

EPR Annual Conference 2022

Workshop 3 – Round 1: Supporting older people with a disability

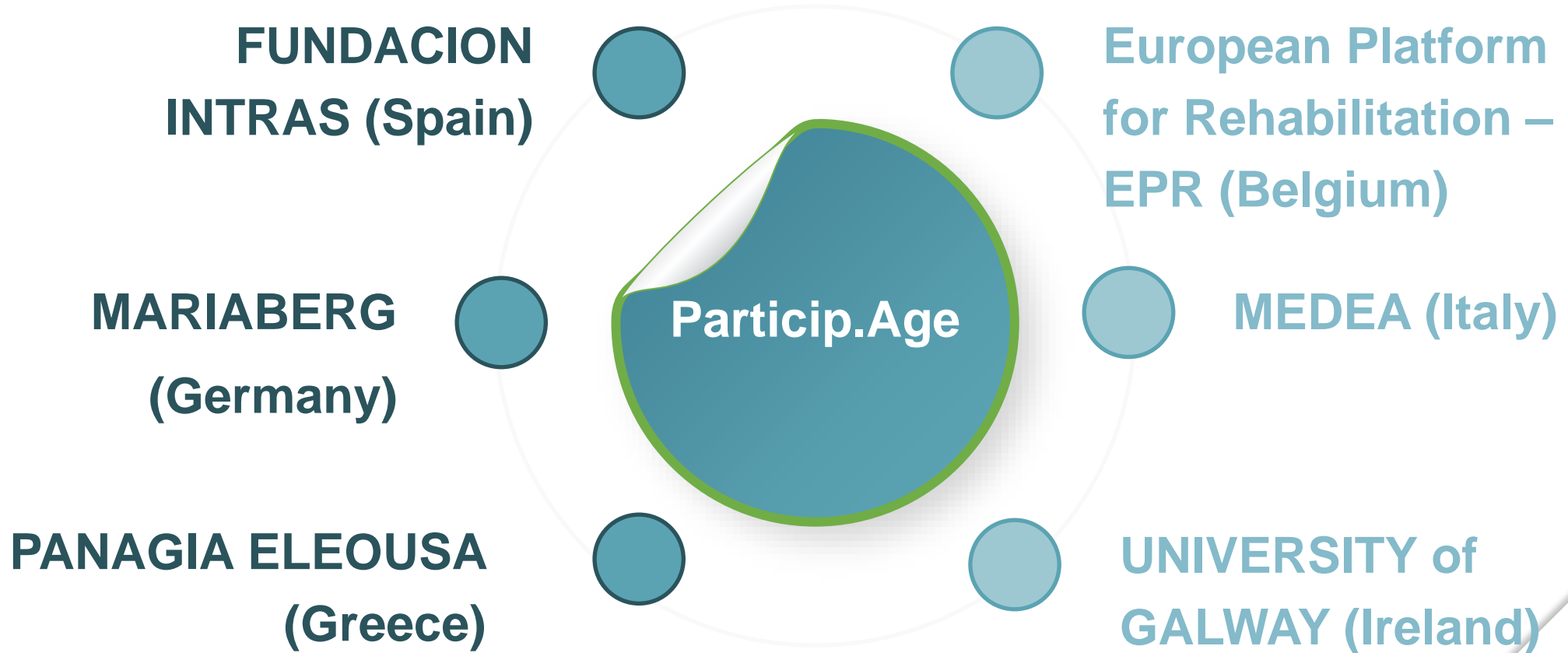
The Particip.Age project

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

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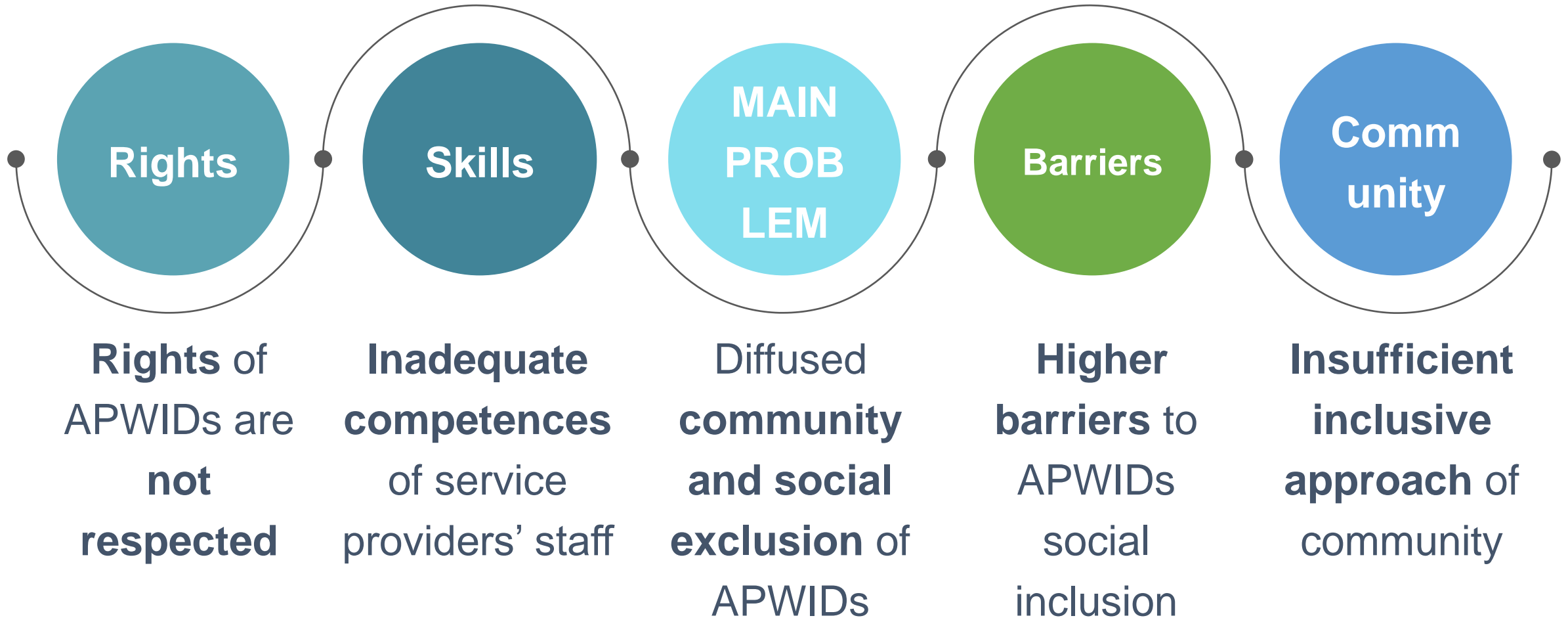
The Partnership



The **CONTEXT** – The **MAIN PROBLEM**

**Diffused
community and
social exclusion
of Ageing People
with Intellectual
Disabilities**

The **CONTEXT** Analysis



The CHALLENGES



Rights of APWIDs are not respected

- Real needs of stakeholders are not taken into consideration at policy and regulations making level
- When available, research on this topic is not sufficiently considered in policy making

The CHALLENGES



Rights of APWIDs are not respected

- Policy recommendations often lack impact, failing to lead to regulations and legislations changes
- Therefore, regulations are ineffective and incapable of supporting the rights of APWIDs

From **CHALLENGES** to **OBJECTIVES**

CHALLENGE 1:

**Rights of
APWIDs are not
respected**



OBJECTIVE 1:

**Supported
rights of
APWIDs**



The CHALLENGES



Competences

Inadequate competences of service providers' staff to support APWIDs

- Service providers' staff training is not up-to-date and does not include recently developed topics, such as digital skills
- Assistive Technology: Staff is often not aware of it, don't have access to these tools/don't know how to use them

The CHALLENGES



Competences

Inadequate competences of service providers' staff to support APWIDs

- APWIDs input, needs and knowledge are not considered and not integrated into the training pathways of staff
- Staff training is mostly focused on working on clients. Scarce attention is paid to the role of communities

From **CHALLENGES** to **OBJECTIVES**

CHALLENGE 2:

**Inadequate
competences**
of service
providers' staff
to support
APWIDs

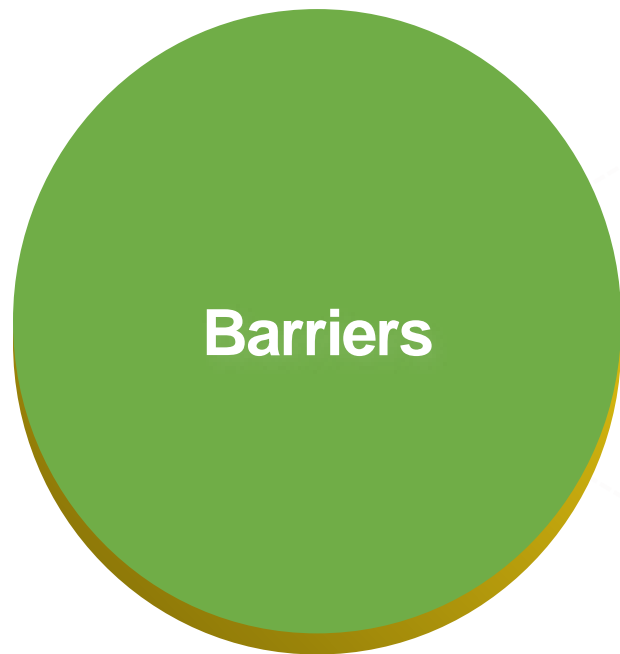


OBJECTIVE 2:

**Enhanced
competences**
of service
providers' staff
to support
APWIDs



The CHALLENGES

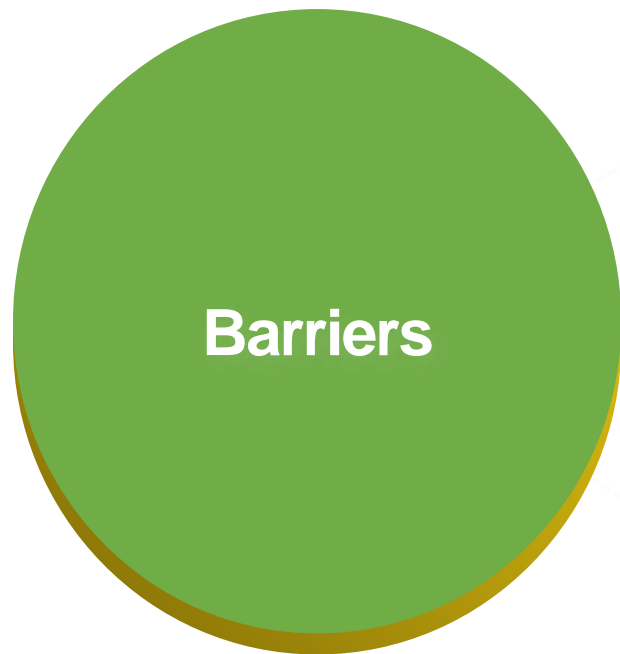


Higher barriers to APWIDs social inclusion

(communicative, relational, physical)

- The interpersonal network (family, friends, relatives, et.) is often weak and further weakens as the person ages
- APWIDs often live in isolated structures, far from the city center > institutionalization and consequent ghettoization

The CHALLENGES




Higher barriers to APWIDs social inclusion
(communicative, relational, physical)

- APWIDs are also isolated from the online community
- Assistive Technology: APWIDs are often not aware of it, don't have access to /don't know how to use these tools

From **CHALLENGES** to **OBJECTIVES**

CHALLENGE 3:

Higher barriers to APWIDs social inclusion (communicative, relational, physical)



OBJECTIVE 3:

Reduced barriers to APWIDs social inclusion (comm., relational)

The CHALLENGES



Insufficient inclusive approach of community towards APWIDs

- Communities are often completely unaware of the presence of APWIDs in their area
- Communities are often not very attentive to minorities in general (especially the online community)

The CHALLENGES



Insufficient inclusive approach of community
towards APWIDs

- Strong and widespread stereotype towards PWIDs and Aging people (infantilization, passivation, pietistic attitudes)
- Disconnection between services for APWIDs and their community

From **CHALLENGES** to **OBJECTIVES**

CHALLENGE 4:

**Insufficient
inclusive
approach of
community
towards
APWIDs**



OBJECTIVE 4:

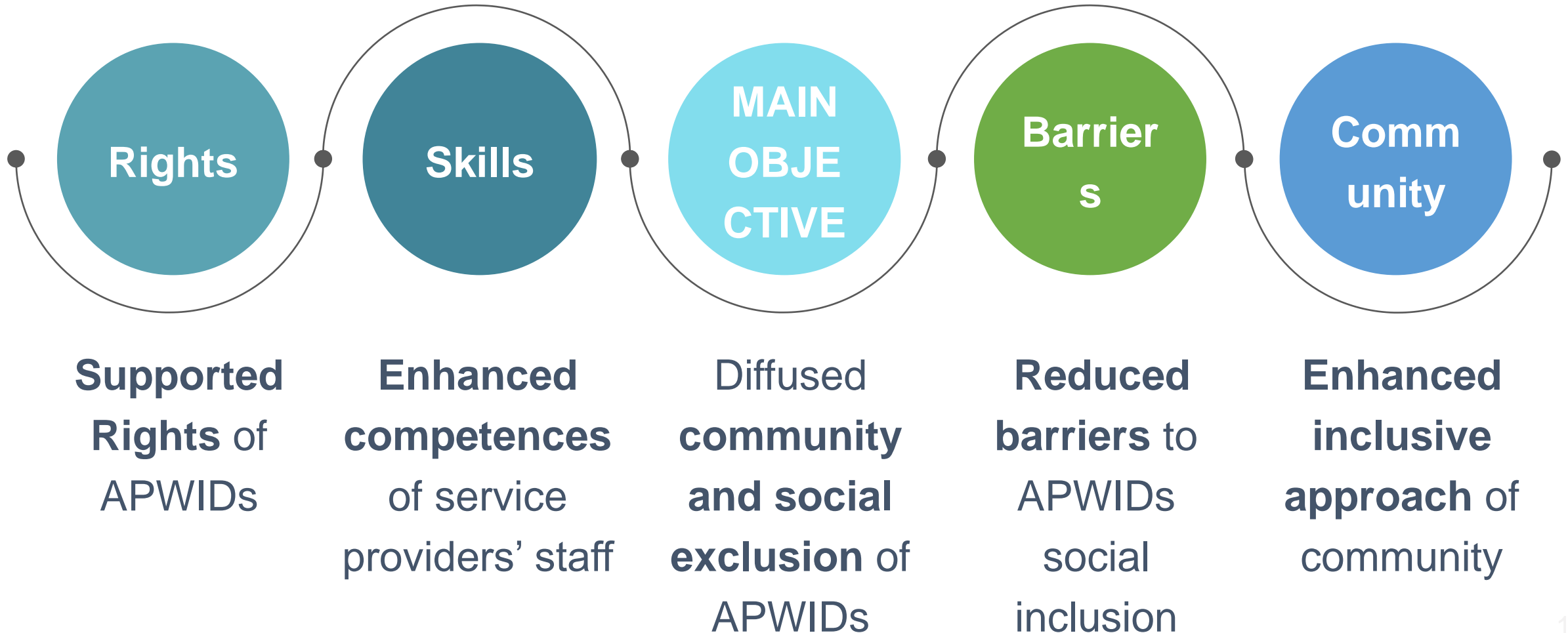
**Enhanced
inclusive
approach of
community
towards
APWIDs**



From **CHALLENGES** to **OBJECTIVES**



The Objectives



**Research,
Analysis and
Policy**

“Ageing People with Intellectual disabilities. A pathway to their social inclusion”

**Training e-
modules
(for Staff)**

E-learning modules for Service Providers’ Staff on supporting the social inclusion of APWIDs

**Training for
APWIDs**

E-learning modules for APWIDs

**Comm.and
Dissemination**

Guidelines for awareness campaigns

**Activities and
Deliverables**

**PM and
coordination**

Research, Analysis and Policy Recommendations development (WP2)

1

Good practices collection and selection
(policy and regulations – at least 10)

2

Study cases collection
(service provision – at least 15)

3

Research on behavior change science
applied to training

4

Stakeholders Needs collection and analysis
(at least 120 APWIDs, 120 staff)

5

Policy recommendations development and validation

Share your experience:

Your Challenges

What are the challenges faced by APWIDs in your context?
Are there other challenges?

Your Solutions

What solutions did you implement (or plan to implement) to solve/tackle these challenges?

Your Suggestions

Would you have any feedback on the Particip.Age project?
Any suggestion to propose?



NEUROPSYCHOLOGICAL INTERVENTION FOR A HEALTHY AGING OF PEOPLE WITH INTELLECTUAL DISABILITIES

AURA FOUNDATION

www.aurafundacio.org

Barcelona, Spain

22nd September 2022

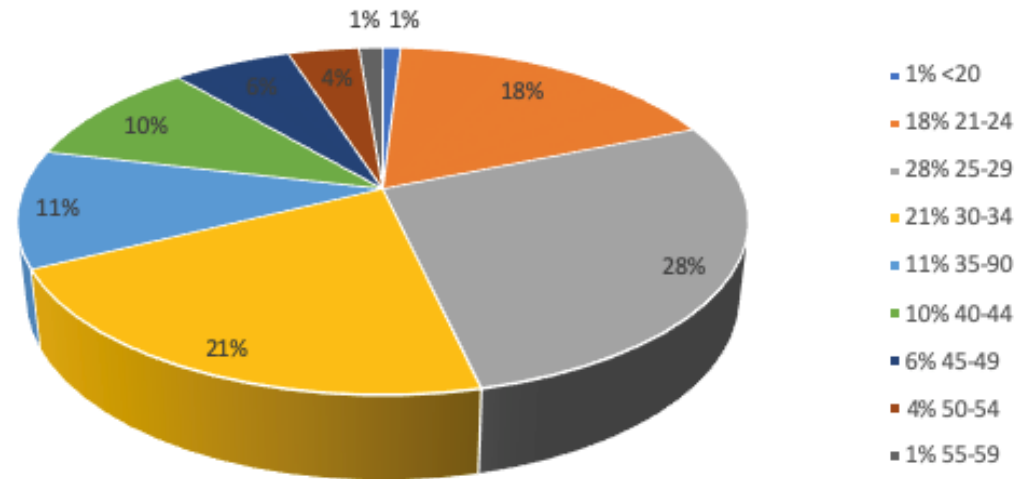


AURA FOUNDATION

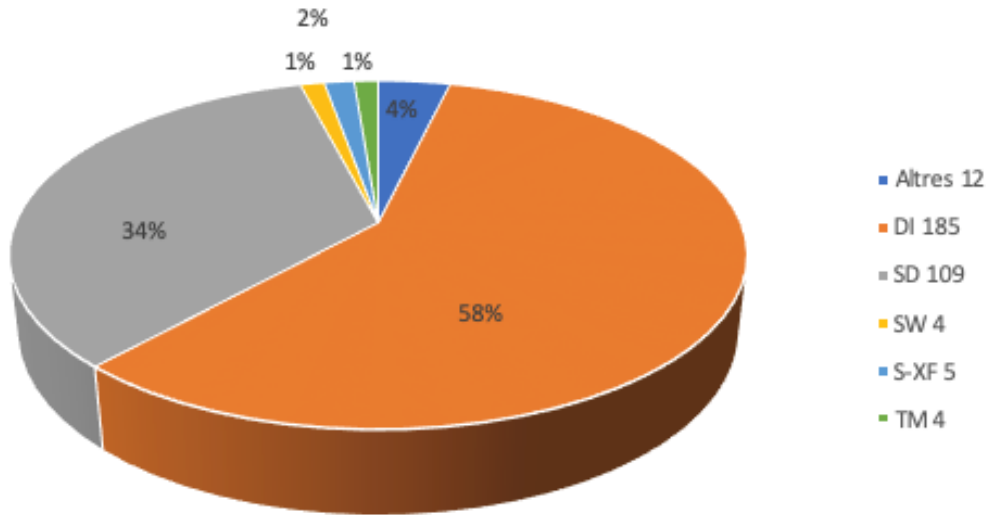
- Aura Foundation was founded in 1989.
- Pioneered a *Supported Employment* programme in Spain, in the implementation and development of this methodology.
- Our Mission is to help improving the quality of life of people with ID through social and work inclusion.
- 33 years offering a personalised service based on the abilities of its participants, people with ID.

AURA currently serves **319** participants

AGE PARTICIPANTS



DIAGNOSIS



21% are older than 40 years old

AURA FOUNDATION

Programmes

**SUPPORTED
EMPLOYMENT
PROGRAMME**



**INITIAL
PROGRAMME**



**NEUROPSYCHOLOGY
PROGRAMME**



AF



**ON-GOING
TRAINING
PROGRAMME**



**INDEPENDENT
LIVING
PROGRAMME**



**SELF-ADVOCATES
PROGRAMME**

NEUROPSYCHOLOGY PROGRAMME

RESEARCH

To study cognitive, behavioral and emotional indicators for preventing and detecting changes in the aging process



COGNITIVE STIMULATION

Programmes to maintain and/or strengthen the cognitive capacities of our participants

COMMUNICATION AND SOCIAL SKILLS

Programme to improve communication for their personal and professional life

VITAL AURA

Global care programme for active and healthy aging

NEUROPSYCHOLOGY PROGRAMME

Research and aging programme

- Describing the **process of aging** in individuals with DS and other intellectual disabilities based on cognitive, behavioural and emotional indicators. Prospective and neuropsychological longitudinal study.
- Detecting **neuropsychological changes** related to cognitive impairment and making an appropriate differential diagnosis.
- We carry on different studies coordinated with **Ramon Llull University** since 2006.
- Applying **effective intervention** to prevent cognitive and functional problems in order to promote active and healthy aging.

NEUROPSYCHOLOGY PROGRAMME

NeuronUp programme

Since 2017, AURA uses the NeuronUp Platform to design **personalised programmes** and sessions to **improve cognitive functions**.

Professionals in AURA can subsequently access to the system and thereby adapt follow up exercises based on **performance and needs** of our participants.

It promotes **cognitive reserve** and increase **autonomy** in daily living activities.



NEUROPSYCHOLOGY PROGRAMME

NeuronUp programme

About NeuronUp

Digital web platform designed for professionals involved in cognitive stimulation processes

It's based on a **theoretical framework**

Included more than **10,000 activities** classified by more than 40 cognitive processes

Both printed and digital formats



Intervention areas

Training and improving **cognitive functions** (attention, memory, executive functions...), **social skills** and **activities of Daily living** (ADLs)

Advantages

Access from anywhere with an **Internet connection**

Improve flexibility, mental processing, decision making,...

Increase their motivation

Store and track participant **evaluation** in detail



NEUROPSYCHOLOGY PROGRAMME

Aura Vital programme. Definition

- Aura Vital was created in 2011 for AURA's participants who needed it because of **health reasons, premature aging and/or retirement**.
- In 2021, we open the programme to **younger participants** to respond to the effects caused by the pandemic.

VITAL PROGRAMME

- 6% of total AURA's participants
(N=319)
- 50% are Young users (under 40)



NEUROPSYCHOLOGY PROGRAMME

Aura Vital programme. Objectives

- Global attention for **maintaining autonomy**.
- To promote actions encouraging the development and maintenance of skills, independence and quality of life.
- To improve **physical wellness, social and mental well-being**.
- To Promote a better level of **self-esteem and emotional state**, as well as interpersonal relationships.
- To promote actions to achieve greater **self-determination** for an active lifestyle.



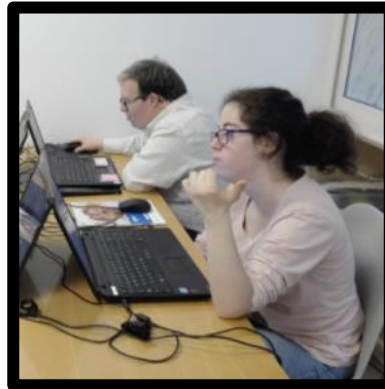
NEUROPSYCHOLOGY PROGRAMME

Aura Vital programme. Areas

Vital Programme offers **different activities** during the week to keep them active



**Physical
area**



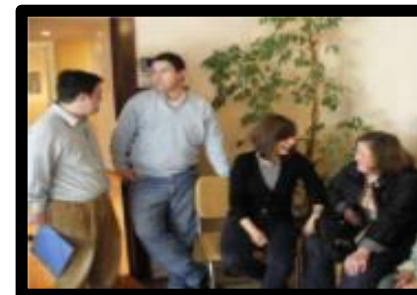
**Cognitive
area**



**Domestic
life area**



**Cultural
area**



**Socioemotional
area**

NEUROPSYCHOLOGY PROGRAMME

Aura Vital programme. Methodology

- VITAL Programme offers different activities to a **very small group** of participants.
- We design **individualised programme** to maintain and improve some aspects of active life according needs, interests and desires of participants.
- Scheduled activities are organised **daily**, except psychological treatment which are monthly sessions.
- A variety of activities ensure the participation and motivation as well as an **active lifestyle**.

CONTEXT IN SPAIN

- There is a lack of specific and **supporting services** to meet the needs of ID people in an aging situation.
- Inadequate assignment to public services in many situations and unaffordable in case of private services.
- Difficulties in detecting the difference of **health problems and premature aging**. Therefore, it is difficult to provide a holistic response accordingly.
- There is no retirement **legislation** and pensions for ID people who have worked few weekly hours.

CONCLUSIONS

- Importance of **Neuropsychological evaluation** and differential diagnosis. Assessment of behavioral, emotional, social and health changes.
- Encourage neuropsychological intervention, appropriate training and cognitive stimulation programs to **promote autonomy**.
- Provide **specific services** and support according to the individuals' capacities.
- To give **family support** guidance, information, advice and resources.
- The **active life** helps keeping a good cognitive, emotional, physical and social level.



Thank you!!



AURA FOUNDATION

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