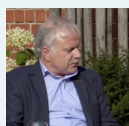


TRIADE

TRAINING FOR INCLUSION OF AGEING PEOPLE WITH DISABILITIES THROUGH EXCHANGE

Newsletter #4 - February 2017



Editorial - Critical factors for an inclusive support. *Johan Warnez - den achtkanter vzw, Kortrijk (Belgium)*
- coordinator TRIADE project

During the process of sharing good practices and reflections on inclusive support of ageing people with disabilities, for the TRIADE partners it is clear that an 'inclusive' approach can't be realized by one single sector.

Being part of society, real participation and full citizenship are concepts that sound contradictory to a 'sectoral' approach, that is often linked to a specific group of 'labeled' people who seem to need only 'specific' kinds of support or care. The Quality of Life (QOL) concept refers to a much broader objective, taking into account personal development, social participation, equal opportunities and inclusive rights, without ignoring personal preferences and emotional or physical needs.

According to the TRIADE partnership, a transition from a mere medical model of support/care towards a social inclusive model of support - with Quality of Life as the standard - needs to be put on the political agenda. This is the responsibility of the whole community and needs common exercises.

The TRIADE partners are convinced that collaboration beyond the fields is a key condition. This is not easy as it shows vulnerability, but also addresses the courage of everyone involved. Services in the *disability* field often show (more or less) resistance to 'release' and 'divide' the support and care with colleagues of services for the *elderly* - and vice versa. Also, depending on the field you belong to, one field is missing competences to deal with needs related to learning/intellectual disability while the other one lacks competences to deal with physical/mental needs linked to ageing. Working together, recognizing the strengths of each 'partner' and sharing competences are necessary conditions to guarantee the wellbeing of ageing citizens.

Also, as highlighted during the 4th international TRIADE meeting organised by 'le Conseil départemental du Val de Marne' last November, a combined effort of formal and informal support systems contributes to the wellbeing of ageing people (and by doing so to the Quality of Life). As also shown in France, intercultural and intergenerational approaches create true inclusion (the value and strength of diversity) and community based support (the strength of equal opportunities and real participation... (cont. p.2).



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Editorial

Critical factors of success for inclusive support.

(cont. from p.1)

in a mainstream environment).

This TRIADE project wants to contribute to the promotion of intersectoral collaboration and an integrated support system that contributes to Quality of Life of ageing people (with disabilities), and wants to define the consequences for education and VET.

After 1,5 year of really interesting TRIADE meetings, 4 interrelated themes always emerge. All of them are revealing (common) critical success factors. This newsletter focuses on these 4 themes, with an emphasis on their significance for an optimal support of ageing people (with disabilities) and the conditions for making this support possible. The *Quality of Life* theme, being the most central one, refers to much more than mere 'inclusion'. According to me, inclusion refers to society (being inclusive, accessible for all), rather than to support. This concept always focuses on active participation in an inclusive society. QOL should be the outcome of every support in an inclusive society. The second theme, *Informal care*, defines the complementarity with the formal, disability-specific support – the latter should be addressed only when informal care and support by mainstream services is not available. Theme 3 : working with the elderly (often) has a negative image: many times we felt the need for re-validating the 'elderly' and 'working with the elderly' if we want to realize QOL. 'Educational' stakeholders can play a specific role in changing attitudes towards elderly and the supportive work with this group of citizens. These three themes reveal the need for other, not only 'medical care' competences, but also 'social inclusive' competences, like facilitation, coordination, empowerment,... This is the fourth theme : professionals are challenged by new needs and goals, and therefore they need other 'social inclusive' competences.

There are two more meetings to come. Soon we'll meet in Veneto region, later this year we meet in Sweden. Besides the exchange of other good practices, time will be spent on defining the critical factors of success, in order to present you our recommendations in October, later this year. You will be invited to reflect on these ideas.



Innovation in care: "Urban ageing with Integrated Care in European cities" Brussels May, 18 &19 2017.

The Urban Health Centers Europe project together with three leading networks of European authorities working in health care: Eurocities, ENSA (European Network for Social Authorities) and ELISAN (European Local Inclusion and Social Action Network) have the pleasure to invite you to this two day event. On this occasion you are also invited to contribute to the ENSA working groups elderly and disability that will be held on May 19th. The works within the TRIADE project is in the field of inclusion and quality of life of ageing people with disabilities will be presented.

Health and care services in Europe and internationally are under pressure due to the growing demand caused by current social challenges: demographic change, unemployment, poverty, social exclusion and integration. To tackle these challenges, policy makers, regional and local authorities, public and private sectors have to design innovative, integrated and inclusive policies to improve the quality of life of the growing urban ageing population. A multitude of good examples are being implemented to integrate social and health care by coordinating approaches and combining resources. This event aims to discussing how to scale up innovation and practices promoting people oriented approaches in order to bring tangible benefits for end users, help health and care systems to contain costs and to unlock business opportunities. Specific focus will be put on the efficiency of social protection systems over the life course. Successful experiences will be exchanged in the following strands: Access to basic services, education and health care; Integrated care; Improving partnerships to ensure better health care. Making the link with EU key initiatives, such as the Europe 2020 Strategy and the European Innovation Partnership on Active and Healthy Ageing, and which the Sustainable Development Goals, leading international experts and decision makers will be invited present and discuss innovative practices and policies.

The program will include a high level conference followed by working group meetings in the field of the ageing, disability and urban ageing.

Looking forward to welcoming you on the 18th and 19th of May 2017!

Hein Raat - Urban Health Centers Europe project, Erasmus Medical Center Rotterdam

Mrs. Sylvie Carrega - President ELISAN Network

Manuela Lanzarin - Chair of ENSA, Regional Minister for Social Services Veneto Region

Anne Berit Rafoss - Chair Urban Ageing working group EUROCIITIES

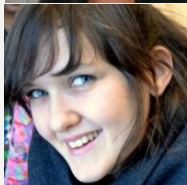
TRIAD themes - challenges and success factors - 1

Reflections from the working groups.

Inclusion & Quality of life Ilse Goethals, Jorrit-Campens, Tineke Schiettecat - HoGent (B)



TO INCLUDE OR TO BE INCLUSIVE: THAT'S THE QUESTION



The ageing population is recognized as one of the most significant evolutions in human history. Globally, it is expected that one person in four will be at least 60 years old by 2050 (United Nations, 2013). Increasing numbers of people with disabilities survive into old age as well (Bigby, 2002). There is a broad consensus that older people should enjoy the same civil and human rights as other citizens, as represented in the International Human Rights Law (1948) and the United Nations Convention on the Rights of People with Disabilities (2006). From this perspective, European societies are concerned about the issue of how to ensure social inclusion of a growing number of older people (Weber & Wolfmayr, 2006). The attempt to realize an inclusive society has recently been combined with various concepts – such as ‘active ageing’, ‘ageing in place’ or ‘age-friendly cities’ – and is of major concern in practice, as indicated by the plea for deinstitutionalisation, inclusive healthcare facilities and general nursing homes (Amado et al., 2013).



Despite the prominent use of the term inclusion in recent policy and practice, it is argued that the concept gets ‘troubled by the multiplicity of meanings that lurk within the discourses that surround and carry it’ (Graham & Slee, 2008: 83). This compels us to critically revise current references to inclusion and to reflect on what exactly is intended, to who’s advantage.

Different authors have, for instance, warned against the use of inclusion as an instrument of social policy (Lister, 1998; Slee & Allan, 2001). They argue that in a context of increasing welfare cuts and marketization, the rhetoric of inclusion risks to mask dwindling politics of care (Lloyd et al., 2014; Martin, 2013). Furthermore, with regard to the present discourse concerning older people with disabilities, we might wonder whether the aim is purely *to include* them or rather *to be inclusive*. Do we seek to confine inclusion to the physical incorporation of individuals and groups within the existing social order or (elderly) services? Under conditions that are defined beforehand? Which again risk to induce the exclusion of people who do not seem ‘to fit’, according to these criteria? Or is it our purpose to be inclusive, and to realize a more equal society, in which quality of life (QoL) and the right to human flourishing is guaranteed for every citizen (Dean, 2010)? The latter entails that we cannot simply ‘include’ distinct categories of people into fixed structures and provide them with compensatory or remedial models of support (Lloyd, 2008). It rather urges us to perceive inclusion as an ongoing process of deconstructing and reconstructing the outlines of support, while continuously exploring the life worlds and meaning making of the people involved.

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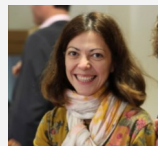
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TRIADE themes - challenges and success factors - 2

Reflections from the working groups.

(Re)valorisation of working with the elderly *Miljana Dejanovic - Conseil departemental Val de Marne*



AGEISM

The project TRIADE was initiated within a specific demographic context of a significant increasing ageing population. According to the World Health Organization, the number of people aged 60 years or older will rise from 900 million to 2 billion between 2015 and 2050 (moving from 12% to 22% of the total population). The increasing number of ageing people is also visible within people with disabilities, especially people with intellectual disabilities who live longer due to better health care and supports. Furthermore, this phenomenon of longevity of people with disabilities (today they live longer than their parents) raises a new societal challenge which refers to the need for adaptation and efficiency of formal care. According to Dr Wiese « Increased life expectancy presumes increased numbers of ageing people with intellectual disability. Historically, the majority of these people have aged and died in the family home, largely cared for by elderly parents and therefore remained hidden from formal care services (Bigby 1995). With increasing life expectancy though, people with intellectual disability are beginning to outlive their parents, resulting in increased need for community living services to provide ongoing care (Braddock et al. 2001). »

Taking account this growing number of elderly and ageing people with disabilities, society is facing new challenges in order to ensure quality of life and quality of support of this group of people. Also, it creates a necessity to develop a closer collaboration between the fields of elderly and disability, giving more specific and adapted support, but also a necessity to improve the image of the elderly. Very often, the elderly was not given the attention they need; some 'de-valuation' occurred, becoming one of the most important barriers to develop good public policy and to develop good systems of support.

During the past TRIADE international meetings, it became clear that the negative image of elderly and disabled elderly was closely related to their quality of life (low self-esteem, less longevity, less abilities, disease, ect.) and the quality of the support. The theme « Revalorization of working with elderly and people with disabilities getting older » want to contribute to strategies that may change the image of elderly and ageing people with disabilities and the professional attitudes toward quality of support; by doing so, this may contribute to the quality of life of the elderly.

Social representation of elderly : definition of ageism, stereotypes of ageing and how to overcome it

The concept *ageism* (age discrimination) has become more and more common in all societies. As ageism has entered the European vocabulary, it means that it became a new social reality. According to Dr Robert Butler, famous ageing expert, *ageism* is considered as « the systematic stereotyping and discrimination against people, simply because of their age. The image of old age and older people is derived from an array of prevailing political, economic and social attitudes as well as from historical developments. »

Furthermore, from the social and societal point of view, self-image, confidence and abilities of adults getting older is related to negative views and stereotypes of ageing. This has serious and multiple consequences for older people and societies:

- *Ageism* can take many forms, including prejudicial attitudes, discriminatory practices, or policies that perpetuate ageist beliefs. It can significantly undermine the quality of health and social care that elderly or ageing people with disabilities benefit.

- Professional's attitudes towards elderly are linked to the Quality of Life of elderly. Quality of life of elderly and ageing people with disabilities depends of their perception of ageing. Negative attitudes generated by ageing stereotypes are associated with elderly's physiologic state, functioning, and even longevity.

How to overcome the ageism and stereotypes?

Considering the phenomenon of *ageism* and its consequences, it is necessary initiate actions to overcome it. For exemple on political level, public policies need to intensify their action toward elderly and people with disabilities getting older by promoting the healthy ageing, by recognizing aging efforts and by creating a strong coordination by the different actors of elderly care. One of the solutions could be to raise public awareness about the issue *ageism*. Education could play a very important role as well in combating *ageism*. Contact with elderly could be a solution for dispelling negative stereotypes. Also, working, volunteering or joining a community group can help people stay physically and mentally active for a longer period of time.

These statements regarding strategies to overcome *ageism*, contribute to the conclusions and recommendations that will be made within the project TRIADE. The next meeting in Venice in Italy will be an occasion to discuss, taking into account the theoretical bases, how the practices observed within the project can contribute to the theme of revalorization of elderly and disabled people getting older.

TRIAD themes - challenges and success factors - 3

Reflections from the working groups.

Informal Care Irene Wiezer - Gemeente Rotterdam



HOW INFORMAL CARE CAN CONTRIBUTE TO A BETTER QUALITY OF LIFE... AND HOW PROFESSIONALS CAN EMPOWER THIS.

Quality of life is to a considerable degree determined by having meaningful relationships. Informal caregivers are part of the social network of the client. Just because of this social relationship informal caregivers are willing to give care and (emotional) support to the client. While the aging client still lives at home the informal care and support can often be intensive. But also for clients who live in institutions or sheltered homes, informal caregivers are an important and constant factor in their lives. They often have a long-lasting and intensive emotional bond. Therefore, the informal caregiver contributes in a significant way to the perceived quality of life of the client. For professionals caregivers, informal caregivers play an important role. Especially, for clients with cognitive problems, informal caregivers are often 'the voice' and can give a source of information for healthcare professionals, when it comes to the needs, the habits and the historical background of the client. Professional care will improve in quality (and so will the quality of life of the client) if the knowledge and experience of the informal caregivers is taken into account.

Professional organizations should develop a vision / policy / approach with regard to the role of the informal caregiver and the way in which professional care and informal care can be aligned, for example, in involving informal caregivers in drafting and evaluating the care plan and - agreements. Informal caregivers and healthcare professionals necessarily view care from different perspectives. Informal caregivers are first spouse, child or they have another social relationship with the client. Apart from their caring role, they are emotionally involved in how the client feels and acts. Formal caregivers, in addition to their human involvement, have to deal with quality frameworks, guidelines and organizational procedures. High-quality care is achieved when there is mutual respect for the different perspectives and interests.

Moreover, the workload and maybe even the quality of life of the informal caregiver, should be given attention. We encourage people to live independently in their own houses as long as they can and to rely on their own network when necessary. The contribution of informal caregivers and volunteers to the care system is increasing. If the informal caregiver can contribute satisfactorily to the care of the client (in effective coordination with the professional caregivers) he / she will contribute significantly to the quality of life of the client. If an informal caregiver is overloaded, there will be a negative effect on the quality of life of the client. Therefore, it is also the role of the professional to pay attention to the workload and the quality of life of the caregiver and, if necessary, to provide support, or to take over care (temporary). Training and education of professionals to support informal caregivers and to signal overload, should be part of the policy of professional organizations.

In the TRIADE project, we have seen some interesting informal care projects : 'training to the target group families' in Valencia, 'social family homes' and 'informal care' in Val de Marne and 'taking care together – experiencing the dialogue' in Rotterdam.

In summary, the challenge for healthcare organizations is: good-quality care can be realised if informal caregivers, as an important part of the social system of the client, are involved in the care. Organizations should develop a vision / policy regarding the role of caregivers, the alignment of professional care and informal care and the requirements of the healthcare professionals. Principles are:

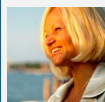
- Make use of the knowledge and experience of informal caregivers about the backgrounds and needs of the client;
- In order to contribute to the quality of life of the patient, professional care should be tailored to the informal caregivers' contribution and his/her knowledge of the specific needs of the client.
- Support informal caregivers (with education, practical support, appreciation, emotional support)
- Pay attention to the work-load of the informal caregiver to prevent overburdening and take over care (temporarily) if necessary.

TRIADE themes - challenges and success factors - 4

Reflections from the working groups.

The 'new' professional...

'inclusive' competences & 'ageing' competences - two sides of the coin



NEW PROFESSIONAL PROFILES IN THE FRAMEWORK OF SOCIAL INCLUSION *Irrecoop - (I)*



TRIADE partnership has defined as, one of its objectives, to elaborate shared reflections and recommendations regarding the new professional profiles useful in the Social Inclusion services for ageing persons with disabilities. In order to reach it, the project partners are not only exchanging their own experiences through transnational visits and meetings, but also getting inspired from other publications, initiatives done on the related topics.

A survey related to the socio-educational field at the European level was implemented by the European Agency for Development in Special Needs Education (2012). It was dedicated to the theme of "**Teacher education for inclusion**", for which a review of research information has been conducted by experts from 18 countries. It allows to see a glimpse of a way of internationally recognized good practices.

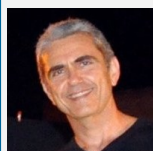
In the field of education, in fact, there have been identified some essential values based on the observation of teachers in class work, that are transferable to all kind of services that support all kind of people with a disability, independent age. For example:

1. To assess and to involve the diversity - the difference in this context is a resource and an asset;
2. To support the target persons of the service - there have to be cultivated high expectations regarding the success of the people with whom you work;
3. Working with others - collaboration and teamwork are essential approaches for all professionals;
4. Continuous Professional Training of the staff – operators/professionals have a responsibility for their own learning throughout the lifespan, but also a responsibility of their organizations to support it.

These values must be cultivated, working as well on the organizational climate and motivation towards the inclusion of the professionals themselves, knowing that the inclusion is an approach to the socio-educational work that is based on ethical principles and fundamental values of the person.

A survey like this is highly interesting for the partnership of TRIADE and other interested actors, that want to find suggestions, considerations regarding new professional profiles and their essential competences for full implementation of Social inclusion services also for ageing people with disabilities.

More information about the Training of teachers for inclusion on: <https://www.european-agency.org/sites/default/files/TE4I-Literature-Review.pdf>



NEW PROFESSIONAL PROFILES IN THE FRAMEWORK OF AGEING *José M. Campillo (IVAS)*

In people with intellectual disabilities challenged by high support needs or by significant developmental disorders, ageing goes hand in hand with sensory impairments, chronic diseases, cognitive deterioration and neurological diseases: in a sociological way, in the history of mankind these conditions are challenges for the person himself, his relatives or social network as well as for professionals who have chosen to care for other people as their professional activity.

These *new* needs challenge professionals who started working with a group of clients with specific needs and who, with the evolution of the life cycle, observe that they and their clients/users have changed their own personal circumstances and their professional demands: what a professional knew or used to do is not what is needed now to deal with the new support needs. The clients are more dependent, and the physical and mental strain is higher.

What are consequences for education and VET?

Starting point is the definition of the WHO on Active Aging: a process in which opportunities for health, participation and safety are optimized to improve the quality of life of people as they age.

(cont. p. 7)

TRIAD themes - challenges and success factors - 4

Reflections from the working groups.

(cont. from p. 6.)

Active Ageing allows people to realize their potential for physical and social wellbeing and focuses on the elderly and the importance of giving a positive public image of this target group. Professionals who work or perform their professional intervention within the sector of intellectual disability in the process of aging should have as general competence as the following:

Attending and supporting the person, both at home and in an institutional environment, in order to maintain and / or improve their quality of life, carrying out the assistance, psychosocial and housekeeping management activities necessary to achieve a healthy environment, active occupation, shared leisure and broad participation in community life.

Consequently, the problem is to find out what professionals should have a leading role in this new psychosocial reality. The answer to this problem is based on

a) the analysis of competences: "what to know (or what knowledge I'm missing)?", "what to do (or what new skills I have to learn)?" and "what attitude should be adopted to promote learning, rights and quality of life?"

b) "who has these competences": what are the characteristics of new professionals or what are the training needs the actual professionals involved need?

c) what training (including the change of mentality) should be given to the professionals who have been working for years with this population.

d) what type of organization is able to adapt better and faster to the changes, redesigning its mission, values, strategy and action plans.

New professional profiles, new competences and updated trainings of the personnel are the basic tools to deal with the new challenges linked to disability and aging. Educational institutions of vocational training and universities, both must adapt their curriculums in order to incorporate those contents, knowledge and skills that ensures the best support of people with a disability in the process of aging.

News from our partners - Report Symposium Futurage 17/11/2016

Miljana Dejanovic - C.D. de Val de Marne (F)

Each year, FuturÂge organizes a multidisciplinary colloquium on a subject related to ageing. It makes it possible to learn about the latest evolutions, new results of research and (national or local) policies. On november 17, 2016, the symposium focused on new, multidisciplinary approaches on the functioning of the brain and cognitive disorders associated with ageing, new technologies, the perception of disease, and ways to deal with impairments in institutions for the elderly. The symposium gave insight in new ways to understand how the brain evolves with age. Fous was on tools, useful for caregivers, associations, organizations and local communities to meet the seniors needs and expectations.

During the symposium, the work within the network ENSA was appreciated. Dr Silvia VETTOR, expert in dementia and director of a specialized center on dementia - Alzheimer network from Treviso, has presented very interesting work on the benefits of home care interventions made by a psychologist. Furthermore, Arja PEIPONEN, director of the Medico-Social Department of the city of Helsinki has presented a project, aiming for a better support at home by using new technologies.



Reflection - Is inclusion possible?

Georg Horcher - Rostock, D



A reflection after more of twenty years discussion projects and practice

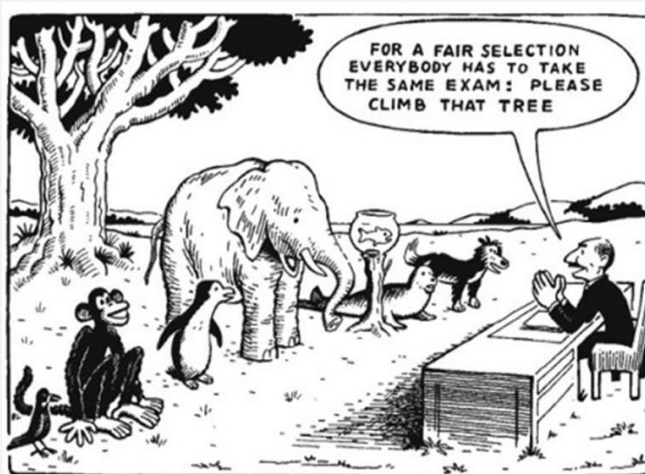
The Convention on the Rights of Persons with Disabilities obliges the contracting states in Article 4.1: State Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disability with disabilities without discrimination of any kind on the basis of disability. In a radical construction this article obliges equal rights for all, disabled and non-disabled, for all to access all relevant societal systems, the labor market and all cultural and social areas. This means equal participation for all in a close sense.

The term "inclusion" is nowadays used in different social-scientific, educational and social-political contexts. In Germany the current main focus is the topic of inclusive education at schools. The first inclusive approaches and the first project and steps to support children with special needs in heterogenic learning groups together with pupils without disabilities started in the late 1970th and early 1980th under the term "integration". It was a matter of so called integration-approaches. The term "inclusion" emerged in the 1990th in the UK. In the 1980th and 1990th the government of the UK made a comprehensive school reform with the focus on "special educational needs". In 1994 the UNESCO adopted the "Salamanca Statement and Framework for Action on Special Needs Education" the so called Salamanca Statement, which contents the demands education for all, education for each child as fundamental right, access to regular schools for those with special needs and regular schools with inclusive orientation, against discrimination and the orientation to build up an inclusive society. In 2006 the UN adopted the "Convention on the Rights of Persons with Disability" (CRPD) an outstanding move for the equal rights of people with disabilities, which includes also equal rights for all in the educational systems (Art. 24 CRPD).

The ongoing discussion about equal rights for people with special needs is focused on the question: Is it normal to be different? But this question is not the right one. Yes, diversity is normal! The question is it correct to identify person with special needs, if it's normal to be different. And is it correct to diagnose which restrictions disabled person have? If it's normal to be different, than disabled people have no restrictions but they are restricted by their surroundings. In a narrow sense inclusion means: no labeling and no categorization. In this case the consequence must be the abolition of the segmented school system, dispensation with marks oriented on educational standards and only individual, no comparative performance measurements. This means one school for all. And schools lose their allocation function to place young people into the next educational level or into the labor market? From each according to his abilities to each according to his or her needs!

To find out the individual talents, the individual strength and abilities makes always also the weakness visible. Is this discrimination? To bring persons with special needs forward it's necessary to analyze their needs. So a more pragmatic and not a radical adjustment is needed. Then inclusion is near the sense and term of "Integration". Inclusion in a pragmatic and feasible sense is synonymous with integration.

"From each according to his ability to each according to his needs" is a sentence from Karl Marx 1875, the founder of the scientific communism as a political philosophy. What has that got to do with "inclusion"? Karl Marx is one of the first inclusion theorist, not in an educational but in a comprehensive socio-political sense. He discussed how a equitable distribution of the societal wealth could be possible. In a first step of communism each worker should get such a part from the societal wealth according to his own work performance. But this would be very imperfect and very inequitable because those who are physically or mentally more fir are superior, they can work more in the same time or they are able to work longer time and they earn different wages. One worker is married another not, one has a family with many children another with few, but all get for the same performance the same wage. Karl Marx came to the insight, that the right must be unequal not equal. In a second step of communism each worker should get the part of the societal wealth according to his needs not according to his performance. Each worker performs what he is objectively able to perform and he earns according to his needs. This is inclusion pure! Equity in this sense means: not the same (cont. p. 9)



Reflection - Is inclusion possible?

Georg Horcher - Rostock, D

(cont. from p. 8)

.....standards for all, but “each by his or her abilities and each by his or her needs” This pattern of communism is utopist. Utopia means, there is no real place for an idea. But can the idea of inclusion become a vision? I fear no! The capitalist, flexible market-economy base on competition, performance optimization and exclusion. Radical inclusion without any kind of exclusion and discrimination isn't possible in a capitalist market based society. Human dignity, freedom legal equality must be for all, but this is not identical with equal opportunities for all. It's identical with equal opportunities according individual abilities, talents and potentials.

In all European Countries we have a big gap between the political discussion and announcements and the financial reality to implement inclusion and inclusive structures. This inclusion lie obstructs the societal discussion. Inclusion is very important long-term project from high societal value and it needs much more money. Inclusion is not only embedding discriminated persons into existing systems (education, labor market), which maintain the internal and outward excluding dynamic, with the risk to hold this dynamic on the back of the included. Inclusion means a fundamental dynamic to change the quality of the societal systems. But often it seems that to recover disabled persons is more an economic project of exploitation and utilization than to realize the rights of discriminated and excluded persons.

It's necessary to have a more serious and truthful debate about the chances and the limits of inclusion. The chances are to increase the respect and acceptance of disabled persons, to reach a much better support and facilitation for persons with disabilities, to get new experiences of solidarity and to work out that it doesn't matter if we speak about inclusion or about integration. On the other side we must accept, that inclusion can't eliminate the functional disorders. And also further on persons with special needs need special support, sometimes in special institutions. Each support and each kind of assistance will have the character of exclusion. We have to learn to accept, that support or assistance with the character of exclusion is not identical with discrimination. Sometimes can the idea of inclusion come in conflict with the identity of the disabled. Not to differ disadvantaged persons requires to remove varieties, but some of them group themselves to define themselves to develop or firm their identity e. g. as deaf or blind.

Inclusion finds the limit at the capitalist market society. Inclusion requires compromises and needs upfront and honest public discourse. Inclusion can help to make the world more just, more human and more solidly united. Inclusion is not an approach or a method to reduce social costs.

EU News

Elena Curtopassi - ENSA network



The European Pillar of Social Rights: going forward together

Commission prepares next steps towards European Pillar of Social Rights

The European Commission is taking a further step towards establishing a European Pillar of Social Rights with a high level conference that took place on the 23/01/2017 in Brussels. Detailed proposals will follow shortly. The European Commission also announced it would co-host an EU Social Summit with Sweden later this year. More than 600 participants from Member State authorities, EU institutions, social partners, civil society, including more than 20 national Ministers and several Members of the College of Commissioners, are discussing the results of the public consultation on this European Pillar of Social Rights. Since the initiative's announcement by President Juncker in September 2015, there has been a wide debate with EU authorities, Member States, social partners, civil society and citizens on the content and role of the Pillar and how to ensure fairness and social justice in Europe. A consolidated version of the European Pillar of Social Rights should be presented early in 2017. Once adopted, the Pillar should become a reference framework to screen employment and social performance of participating Member States and to drive reforms at national level. More specifically, it should also serve as a compass for renewed convergence within the euro area.

UN Convention on the rights of persons with disabilities. EU goes on with wider efforts to promote the mainstreaming of disability issues in line with the UN convention to which the EU is a party since January 2011 and the EU Disability Strategy 2010-2020.

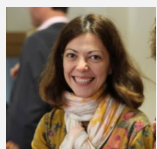
EaSI - Better access to finance for a more social Europe (13/01/2017)

This leaflet contains useful information on the support that the Employment and Social Innovation (EaSI) programme. The leaflet is available in English, French and German in print and online.



Report : 4th TRIADE & ENSA meeting in Val de Marne (F) 14 - 16/11/2016

Miljana Dejanovic - Val de Marne, F.



During the second week of November 2016 the TRIADE and ENSA partners had the opportunity to meet and to exchange on many interesting issues in the field of disability and elderly : ageing of people with disabilities, brain and ageing: prevention and support, fight against isolated elderly, etc.

The first meeting on 14th of November 2016 was

dedicated to the European project TRIADE and to presentation of Val-de-Marne practices based on support of ageing people with disabilities and on improvement of professionals skills supporting this population. This meeting took place in the Institut Le Val Mandé which is an autonomous public institution, consisting of 12 medico-social services for the daily support of people, children or adults with disabilities. In the late 19th century the Institut Le Val Mandé was the first School for people with visual disabilities (Louis Braille) and the Departmental Institute of the Blind (IDA) until 1999. The Institut Le Val Mandé is located in the municipality named Saint-Mandé very near to Paris and to Vincennes's castle.



Four practices were on the agenda on the first day : units of life for ageing people with disabilities Verdi, Virginie JEAMBON, Head of the residence Verdi; social family home, Fathia Belkhadra, Departmental Council of Val-de-Marne; informal care in Val-de-Marne, Aline Guérin, Departmental Council of Val-de-Marne; training with internship for future professionals in the field of elderly and disability, Miljana DEJANOVIC, Departmental Council of Val-de-Marne.

-->Units of life :

arepa



1995
Mandres-les-Roses - Résidence Verdi
Accueil des personnes handicapées vieillissantes

The lengthening of life expectancy, due to improved care for people with disabilities creates a new need: institutional accommodation for ageing people with disabilities and ESAT-protected work places can no longer support people with disabilities who are not able to work or have reached retirement age; institutional accommodations for elderly have an expertise in the field of elderly care; life in non-medical institutional accommodation cannot keep ageing people with disabilities when their health requires significant medicalization.

Units of life are, on one hand, the result of a public policy to find a best solution to support ageing disabled people within an institution and, on the other hand, the result of a collaboration between sectors of elderly and disabled people (Departmental Council, municipality, institutional accommodation and ESAT-protected work places). The Department of Val-de-Marne tries to diversify its services, offering a range of supports, in institutions, at home or at foster families (Social family homes) in order to deal with the needs of this group of clients in the best possible way.

The residence "Verdi" was built in 1995 with a section hosting ageing people with disabilities as part of a partnership with the municipality Mandre les Roses and ESAT-protected work place ROSEBRIE in order to support their ageing residents.

Ageing people with disabilities who could no longer work and who dealt with a changing support needs, needed a more adapted care and support. At the time of the creation of the unit of life for ageing people with disabilities within residence "Verdi", this kind of structure was non-existent in Val-de-Marne.

Actually, 16 people live in the Verdi residence. The support is based on several dimensions: emotional dimension (exchanges, discussions, family), educational dimension (respect, exchange of information and knowledge, valorization, maintaining independence, life experiences), social dimension (links with family, friends, other people, exchange, outings, recreation, respect of worship), cultural dimension (personal improvement and opening to the outside). The aim of the Unity of life is to support ageing people with disability in the essential acts of their daily life, respecting their rhythm, intimacy, maintaining their autonomy and social life and developing new skills and capacity.

-->Social Family Home :

The social family home is a national device representing an alternative to institutionalization of elderly and disabled elderly. Halfway between the institutionalization and home care, the social family home is a solution for people who can not or do not wish to live any more alone in their homes and prefer a family surrounding to an institutionalization.

(cont. p 11)

Report : 4th TRIADE & ENSA meeting in Val de Marne (F) 14 - 17/11/2016

Miljana Dejanovic - Val de Marne, F.

(cont. from p.10)

Elderly or disabled interested by this solution join a family in the frame of social family home, and they take part of this family and participate in the activities according to their abilities.

According to the Departmental Council of Val-de-Marne, it appears that the social family home is a very good solution particularly for isolated elderly and disabled people:

- Elderly who have no children and family looking for a family environment and who exclude completely the possibility to go to the institution.

- People with disabilities who have always lived with the family at their homes or have been in institution for a long time, and who wish to find a more peaceful environment.

Today there are 40 social family homes in Val-de-Marne. 9 ageing people with disabilities over 60 years old are hosted in social family homes.



--> **Informal care :**

"Someone thought she could not relax and was astonished by the number of times she yawned. Another said that it was impossible to concentrate ... and other participants said: "I have watery eyes," "I feel lighter," "I have less sore shoulders », ...

Following the meeting in Rotterdam which focused on informal care, we considered that it would be appropriate to present, as a part of the departmental policy of support of caregivers (informal and formal), a specific action based on information and exchange between informal and formal caregivers. This action allows to reach as more informal caregivers as we can in order to improve their care, their wellbeing and wellbeing of their cared elderly and disabled people.



In France, informal caregivers represent one person out of six. Many of them are unaware that they also have right to be supported. Caring for a person with reduced autonomy can lead to isolation and exhaustion. Health of caregiver and his wellbeing are essential to cared person.

Forum of caregivers is an event organized annually by the Departmental Council of Val-de-Marne, in order to gather and to inform informal caregivers on existing devices and aids. Also, the forum allows to identify informal caregivers not registered until today in Val-de-Marne. In 2016, the forum of caregivers took place on the 3rd of October in the museum of Modern Art allowing caregivers and their cared people to discover this adapted place accessible for everyone. Caregivers could come and participate with their cared relatives.

During the forum, two round tables were organized: *announcement of loss of autonomy: from acceptance to adaptation; how to hold together every day without feeling guilty?*

"Theater forum" was the best way to give visitors the floor and talk with professionals who gave concrete answers to their questions and concerns (medical resources, respite, support group,...).

A practical guide (brochure) has been distributed, with important information and resources for caregivers.

Nearly 400 people came in Mac Val on 3th of October and hundreds of partners were mobilized to keep the stands, animate workshops, speak at round tables,...

--> **Training with internship for future professionals in the field of elderly and disability**

The training with tutoring internship is an example of training of future professionals supporting elderly, disabled and ageing disabled people in their homes or in institutions. Future professionals are persons of foreign origin, with a small qualification or no qualified at all, wishing to support elderly and disabled people. In order to deal with the challenge of recruiting qualified professionals for home support services, the Departmental Council of Val-de-Marne has developed a training with tutoring internship. This training - integrating a 3 month internship to learn relevant skills and attitudes - enables persons from foreign origin, low or not qualified, to support elderly or disabled people.

(cont. p. 12)

Report : 4th TRIADE & ENSA meeting in Val de Marne (F) 14 - 17/11/2016

Miljana Dejanovic - Val de Marne, F.

(cont. from p.11)



On the second day 15th of November 2016, the TRIADE partners participated to the first symposium on the ageing of people with a disability. For the first time, the Departmental Council of Val-de-Marne organized an official event on ageing people with disabilities, bringing together both fields, elderly and disability. The meeting took place at Créteil, capitale of Val-de-Marne, which is the southeastern suburbs of Paris.

The symposium has gathered many different actors provided support to ageing people with disabilities such as antropologist, sociologist, public institutions, financiers and associations for elderly and disabled people.

Participants are looking for a new meeting in



2017. TRIADE partners have finished the second day by the internal meeting based on the project advancement.

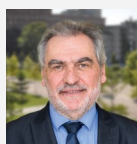
Futhermore, on the 15th of November, the project TRIADE was presented by the project coordinator Mr. Johan Warnez to the students in social affairs of the University Paris-Est Créteil (one of the member of Val-de-Marne local expert gourp). It is important to educate students becoming futur professionals about the need to have a cultural openness to social problems and to inclusion of disabled people.

(cont. p.13)

This action is based on three objectives: 1.to create a quality support of elderly and disabled; 2.to meet the needs of home support service to have qualified staff; 3.to meet the needs of training and socio-professional integration of a foreign public.

From 2013 to 2016, 85 trainees could benefit from this training with internship.

Open letter from Christian Favier president of Departmental Council of Val-de-Marne



Mesdames, Messieurs,

Le Conseil départemental du Val-de-Marne organise aujourd'hui le premier colloque dédié au vieillissement des personnes handicapées.

Chef de file en matière de solidarités, notre collectivité entend bien continuer à innover et à prendre toute sa place dans la réflexion globale sur le handicap. Je fais confiance pour cela à Brigitte Jeanvoine, vice-présidente du Conseil départemental chargée de ce secteur, ainsi qu'à la direction de l'autonomie.

Je veux souligner les avancées de ce secteur, notamment la loi du 2 janvier 2002 qui reconnaît un rôle d'acteur et de citoyen à part entière aux personnes handicapées. L'espérance de vie n'a cessé d'augmenter, quel que soit le type de handicap, et tend à rejoindre celle de la population générale. Ces progrès n'ont pu être réalisés que grâce à un engagement commun, au premier rang duquel se trouvent les intéressés eux-mêmes et leur famille, mais aussi les professionnels et le Département.

C'est dans cette logique que le Val-de-Marne a ouvert des places en foyer d'accueil médicalisé, et qu'un projet doit aboutir, en 2017, à Alfortville. C'est aussi pour cela que le Département a été pionnier en se dotant, dès 1997, à titre expérimental de trois unités pour personnes handicapées vieillissantes en établissement d'hébergement des personnes âgées dépendantes (EHPAD), alors même qu'il n'en existe aujourd'hui que cinq sur l'ensemble des huit départements d'Ile-de-France.

La mise en place de nouveaux services comme les services d'accompagnement à la vie sociale (SAVS) et les services d'accompagnement médico-social pour adultes handicapés (SAMSAH) ont également fortement contribué à l'inclusion sociale des personnes handicapées.

Je souhaite que ce lieu d'échanges soit aussi un lieu de réflexion pour déconstruire les idées

reçues sur le vieillissement, ouvrir des perspectives de recherches et redonner pleinement la place qui leur revient aux personnes handicapées, tout au long de leur vie.

Bon colloque à toutes et tous !

Report : 4th TRIADE & ENSA meeting in Val de Marne (F) 14 - 17/11/2016

Miljana Dejanovic - Val de Marne, F.

(cont. from p.12)

On the third day on November 16th, the ENSA Elderly and Disability working group meeting took place in Futurâge in Ivry sur Seine. Through study visit and European projects, the working group exchanged experiences, research and best practices. The fields addressed have been active healthy ageing, housing, nutrition, innovative technologies, fall and injury prevention, learning disabilities, supported employment and work, leisure and daily activities, education and sports, accessibility and participation. The ENSA thematic working groups elderly and disability meeting on November 2016 has been the occasion to exchange on topics concerning both sectors and to build concrete common European projects for 2017.

Among the issues discussed let's highlight: the project Monalisa to fight against isolated elderly; the "Conférence des financeurs", which is part of a prevention pillar from national French policy towards elderly which has become an obligation in order to better coordinate local action through the funding of concrete initiatives; a philosophical study « Is Inclusion Possible? – A Reflection after 15 Years Discussion, Practice and Projects, a project on Social Engagement Framework for Addressing the Chronic disease challenge, the IRIS project-Pampett, a sensor that is attached to an incontinence pad to give information about a person's biorhythm, the project Special Guest about accessible tourism for disabled or elderly people, social and -professional integration of mental health disabled people.

A Study visit took place in Silver Economy Expo 2016. Silver Economy Expo is the BtoB trade show that brings together all the major players of the senior citizen industry to:

- Discover the sector's innovations and new development;
- Get up-to-date information on important issues and on the sector's future;
- Meet partners who can help you develop your business

For more information on this topic:

http://www.silver-economy-expo.com/senior_citizens_industry_trade_show/

TRIADE INTERIM EVALUATION

« The interim evaluation report is an important process of any project, informing not only partners involved in the project but the European Commission as well, about the project's progress towards the achievements of the objectives, its effectiveness and its partnership, and more generally its contribution to the EU policy objectives toward disabled and elderly people. Even if it based on subjective reflections of partners, the interim evaluation report allows to measure the project's progress and to adapt or improve it in the way to meet the main project's aims and to obtain the right results. The interim evaluation report of the european project TRIADE (TRaining for Inclusion of Ageing people with Disabilities through Exchange) has been produced after the fourth meeting that took place in Val-de-Marne on 14th and 15th of November 2016. It is divided in two parts, one part dedicated to the evaluation of the fourth meeting itself and a second part based on the evaluation of the quality of project management since the beginning of the project as well as on the evaluation of the effectiveness of the process of dissemination.

According to the results of the interim evaluation, the project's progress evolves in the right direction. Regarding the practices being presented, it seems that the social family home was a practice that could be implemented to other countries. The participation of elderly and disabled people from social family home was underlined as one of the paths to inclusion.

In general, partners seem to have the same expectations about the results and work hard to contribute to the projects outcomes. Also, the evaluation report gives evidence for learning about the different ways and methodologies to support ageing people with disabilities, always being aware that there is not 'one' way to do it. Even if there are still some elements to be improved until the end of the projet related to partnership, the projects progress seems to be on the right way. »

M. Dejanovic, dep. Val de Marne (F)

Local Expert Groups & partners are meeting!



Gent - Sint Vincentius

French Local Expert group - Val de Marne

Flemish Local Expert Group - vzw den achtkanter - Ho-



Spanish Local Expert Group IVAS (Sp)

Partners meeting in Val de Marne, F.



News from our Venetian partner

M. Lanzarin - Regional Minister of Social Services Veneto Region (Italy)

EQUITY OF SERVICES, Venice January 12, 2017.

REGIONAL ROUND TABLE WITH MUNICIPALITIES AND LOCAL SOCIAL AND HEALTH UNITS TO UPDATE SERVICES AND TO PROVIDE HOMOGENEITY IN FUNDINGS.

In 2017 the reorganization of semi residential disability services in Veneto started. Currently there are about 6300 people with severe disabilities, physical and psychic, who attend day care centers. One out of four (about 1500) is attended in a public center run by a Local Social and Health Unit which is taking charge of the most serious cases.

Other 4800 persons with disabilities attend accredited facilities, operated by cooperatives, associations or third sector and supported by regional funding or diversified financing, in relation to the seriousness of the disability, the type of day care centers and their activities, the peculiarities and history of the local areas.

With the Round Table, convened today in Venice by the Regional Minister of Social Services Manuela Lanzarin and which brought together Mayors, Health Authorities, Associations and Cooperatives, began the review of the current funding system of day care centers, with the aim to get – in three years – to a comprehensive and uniform system of services in the entire Region that would be able to offer the same opportunities in all provinces with homogeneous and sustainable costs.

"I wanted to bring together the 21 committees of Mayors, the social directors of the Local Social and Health Units, the managers of care facilities and representatives of federations of cooperatives and third sector organizations that manage 286 active day centers in Veneto, to agree on the type of subventions that the Region recognizes to these facilities - said the Regional Minister - It is 'the first time that the Region starts a such a coordinated program'. It responds to the voices of families and local communities. The wish is to involve and empower all parties towards a disability care policy that will still be in place and efficient after us or when parents get old or are missing.

With the current lack of homogeneity and services at Local level - warns the Manuela Lanzarin - I felt compelled to seek the commitment of all to redefine the type of services, funding arrangements and financial commitment of the Region, the Health Authorities and the Municipalities.



News from our partners - NURED project

Marie Skoghill & Sara Morgan - Eskilstuna (S)



Nurse Education Development, NURED – an education project in health and social sectors in Finland, Estonia, Latvia and Sweden. (2016-2019)

Mälardalen University (MDH) and Eskilstuna municipality are partners in this new project. Eskilstuna municipality participates in the project in a survey to map how staff employed in the municipal care and support of people with intellectual disability, refer the use of health care education in their daily work. In addition, the department of care and support to people with disabilities and two municipal vocational training schools (youth and adult upper secondary school) participate in the creation of new curricula and also the development of a web-based education with a foundation in Pedagogical attitude and way of work in the care of/support to people with intellectual disability. The web based education will be tested and evaluated in an initial pilot study.

The approach of this project is to develop the curricula of home care nurses (HCN)/nurse education in health and social sectors in Finland, Estonia, Latvia and Sweden. Aim is to tackle the challenges in HCN/nurse educations in BSR (Baltic Sea Region). Further to enhance recruitment to education in BSR, to prevent student drop-out, and to make the profession more attractive, which might prevent graduated students emigration for better benefits/status. To develop curriculas in the project aims to achieve increased professional skills, cooperation and team work between home care nurses and nurses, professional attractiveness, motivation and commitment. Another aim of the project is to stimulate young people's interest in the profession directing improved recruitment in Regions, where it has been difficult, especially in Estonia and Latvia.

In a sum up the project will:

- Develop education curricula of home care nurses/nurses (assistant nurses) in Finland, Estonia, Latvia and Sweden
- Improve professional skills in the field of home care including care and support to people with intellectual disability
- Prepare for future labour market, with an expected shortage of health and care staff
- Study effectiveness of the educational intervention
- Improve stress management in future profession
- Prepare to manage time pressure in future profession
- Train students to tackle "wicked" problems (time pressure vs. do good work, be calm and offer good service)
- Meet the demographic challenge

An additional aim is to prevent educational and work related stress and time pressure. HCN and nurse students are offered extra and complementary training and education to improvements in a) professional skills, b) cooperation between home care nurses and nurses, c) stress management, d) managing time pressure, e) ergonomic work methods, f) healthy lifestyle and psychosocial work environment. Extra focused will be on improved and new solutions in in team work skills, new ICT solutions, and use of ICT work methods (e-learning) and technical aids in education, aiming at - preparedness of lifelong learning.

The MDH work package in the NURED project includes activities aiming at:

- More skillful home care nurses/nurses/nurse assistants
- Educational training including care and support to people with intellectual disability
- Students better prepared to manage stress in their education and their field of practice and future work
- Improve efficiency in education by ICT based learning and distance learning
- Improved recruitment for home care nurse education in all participating countries
- Less drop outs from educational programs
- Improve attractiveness in home care nurse and nurse educations

News from our partners - Experiential Learning

Jill Mattsson,, Monica Tolla - Karlstad (S)

Background

During the project Erasmus + TRIADE's visit in Kortrijk on February 2016 we had the opportunity to take part in the "Stimul", a care ethical lab. There we learnt that knowledge can be acquired and developed through experimental learning. Acquiring knowledge of ethics by giving and receiving care is central.

In our training today in the area of health care, our students experience what it is to be, for example in a wheelchair, blind, or deaf. They can also feel what it is like to be fed. "Experiments" usually take place during one or a few lessons and can provide valuable experience increasing empathy for future patients to be attended. Our wish is to develop further experimental learning targeting it to the needs of our staff.

The visit to STIMUL inspired us a lot and we have spread information about our experiences to managers at different levels of the organization.

We asked ourselves the question how we could get the staff working with this target group to better understand the consequences of a cognitive disability. The moment of truth is when our staff meets our customers. In an experimental learning where our employees "change sides" they can get the opportunity to evaluate their personal approach in their daily work through the experience as a customer in different situations.



Cognitive trip

A working group has been asked to develop a proposal for a "cognitive trip". The idea of "the cognitive trip" is that it should provide the experience and knowledge to the staff about how a cognitive disability can affect the everyday life of the individual. The cognitive trip provides insights on how it is to live in a society where audio, written text, allusions and speeches are not suited to people with cognitive disabilities. Managers and employees taking part in this experience supported the administration, 20 people were appointed to the experimental group. Four members of the working group acted as staff during the entire trip.

Implementation

In one day in early December, managers and employees went on a trip without any preparatory information. All were awarded a "disability" that involved cognitive difficulties. A bus came and drove to various shopping centers. Only those persons who acted as a staff were allowed to leave the bus but no one informed about why or for how long. During the day, participants performed activities such as shopping, cooking and











assembling with arcane or improper guidance including elements that disrupted the concentration of the activity that was going on.

The day ended with a stage where a person with similar experience was played.

The journey and experiences were immediately followed up by discussions and reflections. The aim was to ensure that the staff would not leave the trip with discomfort but with a positive perspective on the focus and efforts to be developed towards the customers.

Right now, work is under way to develop this experimental learning for staff at all levels within the health care administration.

TRIADE partners

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5th TRIADE international meeting Venice & Treviso March 6 - 8, 2017

From the 6th till the 8th of March 2017 the 5th transnational TRIADE meeting dedicated to the topic of Vocational training and the life cycle of persons with disabilities will take place in the Region of Veneto, Italy. The meeting is organized in cooperation between two TRIADE local project partners – the Veneto Region, who is also the general coordinator of the ENSA network and a VET organization: Irecoop Veneto who is supporting social cooperatives in the Region. The events will be held between Venice and Treviso, combining in the program presentations about the welfare and social integration of aging disabled persons in Italy and the Veneto Region. Good practices will be exchanged regarding this specific issue from the point of view of public and private social service providers including the University of Padua and vocational and training organizations. The goal is to share expertise in networking and co-working approaches with, in addition designing and delivering continuing vocational training paths with territorial impact.

SAVE THE DATE the 6th TRIADE international meeting will be held in Sweden (Karlstad & Eskilstuna) from 12 - 14 June 2017

“The 6th TRIADE meeting will be held in Sweden on 12, 13 and 14 June. The meeting will start on Monday in Eskilstuna, approximately one hour by car from Stockholm. Eskilstuna municipality will organize the beginning of the meeting for you to learn more about self-determination and autonomy for service users, in a way we haven’t seen in the other Triade meetings. Furthermore you will also learn more about PFA, a pedagogical approach and working procedure that aims to create a better life for people with intellectual disabilities. We do this by focusing on the persons strengths and at the same time compensate for difficulties.

On the 13th of June we are moving to Karlstad, approximately 2 and a half hours from Eskilstuna. We will stay in Karlstad until the 14th of June. Here you will learn about “Pictostat”, a way of creating questionnaires that uses symbols, photography’s and speech to clarify questions for service users that has a hard time with understanding just text. Karlstad municipality will also show you a tool for measuring “Early signs” for people with disabilities and the purpose is to detect dementia as early as possible. The assessment evaluates cognitive function, social skills etc.

The Swedish meeting will have focus on the service user.”

Jill, Monica, Sara, Marie



www.triadeproject.eu



Information on TRIADE is available on
Facebook (<https://www.facebook.com/triadeproject/>)
LinkedIn (Triade Erasmus+ community)
 A leaflet with a description of the project is available in
 each participating country (see list of partners)



**IRECOOP and ENSA invite
 the partners
 to the 5th International
 TRIADE meeting**

**VOCATIONAL TRAINING AND THE
 LIFE CYCLE OF PERSONS WITH
 DISABILITIES**

March, 6-8 2017
Venice & Treviso



for all information

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