensures in case of needs that require the contribution of more professional skills, that the evaluation and the definition of the personalized care path are carried out with the help of all the professionals involved[14]".

In **Greece there is no relevant legislation and policy concerning in particular older people with disabilities**, so **the legislative framework for Elderly people is applied in general** in this case. On the basis of this, **Day Care Centers for the Elderly (KIFIs)[15] were established and are operating by the Local Government**, as defined in *KYA 4035/27.7.2001* of the Ministers of Health and Welfare and Labor and Social Insurance and in *No. P1c/AGP/ok.14963/2001* (Government Gazette 1397/t.B) Ministerial Decision of the Ministry of Health and

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[12] https://www.lavoro.gov.it/notizie/Documents/Prima-Relazione-Camere-Dopo-di-noi-finale.pdf

[13] https://www.regione.toscana.it/il-dopo-di-noi-in-toscana

[14] https://toscana-accessibile.it/durante-e-dopo-di-noi

[15] https://okpapa.gr/kifi-kentro-imerisias-frontidas-ilikiomenon/

Welfare. **The Day Care Centers for the Elderly (KIFIs) are day accommodation units for elderly people (without and with disabilities)**. They operate in specially designed spaces on a daily basis (e.g. daily care services from Monday to Friday from 7:00-15:00) and can accommodate the elderly for a short period of the day, providing care services (daily hygiene and nursing), entertainment and creative employment. It is a **co-financed project by the European Social Fund**. The centers **aim at keeping the elderly in their familiar physical and social environment, maintaining family cohesion, harmonizing the family and work life of family members with an elderly member, avoiding institutional care and social exclusion, in ensuring a dignified living and improving the quality of life of the elderly as well as other family members**.

The scheme is governed by the recognized special authorities responsible for supporting the elderly. Particular emphasis is placed on ensuring the following rights:

- to make sure the elderly live in dignified conditions in their familiar physical and social environment;
- to be supported to maintain their autonomy, social participation, communication and self-sufficiency;
- to enjoy social care services, which ensure their health and quality of life.

The purpose of KIFI is to improve the quality of life of the elderly and to maintain a normal social and working life of their family members, who are entrusted with their care, in order to achieve their stay in the natural and family environment. All services of the Day Care Centre for the Elderly are provided **free of charge**. The KIFIs are providing organized social care, by qualified staff, volunteers and other social solidarity bodies of the community, in appropriately designed areas for day and/or short stay. The KIFIs are interconnected at an operational level with KAPIs (Open Care Centers for the Elderly) that may exist in the same area, making use of the experience of the executives in recording and evaluating the elderly population of the region, but also the job offer of KAPI executives whose specialties are not included in the main core of the executives of KIFIs. KIFIs also collaborate with local agencies that provide similar social services, with regional health units as well as with the National Center for Direct Social Assistance.

Conclusions

It is worth mentioning that the analysis of the good practices provided by project's partners has showed that there are clear disparities between the national measures and legislative framework in place among the Member States. This constitutes a significant obstacle in implementing the necessary measures derived from the good practices and therefore, increase the project's impact. Although the Member States in stake did some steps in bringing forward and amending the social legislation, nevertheless it does not cover and consequently, does not protect the rights of ageing persons with intellectual disabilities.

From the feedback obtained from the good practices, we may observe a clear interest from both – potential users and staff towards the project and its deliverables. For instance, in testimonials taken from the survey provided by the project partner Fundación Rey Ardid persons involved in activities targeting social inclusion of ageing persons with intellectual disabilities showed their undeniable excitement:

- Volunteer, 46 years old: "I have started an intermediate degree in Care for People in a Situation of Dependency, as you can see, volunteering has awakened a new vocation in me, at my age!";
- User, 72 years old: "Sometimes we spend up to 2 hours talking on the phone, we can't stop talking!";
- Volunteer, 32 years old: "Many times it is him who is more likely to cheer me up and make me smile than the other way around. You can't imagine what advice he gives me!";
- User, 66 years old: "If it hadn't been for Fina, I would never have dared to go to the supermarket. You don't know how happy I am with myself.";
- Volunteer, 21 years old: "I've been remembering Maria all summer, I've even brought her some souvenirs from my holidays.";
- User: "Did you know that we were born in the same village? What do you know,

it's a small world. It's changed a lot from the way I knew it.[16]".

In summary, having analyzed the good practices provided by the project's partners, we can highlight the main guidelines to be taken into account:

- user's motivation;
- persons-centered approach that puts user's wishes and interests as a priority for choosing the activities to take part in;
- prior information provided about the activities to be conducted in order to facilitate awareness and to prepare participants for the respective activities;
- environment analysis (examination and of the place where the planned activities are going to be conducted and its preparation according to the needs of the participants);
- engagement of family members or other close persons to the participant in order for him/her to feel more comfortable as 'at home'.

The barriers that may be faced in were defined by the partners as follows:

- the caregivers (family members) of the dependent elderly are usually elderly themselves, with their own health problems, which are aggravated by the burden of care and younger caregivers are often forced to enter the labor market in order to contribute to the family income, so they have no time to look after the users;
- elderly people in large urban centers seem to be in more need of care, so the dissemination of the project may be not proportional;
- the needs for additional funding for equipment, specialized personnel, technical means and for free feeding and transportation are crucial elements to be taken into consideration while implementing the project as in case of the absence of these components the impact of the project may be less significant.

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[16] https://www.reyardid.org/participa/soledad-de-los-mayores/