



Methodological Report

The Design and Implementation of the AMM Integrated Approach

August 2012



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Art Made Man through art therapies and handicraft

EXECUTIVE SUMMARY

This report outlines the AMM Integrated Approach designed and implemented in the AMM project.

It presents a methodological framework upon which the AMM Integrated Approach is designed in order to maximize the impact of the intervention within its target beneficiary groups – socially excluded and marginalized people.

The AMM Integrated Approach was tested in four EU member states, Lithuanian, Poland, Bulgaria and Italy by 6 organizations. The profile of participants in the therapies varies with each member state representing the cultural differences which influence the extent of social exclusion experienced by marginalized groups of people.

Accompanying this report is the Trainer Handbook which is available in English, Italian, Bulgaria, Polish and Lithuania. The Trainer Handbook has been designed to allow trained practitioners to follow the guidelines in order to apply the Integrated Methodology.

This report is targeted at policy makers, funders and centre directors who need to understand the rationale behind the Integrated Approach, the resources required and the potential outcomes that can be achieved with a vulnerable people in order to appreciate the return on their investment.

For further details and information, photographs and short videos related to this, please visit the project website at www.artmademan.eu, the Art Made Man Facebook and the Art Made Man Wiki. These will be live until December 2013 and materials are available in Bulgarian, English, Italian, Lithuanian, Polish and Spanish.

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The overall AMM project was managed by TAMAT (Italy), in particular Patrizia Spada and Simona Formica.

The guidelines for the Art and Dance Therapy components were designed by Mimma Della Cagnoletta, Rosa Maria Govoni, and Donatella Mondino of Art Therapy Italiana (Italy).

The guidelines for the Handicraft Component were designed by Fabiana Manco of TAMAT (Italy), Silvia Romaniello, Loredana Zamponi and Franca Bacelli of ReLegArt (Italy).

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- ♦ TAMAT (Italy), co-ordinated by Patrizia Spada, Simona Formica and Fabiana Manco.
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A. INTRODUCTION

A.1. Background to the Project

The Art Made Man (AMM) project was designed as a response to two overarching and pressing concerns. That is, the lack of independence, and the social and economic marginalization of the most vulnerable social groups of European states where the AMM Integrated Approach will be implemented; Bulgaria, Italy, Lithuania and Poland. These vulnerable social groups include dependent migrants as well as adults with physical and / or mental disabilities.

To this extent, the specific aim of AMM project is to develop and implement an innovative methodology that integrates three different therapeutic components; dance movement, art and handicrafts in order to develop transversal, interpersonal and professional skills. To date, within each of the participating country contexts, each of the adult vulnerable social groups targeted in this project only received one therapeutic approach; that is, either dance movement, art or handicrafts. The AMM Integrated Approach developed and implemented in this project will contribute to enhancing all the socially vulnerable groups' empowerment and thus, improve their personal psycho-social attributes and skills, as well as increase their social inclusion within their wider communities.

A.2. Purpose of the Report

The purpose of this report is to justify and define the AMM Integrated Approach designed and developed for the purpose of the AMM project. In addition, this report presents and outlines the implementation of the AMM Integrated Approach as well as the outcomes of this implementation phase within four different contexts; Bulgaria, Italy, Lithuania and Poland, and with diverse vulnerable social groups; dependent migrants as well as adults with physical and / or mental disabilities

A.3. Structure of the Report

The report is presented in three overarching parts. The first section presents the justification and rationale for the designed integrated approach. The second section entitled 'Methodology' presents the AMM Integrated Approach and its implementation within this project and the final section of the report - the 'Validation Review', discusses the outcomes of the experimentation phase, the lessons learnt and the recommendations for best practice.

B. LITERATURE REVIEW

B.1.Social Exclusion – The European Context

Despite the fact that the term ‘social exclusion’ has occupied central position in social policy and inequality in Europe (Atkinson & Davoudi, 2000 p. 427) as a concept of EU significance ‘social exclusion’ only arose in 1970s, as a result of the 1972 Paris Summit Meeting. Here it was used to describe the condition of certain groups on the margins of society who were cut off from both regular sources of employment and the income safety net of the welfare state (Pierson, 2010 p.5). Thus, the notion of social exclusion is a relatively new concept and is embedded in the economic, political and cultural/social structures of society.

Following the Paris Summit the EU launched the 1974 Social Action programme which began the on-going process to combat poverty and inequality in the Member States (Hunt & Wallace, 2005 p.114).

Since then there have been numerous programmes to combat social exclusion, and enhance social cohesion. For example, on the back of the Lisbon Summit meeting The Social Inclusion Process was launched, followed by a number of programs to facilitate the objectives including the Community Action Programme which encouraged shared learning between best practice in Member States (Hunt & Wallace, 2005 p.116).

Article 137 (2) EC

“Encouraging co-operation between Member States through initiatives aimed at improving knowledge, developing exchanges of information and best practices, promoting innovative approaches and evaluating experiences in order to combat social exclusion”

There are many definitions of social exclusion, what it incorporates, its causes, its symptoms and its consequences, some of these are listed here.

The concept of social exclusion recognizes marginalizing, silencing, rejection, isolation, segregating and disenfranchising as the machinery of exclusion, its processes of operation. By way of contrast, the language of social connectedness recognizes acceptance, opportunity, equality, justice, citizenship, expression and validation as the machinery of connectedness (Taket et al, 2009 p.3).

Social exclusion is defined as multi-dimensional disadvantage which severs individuals and groups from the major social processes and opportunities in society, such as housing, citizenship, employment and adequate living standards, and may be manifested in various forms at various times and within various sections of the population (Barry & Hallet 1998 p.1) .

Social exclusion is a process that deprives individuals, families, groups and neighborhoods from obtaining the resources for participation in social, economic and political activity that the great majority of society enjoys. These resources are not just material but have to do with the quality of social interaction. Social exclusion undermines or destroys channels of access for support and opportunity (Pierson, 2010 p.23).

Whilst the Social Protection Committee produced a set of common indicators (Atkinson et al, 2004) for measuring exclusion there remains disparity between Member States in terms of the levels of social exclusion, techniques adopted to combat it, the culture of welfare to support marginalized people, aspirations to progress vulnerable, marginalized people into mainstream unsupported living.

European Law

With the entry into force of the Lisbon Treaty, the Charter of Fundamental Rights of the European Union became legally binding. Furthermore, the Lisbon Treaty provides for EU accession to the European Convention on Human Rights. In this context, increased knowledge of common principles developed by the Court of Justice of the European Union and the European Court of Human Rights is not only desirable but in fact essential for the proper national implementation of a key aspect of European human rights law: the standards on non-discrimination.

B.2. Who are the “socially excluded”?

Social exclusion can vary by culture, geography and time in history. However, whilst the profile of socially excluded people may vary the issues and challenges they face are often very similar.

Once the national mapping has been completed by project partners and the experimentation of the Integrated Therapy Approach completed and activity publicized a review will be made of the variations in socially excluded people in the different member states represented by this project. How these vary and how they compare.

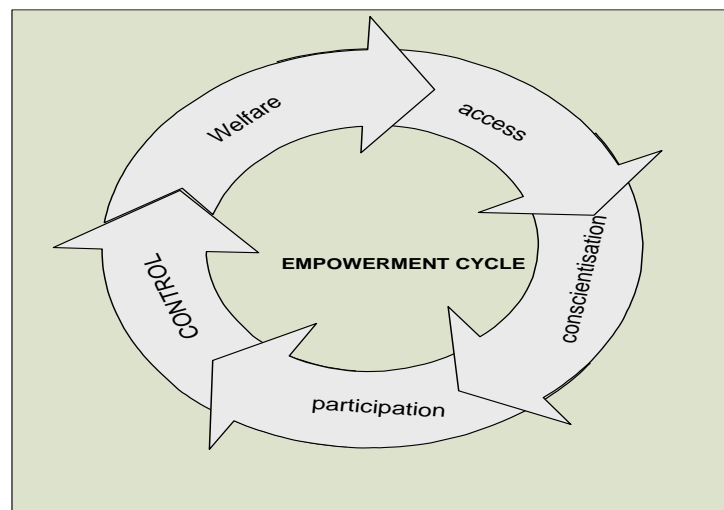
B.3. Empowerment Process

Although the term empowerment is in widespread use among scholars and planners, it remains “a relatively recent development concept and remains relatively under defined” (Carr et al, 1996 p3). However, there is substantial agreement that empowerment is a process rather than a goal in itself (Al-Dajani & Marlow, 2010), and encompasses the personal, political and economic spheres. In measuring change within these spheres, the economic one presents tangible results. Due to this, empowerment measures have focused on economic change as a primary indicator of empowerment although Rowlands (1995) argued that “economic gains ... do not necessarily enable individuals to reach a point where they can take charge of creating for themselves the options from which they get to choose. To do that, a combination of self-confidence, and self-esteem, information, analytical skills, ability to identify and tap into available resources, political and social influence is needed (Rowlands 1995, p105). These variables have not been successfully measured, although they are necessary to determine the most effective empowerment processes. This critique of empowerment measures and indicators is most relevant to adult socially marginalized groups including those addressed in this study; blind adults, disabled adults, migrant adults, psychiatric adults and deprived women.

For such socially excluded adult groups, empowerment is a process through which such individuals gain, and exercise a voice about what happens to them in their lives and within the communities in which they reside. While we recognize that empowerment processes are different for different individuals and groups, we argue that the outcomes of such processes lead to a common purpose of inclusion, improved access to welfare, improved resources and services and an overall improved quality of life for the individuals and their communities. However, an improved quality of life for the overall community cannot be achieved without the individual's engagement in the empowerment process.

We adopted Longwe and Clarke's (1994) empowerment process in this project. Longwe and Clarke (1994) defined the empowerment process as a cycle involving five consecutive stages and demonstrated how one stage of the process led to the next. They termed this as the 'empowerment cycle' rather than process. This cycle "is intended to illustrate that all aspects of empowerment should lead to improved welfare, and to show the continuous and dynamic nature of the developmental empowerment process. The process of empowerment is self-propelling and self reinforcing – success at one level provides a better basis for success at other levels" (Longwe and Clarke, 1994 p178). Figure 1 below illustrates this.

Figure 1: The Empowerment Cycle



Source: Longwe and Clarke, 1994: 178.

This cyclical approach argues that at the welfare level, marginalized individuals' resources are not recognized nor met. At the second, access, the individual's recognition of this, leads them to take action to gain access for resources. Thirdly, is the conscientisation level, such adults recognize that their inequalities to access resources and their general subordinate status are socially constructed beliefs and phenomena. At the participation level therefore, they take action and participate in the decision-making processes within their households, communities and societies at large. Finally, at the control level, their increased participation is used to achieve increased control over access to resources and distribution of benefits. This control increases the individuals' power and respect within their households, communities and societies at large. With the increased self-confidence, self-assertiveness, motivation, ambition and persistence achieved by the Control stage, the individuals continue to 'invest' their resources to further improve their access to welfare etc and thus, the cycle continues. The cyclic representation of the framework illustrates the process of empowerment whereby the pattern of growth and development is continuous. Ultimately, empowerment is not simply about achieving control, but rather, going beyond and using the control to increase welfare and access to resources.

The rationale for this project acknowledges the extent to which the AMM Integrated Approach acts as a catalyst for driving and potentially accelerating the empowerment process of socially marginalized adults.

B.4. Targeted beneficiaries

This project brings together best practice methodology of three therapies designed for quite diverse groups of socially excluded people. These therapies include dance, art and handicrafts, currently delivered to people with different challenges in order to achieve different aims, for example;

HANDICRAFTS – delivered to migrants or people with a disability to help them enter the world of work.

ART AND DANCE MOVEMENT – delivered to adults with disabilities, and adolescents at risk to help improve confidence in order to build an independent life.

The experimentation part of the project will combine these three therapies into a combined approach which will be tested with the groups of adults as detailed in Table 1 below ;

Table 1: Profile of target beneficiaries by Member State and Partner

Member State	Organisation	Beneficiaries
Bulgaria	Euro Training	Adults with mental disabilities.
Italy	Art Therapy Italiana (ATI)	People with disabilities (mental & physical) adults, migrant women, disadvantaged women.
Italy	TAMAT	Migrant women.
Italy	Re. Leg. Art	Adults with disabilities (mental & physical).
Lithuania	Social Innovation Fund (SIF)	Unemployed women with physically disability and ethnic minority women.
Poland	National Advisory union of Cooperatives for Invalids and for the Blind	Adults with disabilities (mental & physical).

B.5. The Integrated approach

To address empowerment, the AMM Integrated Approach combines the support and reinforcement of the self, enhances self-esteem, improves learning ability, and the acquisition of skills and competencies that promote the ability to work in groups and to regain resources. Particular emphasis is placed on enhancing the participants' resilience and adaptive capacities to their surrounding social environments.

Empowerment requires a sufficient capacity for adaptation to change. However, this creative adaptation requires the ability to use alternative resources in the presence of identified objective limitations. While focusing on the individual's empowerment through attaining creative adaptability skills, the AMM Integrated Approach also addresses empowerment at the social level. This is achieved by working in groups rather than individual sessions. Each group will comprise an average of fifteen participants whereby individuals will be required to work with other participants to nurture the formation

of community and / or network. Robbins (1987) suggested that the 'mirroring' technique assists in the formation of groups to support each member's adaptability for change and therefore, empowerment.

Creating and sustaining the cohesion and the culture of a group, allows a good working group that supports and facilitates the location of each individual component, in accordance with specific procedures. The presence of a stable and secure network allows participants to expand the boundaries of individual experience to include relevant aspects of the experience of others, which are integrated and made their own, leading to the development of a group culture.

Overall, the AMM Integrated Approach promotes Winnicott's (1971) 'creative apperception' which is the basis for 'creative adaptation' to life that enhances empowerment.

C. METHODOLOGY

This section of the report presents the AMM Integrated Approach and its implementation in Bulgaria, Italy, Lithuania and Poland, with vulnerable social groups including dependent migrants as well as adults with physical and / or mental disabilities.

C.1. The AMM Integrated Approach

As defined earlier in this report, the AMM Integrated Approach is comprised of three therapeutic components: dance movement, art therapy and handicrafts.

THE DANCE MOVEMENT THERAPY - characterized by the theme 'I am - I express - I communicate - I am here with others'.

THE ART THERAPY COMPONENT - characterized by the theme 'I create - I communicate - I create with the others'.

THE HANDICRAFT COMPONENT - characterized by the theme 'I plan- I produce'.

Each of these components addresses a different dimension of the target groups' psycho-social attributes and skills. These will be explained in the ensuing section entitled 'The Components'. To effectively combine the dance, art and handicraft components, the AMM team included partners with specific expertise in these areas. Each expert designed their independent component to reflect the empowerment principles highlighted earlier in this report, and then came together to identify synergies for creating an integrated approach. This approach was presented to the project partners at a meeting in Warsaw, Poland in October 7-9, 2011. Following the presentation, the experts led training of the trainer workshops in Poland where all implementing partners were trained in delivering the integrated approach. Doing so ensures sustainability beyond the lifetime of the AMM project. Not all trainers were able to travel to the Warsaw meeting so detailed Guidelines for Trainers were produced as a separate document and translated into the partners' own language. These have subsequently been revised and are incorporated in the "Trainer Handbook".

The AMM Integrated Approach comprises 21 consecutive sessions, delivered on a weekly basis. Thus, participants are expected to commit to attending all sessions over a 21 week period. While some participants may prefer to attend only the component they are familiar with, we stress the importance of attending all sessions across the three components to attain the full benefits of the Integrated Approach. Full attendance will also create a more reliable and valid evaluation of the implemented approach.

Each component of the AMM Integrated Approach is led and delivered by a specialist who has attended a training session about the AMM Integrated Approach (see Appendix 2). It is suggested that the training team is comprised of three specialists – one in dance, one in art and one in handicrafts. Not all members of the training team are expected to attend all 21 sessions but to ensure a smooth handover and continuity for the participants, overlapping / joint sessions have been included – these are highlighted in red in Figure 2 below, and four training team meetings over the duration of the implementation have also been included in the design of the Integrated Approach.

The proposed sequence for the AMM Integrated Approach outlined in Figure 2 is standard and is expected to be followed to ensure maximum benefit and impact for the participants. The Dance Movement Component is expected to take place first, followed by the Art Component and finally the Handicraft one.

Within Figure 2, sessions highlighted in red are the overlap / joint sessions. This is expected of the last two sessions of the Dance Movement and Art Components for each group and the first sessions of the Art and Handicraft Components for each group. The purpose of the overlap / joint sessions is twofold; firstly for the participants to get acquainted with the new trainer, and secondly, for the trainers to observe the participants' engagement, activity and group dynamics and to ensure that these are taken into account for the ensuing component.

Figure 2: Implementation of the AMM Integrated Approach

Week	Dance	Art	Handicraft	Team Meeting
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

This sequence was adopted from the model sequence developed for the AMM Integrated Approach – please see the accompanying document - Trainer Handbook.

The Components

The three components of the AMM Integrated Approach use non-verbal modalities in a privileged way to build a therapeutic relationship allowing the recovery of the individual's creative core and increase his / her ability to address disharmony, mental blocks, and mental or physical discomfort. The creative process is the cornerstone of the therapeutic process. To this extent, the AMM Integrated Approach aims to promote, support and strengthen the creative components that are necessary for empowerment.

DANCE MOVEMENT - 'I AM - I EXPRESS - I COMMUNICATE - I AM HERE WITH OTHERS':

The dance movement component is the first component of the AMM Integrated Approach as movement is the primary language shared by all people. It is a common denominator across cultures and individuals' cognitive abilities, and remains central in overall communication and thought processes. It also creates awareness of one's self. This awareness is activated through the exploration of the body in motion, its perceptual skills and its expressive and communicative elements. Through 'direct' listening to the self and understanding its identity, the development of a greater receptive capacity of multi-sensory, emotional, imaginative and cognitive experiences is possible. In turn, these lead to an articulate expression of the flow of the tensions and their inner urges, as well as a greater awareness of one's self.

Within the Dance Movement component, participants can dance or move around using their most functional modality for their expression and the processing of their experiences. This instigates the development of their interpersonal and communication skills. Participants are led by the trainer to expand their sensory perceptions, allowing each individual to use the knowledge of oneself and others through body awareness.

ART THERAPY- 'I CREATE - I COMMUNICATE - I CREATE WITH THE OTHERS':

This component bridges the empowerment of the self, developed through the Dance Movement Component and the psycho-social dimension of empowerment addressed through the Handicrafts component. Within the Art Therapy component, participants can paint or model using their most functional modality for their expression and the processing of their experiences as this will also enhance the development of their interpersonal and communication skills.

Participants are led by the trainer to expand their sensory perceptions, allowing each individual to use the knowledge of oneself and others through artistic expression and materials. They will master their capacity to use specific tools to create objects of use, meaningful as expressions of self, but also functional within the arts and crafts market.

HANDICRAFTS - 'I PLAN- I PRODUCE':

In many ways, the handicraft component addresses the psycho-social dimension and within the empowerment theory, it can be critical for self-identity development. For these reasons, the handicraft component was included as the third and last stage of the AMM Integrated Approach especially as it builds on the professional skills acquired during the handicraft sessions and on the transversal ones discovered and acquired earlier through the Dance and Art components.

The Team Meetings

Team meetings are an integral part of the AMM Integrated Approach as they serve multiple purposes:

- ✓ Create team cohesion between trainers;
 - ✓ Facilitate planning and ensure synergies between each component's objectives and outputs;
 - ✓ Provide a formalized forum for evaluation and progress discussions;
 - ✓ Peer support;
 - ✓ Track progress.
-
- ☞ The first and initial meeting is expected to take place prior to the commencement of the implementation phase. At this meeting, trainers are expected to familiarize themselves and each other with i) the overall AMM Integrated Approach objectives and outcomes, ii) each others' component and its activities, iii) the participants and finally, iv) the required resources for implementation.
 - ☞ At the second meeting, the Dance Movement trainer is expected to brief the other two trainers on her component. This can include an evaluation of what worked well and what did not, attendance, participation and engagement, whether her expectations were met, participants' feedback etc. At this meeting, the Art trainer is also expected to brief the other two trainers about her intended component, her observations from the Dance sessions attended, and what if any, changes were made to the Art component resulting from the overlap sessions with Dance.
 - ☞ The purpose and outcomes of the third meeting are very similar to the second meeting but for the Art and Handicraft components.
 - ☞ At the fourth and final team meeting, trainers are expected to evaluate the overall Integrated Approach.

C.2. Experimentation

Having designed the Integrated Methodology the experimentation phase extended between November 2011 and May 2012. The Dance Movement component began November 2011. Dance Movement and most Art Therapy components were completed by March 2012 in time for the fourth partner meeting in Lithuania to allow a review of these two components. Following this partner meeting, the handicraft component was implemented across all participating states and completed prior to the fifth partner meeting in Bulgaria in June 2012 where the implementation of the handicraft component was evaluated.

The number and type of participants included:

Table 2: Scoping: Implementation and participant groups

Target Groups	Bulgaria	Italy - TAMAT	Italy - ATI	Italy - ReLegArt	Lithuania	Poland	TOTAL
Ethnic minorities							
Migrants		11	23				34
Adults with physical disability				1		36	37
Adults with mental disability	36		31	5			72
Disadvantaged Women*					43		43
Trainers	9	8	27	6	4	12	66
TOTAL	45	19	81	12	47	48	252

*Long term unemployed, 50+, single parents, in Lithuania – disabled women also categorized as disadvantaged

C.3. Evaluation technique

Given the range and diversity of beneficiaries, some with complex needs and with the different languages and cultures represented by the experimentation, identifying an evaluation technique appropriate and relevant for all is imperative. From the international development field an approach called Participatory Rural Appraisal (PRA) and in particular, Rapid Rural Appraisal originally proposed by Robert Chambers, seems highly appropriate (Chambers 1983).

The origins of the PRA were driven by Freire's belief *"that poor and exploited people can and should be enabled to analyze their own reality"* (Freire 1968). As Chambers (1983) explained, central to the idea is empowerment, in that *"people, especially poorer people, are enabled to take more control over their lives and secure a better livelihood with ownership and control of productive assets as one key element"*. This sits well with the purpose of this project and the Integrated Approach.

PRA it is an approach that has been adopted by many NGOs in the planning and development of projects. It allows people to examine their own problems, set their own goals and monitor their own achievements. Numerous techniques and tools have been developed to be used in a variety of settings, in both group and one to one settings. To maximize inclusion of the most illiterate, challenged people with poor communication skills the techniques avoid the necessity to write rather it uses objects and pictures to express opinions and views.

A variety of techniques were tried and tested with the project team when in Warsaw and the practicalities of applying them to the various beneficiary groups discussed. It was agreed that the collage tool would be used in which participants in the experimentation would be asked to produce a collage representing how they feel at the beginning and end of a component of the Integrated Approach. The collages would be collated and analyzed as a whole. The collages may be facilitated as a group activity or an individual one. Where possible, the trainers will also record discussions held during the creation of the collages.

The project team had planned to use the H Chart system in which participants rated their feelings on scales. Trainers found this a hard concept to do in some groups stating that *"most mentally disabled people do not understand the concept of rating their feeling on a numerical scale. Some of them have problems with expressing their feeling even verbally"*. They found the collages, in particular the Tree of Feeling more readily understood and easier to administer.

Examples of evaluations can be found in Appendix 3.

C.4. Intended Outcomes

Overall, the intended outcomes from the AMM Integrated Approach rather than from each component separately are threefold; in the short term, the participants will acquire new and useful, personal skills and resources. In the medium term, they will acquire personal, interpersonal and vocational skills, and in the long term, they will be able to utilize these skills within their social context of reference. Below are the intended outcomes for each component of the Integrated Approach.

Dance Movement: to move from body awareness through movement and bodily experiences on an individual basis, to group sharing.

Art Therapy: to move from self definition to partnership, and from the development of individual creativity to the group creation. This will be exemplified through the artistic products produced by the participants as forms of self expression.

Handicrafts: to create handicraft items that resulted from the skills and attributes acquired through the handicraft session, besides the transversal and social skills acquired through all three components of the Integrated Approach. This will be exemplified through the handicrafts produced by the participants working together in a group rather than independently.

D. VALIDATION REVIEW

D.1. Lessons Learnt

Having completed the experimentation phase of the Integrated Approach, this section presents some of the lessons learnt based on the outcomes of the experimentation. These outcomes were derived from a qualitative analysis of the partners' and trainers' evaluations and the feedback from the participants in all experimenting partner countries.

D 1.1 Lessons Learnt - Overall Integrated Approach

Group Size

Partners reported different optimum numbers depending on the challenges faced by participants. For mentally and physically disabled 12 participants was viewed as maximum number.

Group Composition

Some groups were homogenous in participant makeup (e.g. all participants disabled) – others, reflecting the concept of Integrated Approach, comprised of a mixture of people – e.g. disabled with migrants; East European women with African women. Whilst initially these groups took time to bond – in one example, it took until the fourth session of Dance Movement before the trainer felt participants had a sense of belonging – once the process had started it continued to develop throughout the programme.

Ratio of trainer to participants

The ratio depends on the challenges faced by participants. Partners strongly recommend at least two members of staff. Volunteers can be included.

Recruitment & retention

In places where participants are “selected” from an institutional resident population it can cause resentment amongst residents who are not selected and this requires careful management.

Recruitment of new people into the project proved difficult in cases where family members did not want their family member to participate. In cases this was overcome by organizing transport to and from the venue and providing childcare arrangements.

Group cohesion

Where participants didn't know one another it was recommended that a pre training session be incorporated into the programme so participants could get to know one another and expectations can be set prior to beginning the programme.

Partners reported an integration of participants in areas where participants didn't know one another prior to the training. For example, in Italy: although not planned this way, within the handicraft component, the migrant women, trained by Tamat, were trained at ReLegArt and therefore, came into close contact with the disabled adults – ReLegArt's regular target audience. This created a unique opportunity for the disabled adults to ‘train’ the migrant women and offer an opportunity for the two target groups to interact. This would not happen naturally within the wider Italian community. The disabled participants were very proud to train the migrants, and the migrants were very surprised to see the productivity of the disabled adults and their integration into working life.

Combining African and Eastern European women was problematic at the beginning in Italy due to cultural rivalries between these two migrant groups. However, the presence of an Italian volunteer participant was instrumental in easing the initial challenges as she had extensive experience in working voluntarily with migrants in the community. Given that the aim is to enhance inclusion, the presence of the Italian participant was a positive rather than a negative.

Some partners offered common clothing e.g. matching socks or T Shirts for participants to wear during the sessions. These were very popular – one trainer described *“very important was giving away shirts with the name of the project – this was some kind of empowerment, a sense of belonging to the group, sense of community.”*

From the Dance Movement Component, the Lithuanian trainer commented; *“it was very interesting to observe how the emotional state of the participants changed to the better side. Some women started to communicate during their free time, to plan common trips, meetings. Even the colors of the clothes women were wearing changed – they started to wear cloths of vivid colors – violet, green, yellow, blue.”*

Evaluation

The AMM project planned to adopt the H Chart methodology but the client group found this very difficult and alternative suggestions are incorporated in the Trainer Handbook.

Results also showed that doing a final evaluation on the last session was negatively influenced by the fact that participants were feeling sad about ending the programme.

Continuity between sessions

Trainers reported that it was important to link the three components, for example, music played during the Dance Movement Component should be played during the Art and Handicraft sessions.

As a relaxation, trainers took a few minutes to get the group to do some of the dance movements during the Art and Handicraft Components.

Location

It is important that participants feel comfortable and safe in the venue.

It is recommended a specific Handicraft workshop/studio for the Handicraft Component to be implemented but also cautioned about health and safety measures and the use of specialist equipment and machinery. A real work environment is fundamental for the acquisition of real and professional competencies.

In Poland, working with disabled participants, the recommendation was to avoid using a room with mirrors as it caused “discomfort” and distraction to the participants.

Techniques

It is important that trainers are familiar with the techniques adopted. Some reported issues with the Papier Mache activity within the Art Therapy component. However, trainers more experienced in this technique found it an essential stepping stone from two dimensional to three dimensional art work in preparation for the Handicraft Component. Trainers are advised to research, practice and prepare for the techniques they are not familiar with.

Closing thoughts

In Lithuania, the trainer rounded off the last session with a question for participants –

“If my life is a movie...”

1. What would be the name of the movie?
2. What genre would it be?
3. What is my role in this movie?

Participants can also be encouraged to create new names and scenarios for the future (for a specific day, month, year...).

Participated Days

Whilst designed and included as a dissemination tool within the project, all experimenting partners reported that these Participatory days were integral to the methodology. When participants are ready to engage with the wider community, the participated days can be very powerful. It is important that participants are ready and this will vary by group. For example, migrant women in Italy were not ready for a Participatory Day until well into the 21st week of the programme, while the disabled participants in Bulgaria were ready after the Dance Therapy Component.

Peer Support & Knowledge Sharing

As this was a new approach trainers found it very useful to communicate with one another, for example, in Italy the trainers across the three experimenting partner organisations held regular Skype meetings. During these sessions they discussed progress of the group, ideas they had for improvements and helped one another overcome operational difficulties. Moving forward, a wiki for the AMM Integrated Approach has been designed – details of how to participate can be found in the Trainer Handbook.

D 1.2 Lessons Learnt - individual components

This section presents specific feedback following the implementation of each of the three components; dance movement, art therapy and handicrafts.

DANCE MOVEMENT COMPONENT

Several trainers found it hard to verbalize the dance movements and adopted techniques to explain to participants:

- ☞ In Bulgaria they compared the movement with known phenomenon, for example – “to move like a swan” rather than “move slowly, elegantly, floatingly”
- ☞ In ReLegArt they used different materials such as tools, clothes and other items to explore the different dynamics of movement for the different themes of each meeting e.g. heavy and light in weight, musical instruments for the time, the elastic and fabrics for the space and music for streaming.
- ☞ The Bulgarian partner suggested that before starting the dance component it may be useful to visit dance performances (dancing, ballet, concerts ... etc) to give participants an idea of the concepts they will be expected to take on board.
- ☞ For the warm-up the Lithuanian group used different techniques – structured movement – special program for women, which they repeated after the trainer; Body Jazz (by Gabrielle Roth).
- ☞ ReLegArt developed a short choreography using the movements of each meeting.

ART THERAPY COMPONENT

Group formations were already in place as the art therapy component followed on from the dance movement one. This was considered positive by all trainers and partners as the art therapy sessions were “loaded with emotions” (Lithuania trainer). We found the art therapy component a perfect way for the participants to express their inner feelings and thoughts non-verbally. Non-verbal communication was critical for most of our participants who had severe limitations in their verbal communication.

The AMM Integrated Approach utilized papier mache as the art therapy tool as it was suitably challenging for the variety of participants involved in the project. We found that there were difficulties with this tool in some partner countries where papier mache was not a commonly known art and that these difficulties were overcome by the end of the art therapy component through group learning and support. The group learning and support were both intended empowerment outcomes of the art therapy component so overall, we do recommend the use of papier mache and strongly recommend that the trainers become familiar with this technique prior to implementing it with the participants.

Several trainers and partners agreed that during and following the art therapy component, some participants rediscovered their painting, drawing, sketching talents and continued producing these works of art in their spare time either at home or within their residential institutions. These participants reported an improved state of satisfaction with life in general as they found an outlet for their silenced expression. However, the majority of trainers and partners reported the need for repeated initial encouragement for the participants to initially take up the paint brush, marker etc but evidently, their efforts were well rewarded.

HANDICRAFT COMPONENT

As handicrafts are culture and context specific, the handicrafts produced in this project varied from one experimenting location to another and included; jewellery making (Italy and Lithuania), leather book binding (Italy), paper flowers and decorations (Bulgaria, Lithuania), pottery (Poland), scarves (Lithuania) and weaving (Italy). All partners ensured that the chosen handicrafts were suitable to the participants' specific needs and at times limited abilities. The advice from our experimenting partners included ensuring a suitable environment in which the handicrafts are made, a practical staff – participant ratio, and that the tools required meet health and safety regulations.

Handicraft presented the opportunity to create objects that are functional and useful and potentially income generating. Therefore, it is very important to ensure that the trainer is highly skilled in the craft being made.

In Italy, to ensure at the same time therapeutic goals, the team building and the acquisition of professional competences by beneficiaries, arose the importance of a strict collaboration among artisans and therapists.

In Lithuania, the participating women worked closely as a group and created the motto “nothing is impossible”. Through this motto, they all engaged and encouraged each other to overcome arising challenges. Overall, it was agreed that handicrafts that could be worn such as the woven sweaters (Italy), scarves (Lithuania) and jewellery (Italy, Lithuania) were welcomed with extra interest and commitment as they allowed the participants to wear them proudly at the Participated days and demonstrate their abilities. Overall, trainers and partners agreed that the handicraft component generated a sense of value, confidence, pride and recognition amongst the participants which is very empowering.

An example of true integration came from the experimenting group in Perugia, Italy. Although not planned as such, the migrant women of Tamat were trained at ReLegArt and therefore, came into close contact with the disabled adults – ReLegArt's regular target audience. This created a unique opportunity for the disabled adults to 'train' the migrant women and offer an opportunity for the two target groups to interact. This would not happen naturally within the wider Italian community. The disabled participants were very proud to train the migrants, and the migrants were very surprised to see the productivity of the disabled adults and their integration into working life. This is a good example of how inclusion can be facilitated through the AMM Integrated Approach amongst the traditionally isolated diverse groups.

D.2. Case studies

A selection of stories from participants is presented here to help demonstrate the impact the AMM Integrated Approach had on their lives:

Rosa's Journey through the AMM Integrated Approach

"Rosa" is a person with mental health issues and, as a result of contracting polio earlier in her life now suffers some physical disability.

During the Papier Mache session Rosa was the most experienced in this special technique and explained to all the team what she knew about this method and how to work with it. She also shared her knowledge with the volunteers in the group. Trainers found it enlightening to watch her share this knowledge and witness this highly empowering and motivating experience for Rosa.

Following on from this session, Rosa became a very active participant. During the Art Therapy Component she took part in the Annual City Art Exhibition – an exhibition of local young artists – where she displayed two pieces of art - both of which were bought by visitors to the exhibition.

This further positive experience influenced her to participate more actively in the AMM Participatory Day, our next public event, and she continued to engage with the remaining AMM sessions very actively and with a great pleasure.

Luigi's Journey through the AMM Integrated Approach

"Luigi" has been working in a handicraft workshop for many years with a team of people with a range of mental health issues. All participants work together making beautiful but standard handicrafts.

In his past he was an avid artist – painting and drawing – to the surprise of his fellow workshop workers. Through the AMM project he has reconnected with his art. The process has encouraged him to start all over again and now he paints and draws constantly.

His works are stunning and are displayed throughout the handicraft premises.

It has been a wonderful journey for Luigi to re-ignite his art passion. So enthused he continues at home which is great as he lives alone, has no TV, radio and this keeps him busy, mentally stimulated and productive. The AMM project has been very positive for him.

Siham's journey through the AMM Integrated Approach

"Siham" is an African migrant woman with a combination of socio-labor difficulties and relationship difficulties. When she arrived in Italy, she was assigned a tutor to help her integration into the local society and to find a job. However, Siham's moods were so extreme that her participation in the AMM Integrated Approach project could not be guaranteed. In fact, her flat mates – other migrant women decided to move to other residential locations because they simply could not live with Siham. Furthermore, finding a job was proving very difficult for Siham as she could not present herself in interviews as a reliable woman.

While Siham showed clear relationship problems at the first Dance Movement session, her tutor who accompanied her stated that Siham had really benefitted from the session. Her attendance was sporadic, and she did not attend regularly. The group leader and trainer attributed this to Siham's Italian language limitations ... she couldn't write, speak or understand Italian and her native language was not spoken by the other African migrant women participants nor the women from Eastern European states.

The trainer team put in new measures to accommodate Siham and address her special circumstances. A French speaker was invited to attend the rest of the sessions and to translate for Siham. Day by day Siham's challenges were gradually overcome through the progressive inclusion into the group. Progress was slow, but constant. For example, although Siham was reluctant to participate in the Participatory Day held at the end of the Art Therapy component, as she was apprehensive about eating with others. However, she did participate and brought a friend for support.

Progressively, Siham began to participate more actively in the proposed activities and showed a slow but constant improvement and little by little began to feel part of the group. The improvement grew stronger during the last experimentation phase, the handicrafts component. Here she became very relaxed and familiar both with the work and with the other participants. Her visits beyond the actual sessions increased and she began communicating in Italian without the interpreter. She really got passionate about her handicraft tasks, especially when she realized her sewing abilities and created items that she could sell!

She respected deadlines and worked well in the team thus improving her capacity to deal with persons and to build relationships. She also informed us recently that she has secured a job. While we do not claim that securing the job is a direct output of Siham's participation in the AMM Integrated Approach, we are confident that her relationship building skills, self confidence and overall integration into Italian life were positively influenced by her journey through the AMM Integrated Approach. Such activity did contribute to Siham's personal and professional empowerment.

E. CONCLUSIONS

While the AMM Integrated Approach was delivered, tested and evaluated in Bulgarian, Italy, Lithuania and Poland only, we are confident that its implementation extends beyond those contexts. Its positive effect on the empowerment of participating socially disadvantaged groups including ethnic minorities and migrants, physically disabled adults, mentally disabled adults and disadvantaged women are evidence to the multiple benefits of an integrated approach rather than a unilateral one.

Given the specializations required for the implementation of the dance movement, art therapy and handicraft components of the AMM Integrated Methodology, and recognizing that these specializations are often unavailable in many organizations across our partner countries; we developed a Trainers Handbook that provides a step-by-step guide to implementing the AMM Integrated Approach. While this was not an expected deliverable on this project, all partners agreed that it was a necessary output of this project to enhance the replicability and sustainability of the AMM Integrated Approach.

For further details and information, photographs and short videos related to this, please visit the project website at www.artmademan.eu, the Art Made Man Facebook and the Art Made Man Wiki. These will be live until December 2013 and materials are available in Bulgarian, English, Italian, Lithuanian, Polish and Spanish

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APPENDICES

Appendix 1: AMM COLLABORATIVE VIRTUAL KNOWLEDGE BASE

A1.1 AMM Virtual Knowledge Base (VKB): a collaborative & online tool

A1.1.1 VKB - wiki space in the AMM project

Taking in consideration the global philosophy of the team/partnership, the aims of the project and the work-style promoted along the project phases, building a collaborative and horizontal platform (wiki space) is a natural outcome; it is a manner to enhance what has been achieved along the project and supposes an added value to the methodology developed.

As mentioned in the previous sections of this document, AMM brings together different empowerment techniques to establish an integrated methodology for implementation with wide range of disadvantaged groups. In doing so the AMM project also enables a **community of practitioners** to share and discuss their daily work/activity related to the project.

The potential exchange is foreseen as a completely positive process to improve the quality of the practitioners' knowledge; this product intends to avoid having lonely and atomized centers of action, but a **linked, alive and creative community of engaged social actors**.

Thus, a wiki space is ideal for accomplishing the needs detected by the partners during the experimental phase and when working with the trainers and the participants. Indeed, it needs to be an **online tool** that allows contributors and participants from all over the continent and more broadly at an international level, to participate.

It is expected to be a tool for **gathering/collecting different and shared resources** among the project's development that could be relevant for the implementation process and beyond it, to store data in a place where other professionals can access and benefit from them.

From the sustainability point of view, this should be enriched from a **bottom up – participatory non-stop process**, and be promoted and maintained by contributors from different communities of practitioners. Getting inspiration from WIKIPEDIA, the consortium started to define how to structure and organize the proper AMM wiki space, and how to engage more professionals as potential contributors of relevant content/resources.

Within this collaborative place, the partners provided content in 6 different languages taking into consideration the sensibility for language diversity and the cultural aspects of a multi-country initiative such as this one. For further details and information, photographs and short videos arising from the AMM project, please visit the Art Made Man website at www.artmademan.eu, the Art Made Man Facebook and the Art Made Man Wiki at <https://artmademan.wikispaces.com/AMM+Wiki+Space>. These will be live until December 2013 and materials are available in Bulgarian, English, Italian, Lithuanian, Polish and Spanish.

A1.1.2 Main beneficiaries and participants of the VKB - wiki space

The wiki space brings together an interested community of actors to discuss and share the AMM integrated methodology. The wiki space is intended to be a **meeting point for artisans, therapists** and other professionals (therapists, art teachers, social workers, facilitators, social educators...) who work

with disadvantaged adults. It is a tool for practitioners to document their experiences and learnings from the implementation of the AMM methodology.

Those practitioners don't need to be experts in computers or internet applications to be able to contribute. (In the following sections there are some instructions to guide the first contact). In an indirect way, all the groups of final users are also beneficiaries of the shared content available in this wiki space.

A1.2 Instructions to use a wiki space and make contributions

A1.2.1 Content and sharing it among the community

The content and resources that are expected to be presented and collected in this AMM wiki space could be really diverse, but the main idea is that all of them get focused on the daily work of professionals/volunteers and intermediaries of any kind that work for vulnerable social groups trying to improve their quality of life and their personal, educational, social and relational skills.

The format / source of the resources can also be of any kind. In the wiki space there are different places with information and explanations about the *criteria to search/allocate the available resources*. Basically, it works under a **tag system** more or less structured since its creation. The partnership grouped different tags under general themes, and they are shown as a suggested way to maintain a common order. This was an initial idea to start with a shared understanding, but this storing / tagging system is flexible and potentially enlarged/modified according to the new pages/incorporations of new resources.

It is possible to have a quick general view of this tag system (what means a quick view of the existing resources' main themes) through a Tag Cloud inserted in one of the wiki pages:

Here you are a **TAG CLOUD** of this wiki, added to facilitate the search and the identification of the content already stored and available in this site.

Please, click on any tag you are interested and have a look at the pages created under it.

[AT](#) [Bookbinding](#) [Bulgarian](#) [Creative](#) [DMT](#) **[Dance](#)** [Handicraft](#) [Instruccions to contribute](#) [Italian](#) [MDT](#)
[Methodology](#) [Music](#) [OBJECTIVES](#) [Occupational therapy](#) [Perugia](#) [Polish](#) [Practical resource](#) [RELEGART](#)
[Resources](#) [Spanish](#) [Video](#) [Workshop](#) [adults](#) [all therapies](#) [art](#) [art made man](#) [art therapy](#) [article](#) [artmademan](#)
[bibliography](#) [book](#) [dance therapy](#) [diary](#) [disabled](#) [document](#) [educational](#) [elderly](#) **[english](#)** [european](#)
[commission](#) [grundtvig](#) [health](#) [inclusion](#) [integration](#) [lateralidad](#) [lifelong learning program](#) [link - online resource](#) [lithuanian](#)
[made man](#) [migrants](#) [occupational](#) [painting](#) [partners](#) [presentation](#) [psicoart](#) [relationship](#) [social](#) [tag](#) [tags](#) [therapy](#) [women](#) [x](#)
[fragil](#) [x fragile syndrome](#) [youth](#)

Some of the main or most used tags are also listed in the left frame of the wiki space, where you can also have a look at the whole list of pages available.

Moreover, to understand the criteria behind the original tag system mentioned above, how the partnership established a categorization to provide coherence and order to the different stored resources, you can check the following table: (which is suggested to keep in mind when elaborating new content).

Type of resource	Target group	Art discipline	Language	Type of file
methodological	disabled	dance	Italian	document
guidelines	migrants	painting	Spanish	media (video, image)
glossary - terminology	women	craft	Polish	link - online resource
practical resource	youth	singing	Bulgarian	other
bibliography	elderly	music	English	
	adults		Lithuanian	

A1.2.2 Organising the VKB - wiki space, the technical & pedagogic criteria

We recommend that you take a tour of our wiki space at:

<https://artmademan.wikispaces.com/>

Here you will see that **resources/pages** appear on the left frame. You can check the whole list or you can search under a **categorization list made by tags**. Do participate and join the community to increase the variety of the material available. To make a contribution or uploading resources, follow these simple instructions:

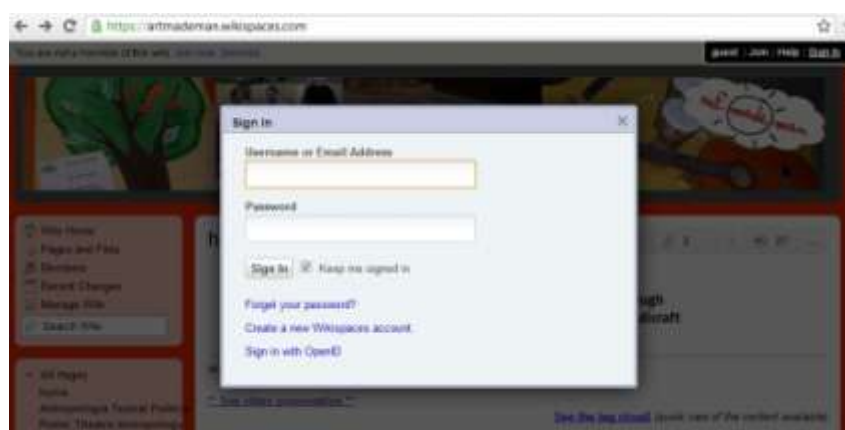
Send an email to amm_wiki@d-o-t.eu requesting a member's invitation and permission to edit (). This link appears on the "home" page.

Once you have your login and password, *you can access and start editing!*

INSTRUCTIONS TO CONTRIBUTE:

If you want to contribute with new content and add a resource, here you have a brief explanation and instructions:

1. Sign in with your user and password:



2. Have a look at "Tags (categories)-table" (under "Resources" on the bottom left menu and previously shown) to choose how you want to categorise/store the new resource (tool, video, document...) you

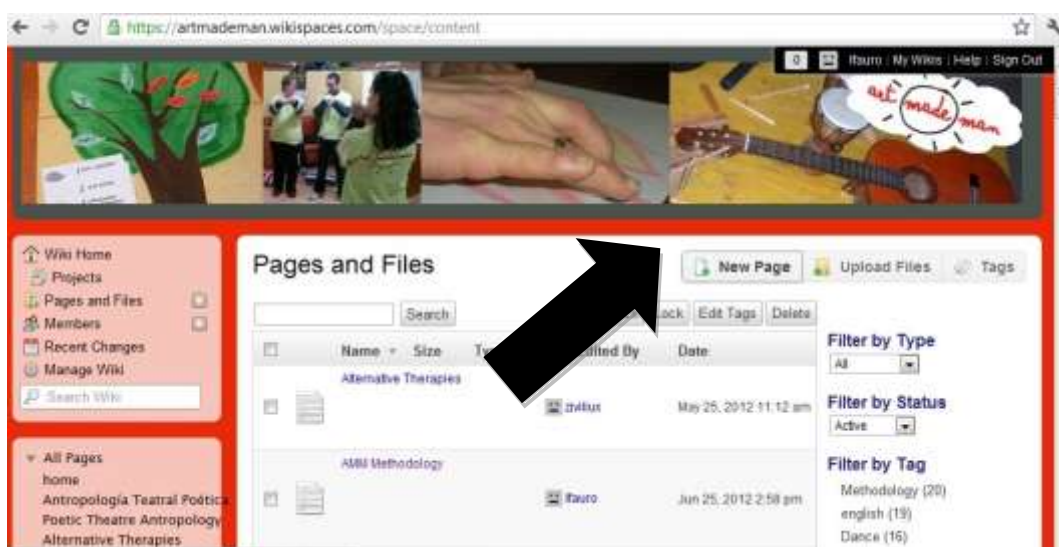
are about to share. It means, to select the Tags you will add to the resource. This categorization is a suggestion, criteria to homogenize the different contributions. To see the tags' list/table, click [here](#). There is also the cloud with the different tags used (the ones on the table and new ones created spontaneously).

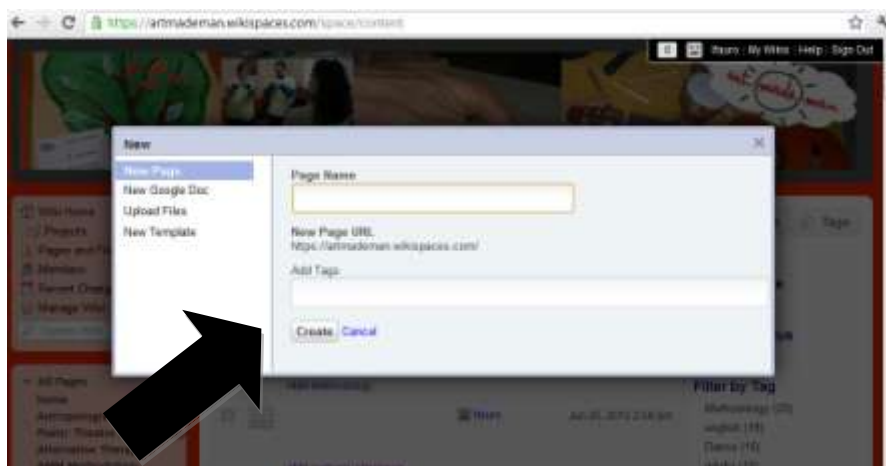
3. To maintain a homogenized format and style of the site, we recommend respecting the "Template" available to structure your new page (*under "Resources" on the bottom left menu*).



You cannot edit this page and then save it with your content, so please:

4. Select the whole page (texts and table) and copy it – "Ctrl+C" - just copy, you will paste later)
5. Go to "Pages and files" - "New page" (*upper left menu*); add Page Name and Tags (and then press "Create")





6. Once in the new page, paste the texts and table from the Template that you have previously copied.

7. Edit the text (title, author, and content/pictures...)

It is possible to edit after publishing:



8. Save the page:



If you need support to upload content, please contact: amm_wiki@d-o-t.eu

A1.3. Exploitation purposes: How to make it sustainable?

During the project, and especially during the last quarter of the timeline, an important part of the partnership's focus is on the dissemination and exploitation activity, which means spreading the deliverables and the products and make them scalable to other contexts/realities.

In the case of the wiki space, it is important to let other professionals (and collaborators of the sector) know about the content available and motivate them enough to turn them from passive users into contributors. The intention is to create a community of activists and professionals with initiative that spontaneously add content and valuable resources. The partnership is willing to engage as many professionals as possible, starting from the closest collaborators of the different organizations, and reaching a wider audience day by day. This means starting a *viral process*, from the contacts already reached during the project, and to generate a collaborative campaign to gain visibility through existing networks and publications of the sector. Fortunately, the European Commission already runs portals and common platforms where the AMM wiki is and will be promoted through.

The main channels through which the partnership will spread the AMM wiki are the project's website and facebook page.

www.artmademan.eu + facebook link

Appendix 2: TRAINING THE TRAINERS

It is important that trainers delivering this programme are equipped to do so. In some member states professional accreditation is required. For the purposes of developing the AMM Integrated Approach therapists already working in one of the three components were trained in the overall Integrated Approach.

Participants

It may be useful for both therapists and project co-ordinators to participate in the train the trainers workshops as it supports the programme on several levels:

- ✓ Better understanding of the delivery requirements of the AMM Integrated Approach in terms of co-ordination, organization, expected outcomes;
- ✓ Where only one therapist can attend co-coordinators will need to facilitate peer support;
- ✓ Helped with language/ translation and cultural variations to ensure shared understanding and interpretation of the implications for the diverse cultural background of participants.

Overview of Sessions

Three sessions were provided and are summarized below:

DANCE MOVEMENT SESSION – THREE HOUR SESSION

Trainers participated in a facilitated learning experience running through some of the key activities which form part of the Dance Movement component, how to handle different types of beneficiaries, discussing timings, importance of maintaining focus and energy. After each exercise, trainers were given the opportunity to discuss different scenarios, application to different client groups, resources needed etc.

ART THERAPY SESSION – THREE HOUR SESSION

Language of Art Materials: important to understand that each art material speaks differently. It ranges from structured (dry, no water e.g. pen, pencil) to unstructured (liquid e.g. water colors).

Energy boosts may be needed at certain points in the therapy sessions – do something fun using art materials – e.g. using old newspapers to throw around the room, draw a figure of a commonly hated / disliked character and throw wet clay at it to get rid of aggression. Doing so is important to process emotions from angry people – allow them to destroy e.g. newspaper then rebuild e.g. wet the newspaper and stick together to make shapes. This is referred to as the process of destruction and reconstruction.

The Tutor can take trainers through a participatory process of using different materials, explaining how different art materials allow participants to express themselves using different sensory skills, materials, working independently, together and through their experience the types of issues that may arise with different client groups (e.g. psychiatric patients, children etc) and how to maintain motivation, control of the group etc.

Discussions of various art forms produced by the trainers are discussed to help trainers understand how to interpret work prepared by their own client groups – with tips to identify key points (contrasting colors, strength of stroke, straight lines, certain shapes etc)

After each exercise trainers are given the opportunity to discuss different scenarios, application to different client groups, resources needed.

HANDICRAFT THERAPY SESSION – THREE HOUR SESSION

The nature of this session will depend on the type of handicraft being made. For example, trainers can be taught the art of book binding as a platform to understanding the therapeutic processes involved in creating handicrafts, especially for marginalized groups. All participants at the workshop are provided with kits for creating leather or fabric bound journals to be produced individually within the session. At the end of the session, each participant can take away their journal as a souvenir from this workshop.

Although the handicraft component will differ from location to location during the application of the Integrated Approach, this workshop was important for all partners to realize the therapeutic benefits and implications of handicrafts. This will assist them in choosing appropriate handicrafts to produce in their member states when applying the handicraft component of the Integrated Approach.

EVALUATION TECHNIQUES

To help capture the impact of the AMM Integrated Approach when it is adopted the delivery organization must build in a formal evaluation process into the programme. For effectiveness this should be reported by the trainers and participants. The evaluation technique needs to be appropriate to the client group. For some this is simple collages, others a more structured approach e.g. PRA. It is important that all trainers understand the importance of evaluation and understand how to conduct it.

Appendix 3: EXAMPLES OF EVALUATION

Tree of Feeling: Hubert Pora, KZRSIISN, Poland

Due to the nature of the participant group, mental disabled people, it was impossible to use H charts because the concept of the scale from 1 to 10 was too abstract. Trainers were unable to explain the meaning of these numbers, and participants could use the numbers randomly. Most participants can't write and some of them have speech difficulties. We chose other method of evaluation which we call "Tree of Feeling".

Start of session

End of session



It consist of two scales: colors and place on the tree. We chose 5 colors, which have a meaning to the participants:

- Black** - is connected to anger and sadness,
- White - is neutral or hesitation,
- Green**- peaceful, safe,
- Orange** - joyful,
- Red** - love, warmth and closeness.

At the beginning and again at the end of the session participants are asked to chose a colored leaf which represents their feeling and place it on the tree graph - the higher they place their leaf (with their name) the better they feel in this group.

At the end of the session we observed the difference in the leaves and their placing – hopefully they move higher up the scale and also the colors become warmer. If participants place their color leaf near the bottom of the graph it suggested they are not feeling well in this group and they don't belong.

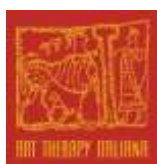
Appendix 4: PROJECT PARTNERS



TAMAT – Italy
www.tamat.org



KZRSIISN – Poland
www.kzrsiisn.pl



Art Therapy Italiana - Italia
www.arttherapyit.org



SIF – Lithuania
www.lpf.lt



EURO-training - Bulgaria
www.euro-training.org



Norwich Business School, University of East Anglia – UK
www.uea.ac.uk



Dynamic Organization Thinking SL - Spain
www.d-o-t.eu



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www.relegart.it



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