



hasic



Aly Gruppen & Jeroen Knevel

***A toolkit for promoting
healthy ageing***

Healthy Ageing Supported by Internet and Community

Foreword

This toolkit has been produced as a part of an EU Health Programme co-funded project called Healthy Ageing Supported by Internet and Community (HASIC). HASIC is a cooperation project between seven European countries: Finland, Norway, Estonia, Germany, the Netherlands, Spain and Hungary. The general objective of the HASIC project is to empower older people (65+) to adopt healthy lifestyles which includes a healthy diet, physical activity, moderate alcohol consumption and social participation.

This toolkit is one of the concrete means by which HASIC aims to support healthy lifestyles of older people in Europe. The toolkit can be used by peer mentors, by professionals in social and health care sectors, by students in relevant fields or by anyone who aims to support older people to live healthier and happier for rest of their lives. I hope this toolkit will be a great help in preventative health promotion work with older people around Europe.

Although this toolkit has been written in cooperation with seven partner countries, a special thank you goes to the Netherlands to Aly Gruppen and Jeroen Knevel who have worked hard for two years putting together this publication. Their tenacious efforts, patient approach and significant professional skills have ensured the quality and timely completion of the product. I cannot thank them

enough. In addition, I want to thank all other colleagues in the University of Applied Sciences Utrecht who have worked for the toolkit behind the scenes. This toolkit would not look this nice and attractive if Erik Bruijs from the Netherlands and Laura Koskinen from Finland were not designing the layout. Furthermore, I want to thank all contributors from all HASIC partner organisations across Europe. Your texts and exercises for the toolkit have been valuable. Final thanks, I want to address all those older people in different countries who have patiently piloted the draft version of the toolkit during the past two years. Your comments have made the toolkit as practical and target group friendly as it is now.

The journey of making the toolkit from scratch to final product has been long and not always straightforward either. Despite of some occasional bumps, the final result is something to be proud over. I hope this toolkit will stay alive long after the HASIC project is over and it will continue to promote the healthy lifestyles of older European people for many years to come.

Katariina Felixson
HASIC project manager
Turku University of Applied Sciences

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Welcome

We hope that there will be something here which will make you say 'I am so glad that I found this toolkit, it's so useful!' Whether you have a more or less active life, whether you feel healthy or less healthy, whether you are 65 years or 90 years, whether you have a big family, many friends, children or just a few, whatever the circumstances we all grow older and have needs and wishes to be fulfilled.

For many of us good health tops the list of essential life values. Health affects our everyday life. For some health plays a minor role. For others the state of health can make them feel restricted. Some feel fit and are physically fit, others experience a decline in physical function. And this is not confined to physical health only. We also have our social and mental health. What is crucial though is how we cope with our personal state of health.

What does this toolkit include?

This toolkit therefore focusses on self-management abilities. That means finding and maintaining effective, positive coping methods in relation to our health. We included many common and frequently discussed topics such as drinking, eating, physical exercise, believing in the future, resilience, preventing loneliness and social participation. Besides some concise background information, we offer you a great diversity of exercises per theme which can help you discuss, assess, change or strengthen your personal state of health.

In case you are mentoring or coaching a group of seniors with regards to living a healthy and active life, this toolkit also offers explanations on how to lead a team of peers.

Who is this toolkit for?

Anyone interested in healthy ageing can use this toolkit. You can use it for yourself, you can use it for yourself and a group of friends together, you can use it for peer-groups

Our vision on health

We consider health as the ability to adapt and to self-manage, in the face of social, mental and physical challenges of life. Looking at health this way emphasises your potential to be or to become healthy, even when you are affected by disease. Besides that it stresses your potential for personal growth and development towards fulfilment of your personal aims in life. (Machteld Huber 2011)

in case you are a peer-group mentor. Anyone interested in working with the elderly can make use of the information and exercises in this toolkit. In case you are a trainer to train students, volunteers or professionals in how to lead peer-groups and how to address issues of healthy ageing, we invite you to benefit from this toolkit. Not only does it offer information and exercises on healthy ageing, in addition, it provides a clear instruction on how to lead a peer-group. We call that training skills.

How to use this toolkit

A toolkit means that there is no need to follow the topics and exercises in one specific order. Topics and exercises can be addressed rather randomly. It is up to you to determine which topics and exercises are suitable. To decide whether a topic or exercise is suitable, you can consult the next paragraph.

What makes your session a success?

It is not easy to lead a group. Below we explain some key factors that you should take into consideration before starting a session.

In preparation of a session, it is essential to consider a number of steps. These steps are: (1) preconditions, (2) goals, (3) content, (4) activities, (5) planning, (6) materials, (7) evaluation.

Preconditions

Before you start preparing your session, always make an assessment of the characteristics of the people participating in your session. This means: the number of participants, age of the participants, the composition of the group (gender, cultural diversity), prior knowledge of the participants, the setting and circumstances. Always pay attention to these issues as they have a significant impact on the process. Some of the issues can be answered by information provided in advance, other information can be collected by a first observation at the first session or by asking your participants to exchange this at the introduction.

At the start of the first session make clear what is expected from the participants with regard to attendance. Explain the essence of the sessions: interactive workshops, no lectures. This also involves blended learning. Using film footages and using the Internet in case of online self-assessments. The emphasis of the session that you lead is put on leading groups, stimulating group interaction and team building, not primarily on knowledge about health.

At the start of each session always ask the participants what their expectations are and what they wish to address before you continue with the core of the session. This is crucial because it harmonises the expectations between the trainer and the participants and it helps to get the participants engaged.

Goals

You always have a reason and goal to do something. That is not different in cases of a session targeting health issues. Always decide what your goal will be. For each topic this toolkit provides one or two goals: these goals are general intentions you have for the session. It helps you to keep focus and the participants will experience content and activities that are relevant and interconnected.

Content

Prior to each session always decide what knowledge you want to transfer and what skills you want to practice during the session. Note that it is best to keep it simple and structured. For example do not address more than one topic per session. Make sure that the exercises are clearly connected with the knowledge you want to disseminate. In this toolkit some basic information on the different health topics is provided. We also give you many suggestions for exercises. For further background information on each topic the toolkit provides you with some links to useful websites.

Activities

To understand the content it is very helpful to undertake activities. Activities invite the quieter participants to actively contribute to the session. Interactive activities promote social cohesion of the group participants. Many suggested exercises in this toolkit encourage activation.

Planning

Structure your session. To carefully prepare the sessions, always make a time schedule. To do that, decide on what content you want to discuss, how much time you need to spend for each activity and in what order you are planning to have the discussions and activities. By default begin with a welcome, a brief flash back to the previous session (how did the participants value the previous session?) and a short explanation of today's programme. Continue with an easy exercise to start up. For that purpose you can use so called *icebreakers* and *energisers*. After this you can begin with the core of the session. Make it a custom to end each session with an evaluation – that means, ask how the participants assess the meeting.

Materials

In delivering a training session you need materials to disseminate knowledge and to do exercises. In your preparations determine what materials you need, which

of the materials are yet present at the location and which materials you have to bring with you by yourself. Remind yourself that sometimes materials are not available and therefore you need to arrange them yourself. That requires preparation time.

Evaluation

At the end of each session have an evaluation with the participants. It is a way to recall the key points of what has been addressed during the sessions. And it is a good way to share experiences of the group process. It provides you with information on what is appreciated and what to do differently next time.

Our approach

A thread running through the handbook is the narrative approach. Narrative work means working with stories. Talking about healthy ageing can be supported with personal experiences and stories from life. It is the life experiences and wisdom of the elderly which we need to make using this toolkit a success. Practically all items with regards to health are fit for use in the narrative approach. During the group activities we use these life experiences to learn from. These life experiences comprise stories; short episodes or lengthy ones, sad, happy or jolly ones. Stories that have special meaning. Generally speaking, elderly people bear many stories. These stories are rich in information because they contain emotions, feelings, knowledge, thoughts and insights. Stories tell about effective and ineffective coping strategies in times of adversity. These stories stand alone yet are interrelated. Moreover, working with life-stories means a storytelling reconstruction in which you can show the situation the way you want it to be. Reconstruction here means retelling and reviewing your life experiences and life events with the purpose of giving the storyteller the opportunity to give new - for example an optimistic, more positive - meaning to it for the future.

This approach matches with the way older people learn. Older people have more problems with learning facts and obtaining abstract knowledge that is isolated from any

Road map

We have an example of how you can design a session. See annex on page 65.

context. Therefore learning content should be linked with the knowledge they have gained throughout their lives. The elderly are good at connecting new information to their existing knowledge and are better at building on skills they already have. For that reason many exercises in this toolkit refer to the narratives that people tell. In all, it is wise to take into consideration some of the suggestions below.

1. It's important to connect the content of the dialogues with the elderly's own life experiences. It helps them to understand information quicker.
2. Do not hurry. Take your time with the discussions and exercises.
3. Beware of modern language use. Elderly are not always familiar with new modern words or loan words from a donor language.
4. Keep it specific, practical and focused.
5. Give lots of positive feedback.
6. In general the elderly are not used to taking responsibility for their own learning process. Be aware of that.
7. The elderly are not always used to learning in groups:
 - This requires attention to group learning.
 - This can lead to tension between participants.
 - Learning in groups can be difficult, tiring and boring for some elderly people. Most elderly people live alone and are not used to cooperating with others, except from their family. Listening to others, paying attention to others can be a challenging task for them.

Explanation of icons used in the toolkit

Alongside the exercises in the toolkit we use icons. These icons represent information about group size, the type of exercise, preparation time and performance time that you should take into account. Note that it is just an indication and that by no means it is a fixed categorisation.

Please, visit www.hasicplus.com

This website provides similar topics to the ones in this toolkit. On the website you can measure and monitor several items regarding your health.

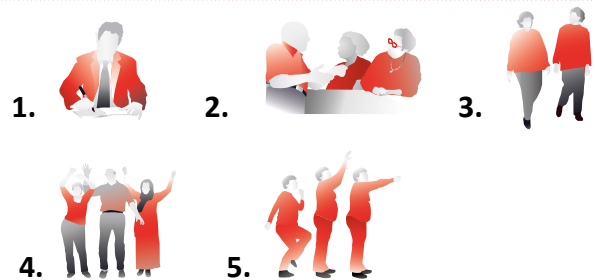
Symbol 1: Group size.

1. Individually. People can do the exercise alone
2. Small groups. You can do the exercise in small groups with a maximum of 4 people.
3. Medium groups. You can do the exercise in medium-large groups. Between 4 to 12 people.
4. Large groups. You can do the exercise in large groups. More than 12 people.



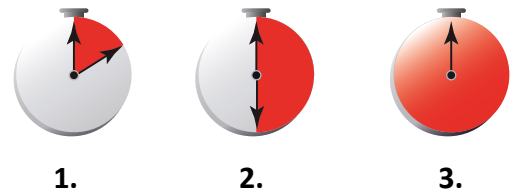
Symbol 2: Type of exercise

1. Writing. This means you need pencils and paper for this exercise.
2. Dialogue or discussion
3. Walking
4. Dancing
5. Physical exercise. This type of exercise differs from walking and dancing by focusing on easy fitness exercises.



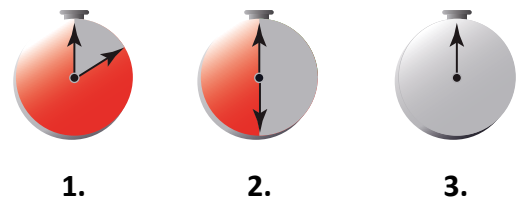
Symbol 3: Estimated preparation time

1. Short. Preparation time needed is shorter than 15 minutes.
2. Medium. Preparation time needed is somewhere between 15 and 30 minutes.
3. Long. Preparation time takes a bit longer than 30 minutes.



Symbol 4: Performance time

1. Short: To perform the exercise it takes between 0 and 15 minutes.
2. Medium: To perform the exercise it takes between 15 and 30 minutes.
3. Long: To perform the exercise it takes more than 30 minutes.



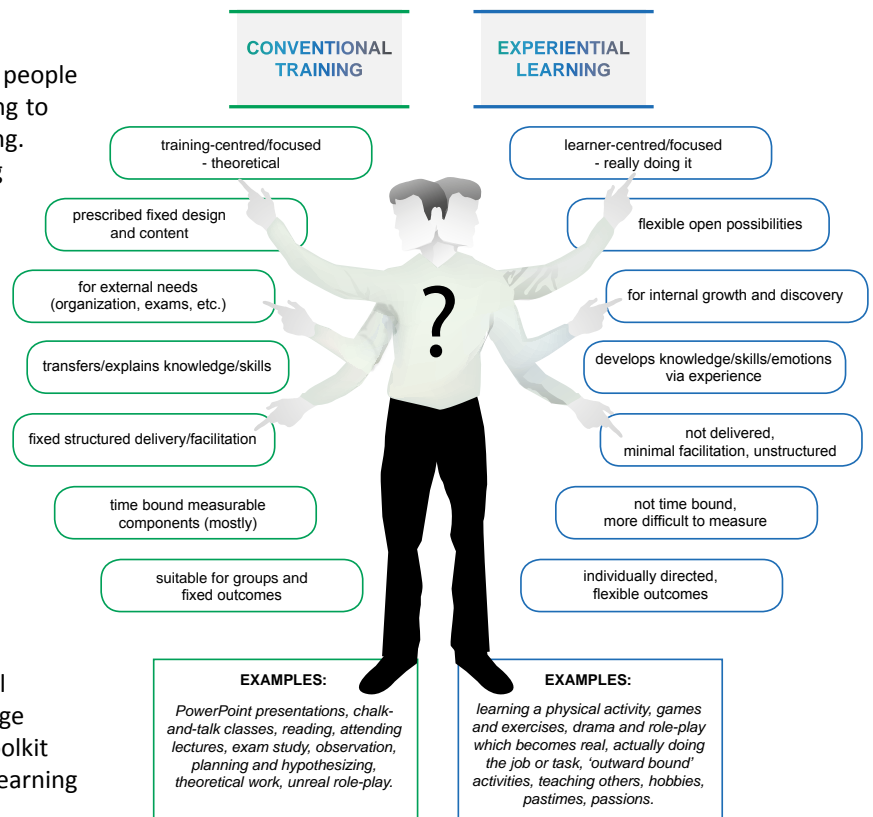
Training skills: Didactics

This chapter addresses a little background information for trainers and peer mentors interested in processes of learning. It underpins the focus and goals of this toolkit: Finding and maintaining effective, positive coping behaviour in relation to our health. For many of us this requires a learning process. How can we support that?

Learning

People learn in different ways. One way in which people learn is by gaining experiences and giving meaning to those experiences. We call that experiential learning. Experiential learning means that you start learning and developing yourself through personally determined experience and involvement. This involves both planned and unplanned learning processes. Planned learning, for example, occurs in the classroom when teachers teach the students or when you read a book for your exams. Unplanned learning occurs by doing things, gaining experiences and happens when clear objectives were purposefully missing. Planned and unplanned learning can very well act together simultaneously.

Besides experiential learning we are familiar with conventional learning. Experiential learning highlights personal growth from the inside by reflecting on experiences. In conventional teaching and training the transfer of knowledge and training of capabilities dominates. This toolkit encourages you to focus on the experiential learning process.



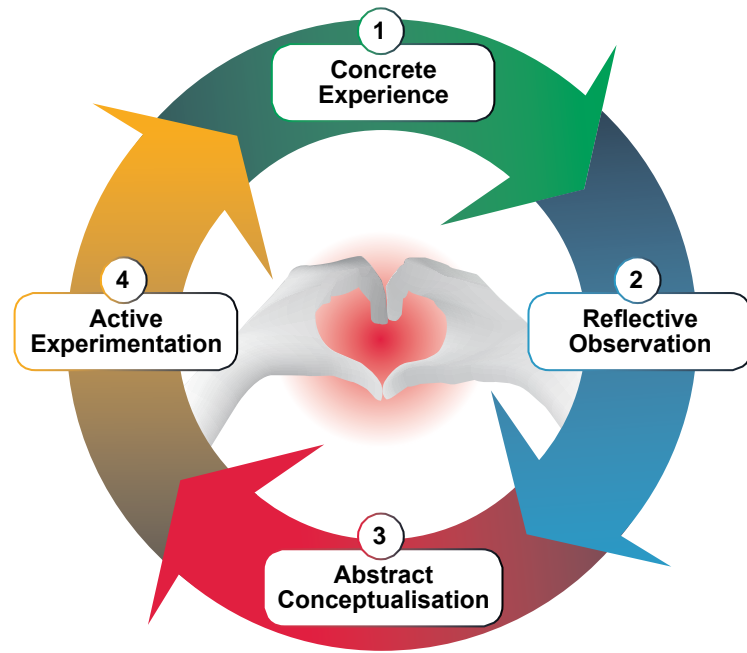
David Kolb tells us that four combinations of perceiving and processing determine four learning styles that make up a learning cycle. This learning cycle involves four processes that must be present for learning to occur:

- Process 1: Concrete experience (*sharing one's own life experiences*)
- Process 2: Reflective observation (*reflection and dialogue*)
- Process 3: Abstract conceptualisation (*knowledge*)
- Process 4: Active experimentation (*bringing into practice*)

During the sessions that you lead individual participants share experiences. By sharing and discussing these experiences you move towards observations and reflections (process 1 and 2). These observations and reflections are assimilated and distilled into abstract concepts using the theory discussed (process 3). This produces new implications for action which can be actively tested in turn (process 4). By actively testing you will gain new experiences (we are back to process 1 again).

Using the Kolb's cycle requires participants to contribute actively by sharing their own experiences. For reflection on these experiences you need reflective questions. These are widely used reflective questions: What was the situation? Who was involved? What did I do in this situation? What I did, did that work? What worked and what did not work? Why did it work and why not? What did I contribute to this situation? What were my thoughts and feelings and how did my thoughts and feelings influence my behaviour? What should I do differently next time and what do I have to learn about this subject to perform better next time?

Working with this model does not mean that you always need to start with an experience. You can start at each process of the cycle and it is not always clockwise. You can move back and forth in this cycle. For example, in case you start with some theory, the experiences of the participants come next and can be proceeded with reflection.



How to use this model

As a trainer try to complete the circle, giving attention to all processes. Nonetheless, it is not always possible and necessary to have covered all processes. That is no problem. There will be more opportunities later to pay attention to these other processes.

Example

Process 1: Concrete experience. Imagine you are leading a group of elderly people. In the session one of the participants introduces a situation that she experienced herself. She refers to a conversation she had with sir A. Dam last week. He is 68 years old. He was recently treated for throat cancer. The throat cancer, also after the surgery, has left him with a speech impairment. He experiences difficulties with speaking soundly. Seven years ago he got divorced. Ever since he has lived alone. Once a week he receives home care services. In the past mister Dam used to be a socially involved and an active citizen. Now he notices that people around him find it hard to communicate with him and to accept his impairment. Mister Dam has become withdrawn socially. The volunteer tells that she has tried to activate him and she continues to invite him to join this group of the elderly. In response mister A. Dam tells the volunteer that the other participants do not appreciate his presence because of his speech impairment. This is his belief.

Process 2: Reflexive observation. In this stage the participants ask questions about the experience of the volunteer. Examples of questions for this stage: What were your thoughts during this conversation with mister A. Dam? What were your feelings during this conversation with mister A. Dam? What did you do during this conversation with mister A. Dam? What did you say to mister A. Dam? What did you want to achieve by doing or saying the things you did or said? What are you satisfied with? What would you do different next time?

Process 3: Abstract conceptualisation. It looks like Mr. Dam risks loneliness or maybe already feels lonely. What knowledge is available to better understand loneliness, to combat loneliness and how to prevent loneliness? What knowledge is available about making contact again and how to rebuild a social network. In this stage you can use background information and exercises in this toolkit.

Process 4: Active experimentation. Start questioning: What we have learnt from this experience? What will the participants do next time in a similar situation? In this stage it is important to bring this specific personal experience into general use and knowledge.

Theme Centred Interaction

Leading a group is not so easy. It requires balanced attention to the content, the interaction in the group and the needs of the individual participant. The Theme Centred Interaction is a model which helps you to keep an eye on these areas, the processes between them and how to manage this. By default working with groups encompasses four basic elements: First the motivation of the individual and the mobilisation of the resources of the individual. That is what we call 'I'. Second, the interaction in a group. That is what we call 'we'. Third, the respective issue as a point to refer to for all people concerned. That is what we call 'it'. Fourth, the factors that influence the organisation in terms of time,

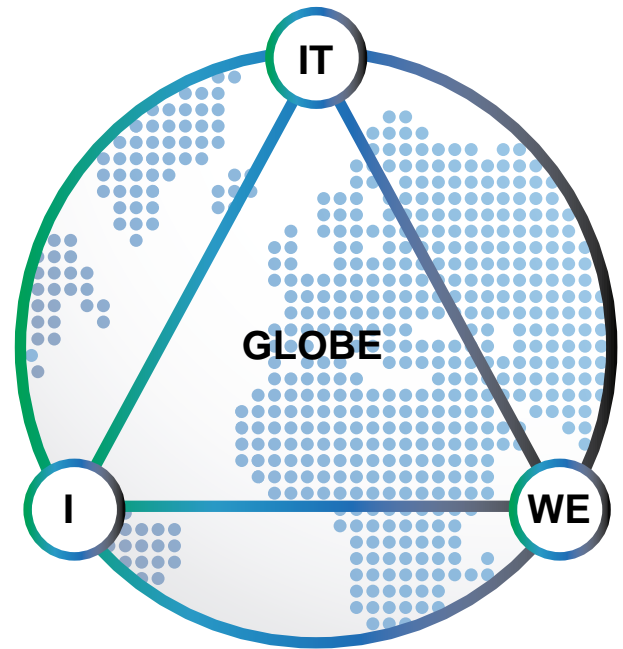
materials, institutional and social frame work. We call that 'Globe'.

None of these four basic elements should be neglected because they are interrelated. If you ignore personal motivation, it will be hard to get group members motivated for the content you are addressing. If materials are missing and you are running out of time the group members will feel uneasy and a bit rushed. This harms personal motivation and group interaction. It is important to view these four basic elements as an integrated and dynamic system. Fortunately, as a group leader you can manage basic elements and the process between them.

Dynamic balance between I, We and It

In group processes there needs to be a dynamic balance between interests of subjects (the 'I'), the group ('we') and the theme ('it'). In case one of these dominates this will have a negative impact on the group dynamics. When, for example, the theme ('it') dominates, this may be a sign that people hide problems or that individuals get bored as the theme has no personal relevance. When the theme ('it') dominates it can also mean that the group is absorbed by the content, which can lead to lacking group cohesiveness and missing personal relationships.

In we-centred groups, group thinking develops, individual views and needs are suppressed and group dynamics may become so overwhelming that no work gets done. The theme gives communication a productive focus, but it must be balanced with the other needs. The 'we' of the group develops from centring around a theme. That is why TCI is called 'theme-centred'.



Managing group dynamics with TCI

'I' represents activation and strengthening of the individual. As a group leader help the individuals to make their resources tangible. As a group leader always pay attention to every individual. For example by doing simple exercises where each individual has the opportunity to say something without being interrupted.

'We' represents encouragement of interaction and promoting and safeguarding a productive and comfortable environment. In case there are tensions within the group, as a group leader you will need to relieve or remove these tensions. You manage the 'we' by letting people talk or do things together in small groups.

'It' represents the content of the session. Make sure that all participants understand what the main topic of the session is and that they agree to address this topic. In addition, ensure that all participants understand and agree with the goals of the session.

'Globe' encompasses the context. This means that you manage the environment where the session takes place. For example make sure that the room temperature is comfortable, that the light is adequate and that all devices are operational etcetera. Globe also involves the circumstances outside, such as the weather, a delay with public transport or remarkable news. As a group leader be aware to take all these conditions into account.

Mentorship

In case you are working with the elderly or are leading group sessions with volunteers or students to prepare them for working with the elderly, the role of mentor should be discussed as well. It is possible that you will become a mentor or that you will train mentors. Mentorship refers to a personal relationship that enables purposeful conversation to reflect on experiences. It is a power free partnership. The mentoring role is an inspiring and motivating role. Mentoring is about learning, not teaching. The mentee (elderly) is empowered to take responsibility of his or her action. The contact between mentor and mentee (in our case the elderly) needs to be pleasant and friendly. In a mentorship relation experiential knowledge is of great importance.

We view the mentor as:

1. a role model
2. a listener
3. someone who gives attention
4. someone stimulating and giving compliments
5. someone who follows the mentee
6. someone with knowledge of life
7. someone who helps via questions and skills
8. a moral support

Based on Kolb's cycle of learning, we see in every stage a different role for the mentor.

The mentor as a listener

The mentor must be responsive and stand confident, as he or she is the one that needs to encourage others to tell. The mentor must be able to let people talk about their life experiences.

The mentor as mirror

The mentor must be able to invite the elderly to think about a situation, to view something from a different perspective, to ask him if he can see a relation with other, earlier life experiences.

The mentor as instructor

The mentor is able to explain knowledge, can give information and can give instructions on how to do something at the level of the mentee.

The mentor as supporter

The mentor encourages new behaviour. He gives compliments when the new behaviour is successful.

Stage	Mentor	Skills mentor
Concrete experiences	Listener	Recognise, confirm, listen, ask questions
Observation and reflection	Mirror	Give feedback, ask reflective questions
Defining	Instructor	Give information, instruction, explain knowledge
Try new behaviour	Supporter	Stimulate, motivate, compliment, help to formulate intentions.

Exercises

In case you are giving a course to mentors you can do some simple exercises to practice skills such as listening, asking questions and giving compliments. Start in small groups and assign each participant a role: the role of mentor, the role of participant (elderly) and the role of observer who is giving feedback. Switch the roles several times. These exercises take little time and do not require much preparation time.

LISTENER

Listen, summarise, ask. The one in the role of participant tells a story. The other in the role of mentor is only allowed to listen, to summarise and to ask questions to stimulate the other to tell more. The story can be about anything. It should last no longer than 3 minutes. They give each other feedback on the role of listener. The observer shares his/her observations.

MIRROR

One mentor plays the role of a participant that is complaining about life, about everything (children, neighbours, healthcare and so on). The other tries to ask reflective questions and to give feedback without judging. They give each other feedback on this role. The observer shares his/her observations.

INSTRUCTOR

Every mentor gives a short presentation about a health item in 5 minutes. The others give feedback on his presentation. You can give feedback on items like delivery, body language, manner, visual aid, contact with the audience.

SUPPORTER

One mentor plays the role of participant and wants to change something in his behaviour (for example walk every day 20 minutes, call his children more often, make contact with the neighbours, start voluntary work). The mentor tries to support him by giving compliments and by motivating him. They give each other feedback on this role. What kind of compliments were given? Were these compliments adequate? What did the mentor say or do that sparked motivation?

GROUP TALK ABOUT THE ROLE OF MENTOR

Have a discussion in the mentor group about the role of mentor. What is easy about this role? And what is difficult? What can you do to handle the difficulties?

Sources

Gandhi, R. (2011). Mentoring. www.slideshare.net/rohitfun1/mentoring-ppt?related=6

Zentis, N. (2008). Keys to Successful Mentoring Programs. www.slideshare.net/nancyreh/developing-high-potentialspresentation-presentation?related=7

Training Skills: Group Dynamics

Working with groups implies dealing with social processes within the group of people. The process is about who talks, how much, who talks to whom, who is silent, who is participating, who is not, who is in contact with others, who is not? Taking account of group processes means focusing on:

1. the participation of the members
2. the interaction in the group communication in
3. the group
4. decision making in the group
5. different roles in the group

As a group leader you must understand the basics of group-dynamics, how to manage and motivate a group, how to promote interaction between the participants and how to lead a dialogue with the group of participants.

Goal

Understanding the basics of group dynamics and being able to plan and lead activities with groups.

Stages in group development

Groups operate in different ways and the cooperation of group members can be characterised in different ways. In general we can identify 5 stages of a group developing which tells us something about how they operate and how the group members cooperate.

1. Before forming (be aware which people you put together)
2. Forming
3. Storming
4. Norming
5. Performing

Before forming you already start with group dynamics. As a leader of groups you assemble people that will constitute a group. That selection is part of the stage 'before forming'. It can make a difference when the selected or invited group members have known each other before or not. The start and development of the group will be very different. The key stages of group dynamics are the forming, storming and norming phases.

Forming stage		
What is the main concern in this stage? All group members need to feel safe and accepted	How do the group members respond to each other in this stage?	What to do as the leader or mentor in this stage?
<p>Identity and membership</p> <p>Contact and communication</p> <p>Goals of the individuals and the group</p>	<p>Who are the others in the group? Do I belong here? Am I part of the group?</p> <p>What can I say here? What is normal to do and to say and what is not?</p> <p>Finding others to connect with and looking for safety by the leader. Some being silent, some talking.</p> <p>What do I want from this group? What are the others doing here? I want the leader to say what the goal is and how it works here.</p>	<p>Take time to get to know each other</p> <p>Pay attention to every person</p> <p>Try to involve everybody</p> <p>Take care that people feel safe by:</p> <p>Giving structure</p> <p>Organising activities</p> <p>Taking initiative</p> <p>Listening to group members and summarising what they are saying</p> <p>Be clear about the goals and how the group members deal with each other.</p> <p>Agree upon group rules and record agreements.</p> <p>Check whether all group members understand and agree with the rules and agreements.</p>
Results <p>All group members feel at ease in the group</p> <p>All group members have their 'own' place</p> <p>Expectant, hesitant attitudes of group members change into more active and motivated attitudes</p>		

Storming stage		
What is the main concern in this stage? Group members will struggle for influence	How do the group members respond to each other in this stage?	What to do as the leader or mentor in this stage?
<p>Questions in this stage: Who has influence and informal power?</p> <p>Is the leader doing all right?</p> <p>Are we really a group?</p>	<p>Participants feel safe to show themselves to other group members</p> <p>Group members can easily share their own opinion</p> <p>This also means: Verbally attacking each other's opinion</p> <p>Judging feelings and behaviour of the others</p> <p>Not participating</p> <p>Group members will criticise the leader</p> <p>Liking and disliking each other. What can happen is that subgroups are created</p> <p>Recording the group norms</p>	<p>Naming what you see in the behaviour of the group members.</p> <p>Give feedback and get feedback.</p> <p>Pay attention to disturbances, annoyances, troubles</p> <p>Talk about the different roles each group member has.</p> <p>Don't vent your frustrations on the group members</p> <p>Take position 'above' the group and show yourself as a role model</p> <p>Stimulate contact and confrontation</p> <p>Talk about the different norms and values in the group</p>
<p>Results</p> <p>Positive results: Every group member belongs to the group. Differences between members are all right. There is more tolerance.</p> <p>Impasse: There is no tolerance or the tolerance that is shown is not genuine. None of the group members is willing to concede</p>		

Norming stage		
What is the main concern in this stage? Group members are finding harmony and affection	How do the group members respond to each other in this stage?	What to do as the leader or mentor in this stage?
<p>Good atmosphere</p> <p>Group members have genuine attention for each other and the task.</p> <p>There is harmony within the group.</p> <p>Differences between group members are accepted</p>	<p>Group members openly appreciate each other</p> <p>Group members speech openly about their own feelings and thoughts</p> <p>Group members are listening to each other</p> <p>Asking each other about different items. There is fruitful discussion</p>	<p>Encourage group members to take responsibility for their own group process and task</p> <p>Show an open-minded attitude to the group members</p> <p>Appreciate the differences between the group members</p> <p>Ask about irritations</p> <p>Talk about conflicts if there are any</p> <p>Undertake new activities</p>
<p>Results</p> <p>Harmonius team</p>		

Performing stage		
What is the main concern in this stage? Group members are finding harmony and affection	How do the group members respond to each other in this stage?	What to do as the leader or mentor in this stage?
<p>Focus is put on:</p> <p>Decision-making</p> <p>Problem solving</p> <p>Mutual collaboration between group members</p> <p>Results</p> <p>Self-directed work team</p>	<p>Group members complement each other</p> <p>Group members share the same objectives and collaborate in harmony</p> <p>Group members are task-oriented</p> <p>The team is competent and autonomous.</p> <p>The team is capable of following decision-making procedures without any intervention from the leader or mentor.</p>	<p>Structuring interventions are not needed</p> <p>Coaching on the process is desired (for example decision-making procedures)</p> <p>Present yourself in a facilitating role. Facilitative leadership brings people together to help them achieve more</p> <p>Non-directive approach</p> <p>Only intervene on the existential level. This means paying attention to authenticity of each individual</p> <p>Encourage group members to self-responsibility</p> <p>Encourage group member to self-investment (this enhances solidarity and satisfaction)</p>
<p>Results</p> <p>The team operates as a cohesive unity</p> <p>The leader delegates tasks</p> <p>The leader can focus on improving the performance environment of the team</p>		

Levels of communication

As part of leading groups and managing group processes you always need to consider three levels of communication.

1. The first level is about the *content* of what a person is saying. What is the person literally saying. The level of content comprises objectives, results and facts. What you can do is ask questions about what, who, when, how. Use summaries to verify whether you have understood the content.
2. The second level is about the *procedure* of what somebody is saying. Procedure is about the organisation of activities, about schedules, agreements. What you can do to intervene is setting the rules (in collaboration with the group members), setting up agreements about communication, time, turns and so on. If group members are not complying to the rules, have a discussion about this.
3. The third level is about the *process* of the relations between the speaker and the listeners. The process includes emotions that arise during the conversation. It is about non-verbal signals and the way things are being said. What happens in the process affects the atmosphere in the group and the feelings of the participants. This part is the most difficult. The process is a crucial precondition to have a group operating well. Without a clear process, the quality of the content will be less.

Starters and Energisers

There are many small and easy exercises you can do to promote interaction and a good group process. With the exception of the 'before forming stage', the starters and energisers shown below are divided into all of the aforementioned stages of group development.

Forming stage

All exercises shown below take little time to prepare and perform. The main concern in the forming stage is to have all the group members feel safe and accepted. Therefore it is important first of all to get to know each other.

THE NAME

Everyone is sitting in a circle and tells in turn about his or her first name or family name. Everyone tells about where his or her name comes from, who gave them their name, what was the reason to give that name and what does the name mean to them emotionally? This exercise helps make contact, helps start a conversation and share a little personal history.

THE LINE

Stand up and let everyone take the right position in a line of alphabetical order based on their first name. You can repeat this easy exercise in many varieties. For example create a line in chronological order of date of birth, age or a line in order of length, weight, number of children or grandchildren, shoe size et cetera. This exercise helps make contact and it encourages participants to move around. This exercise often creates a pleasant atmosphere.

TRUE & UNTRUE

Everyone quietly writes down three things about himself of herself that the others may know and may not know. For example something about the family, holiday, sports, animals. First example: I rarely drive my car for work. Second example: Every week I have fresh fish for a meal. Third example: I do sports three times a week. One of those three things is not untrue, the other two are true. After that you create groups of three persons. Each person reads the three items he or she wrote down. The other two guess which two are right and which one is untrue. This exercise is helpful to let the group members get to know each other better. Beware that the more serious item you give as an example, the more serious items the participants will take.

THE BALL OF WOOL

Stand in a circle and throw a ball of wool to each other. After you have thrown the ball of wool to someone you say out loud your own name and the name of the person you throw the ball to. The next one says his or her name, the names of everyone before him and the name of the next person you throw the ball to. Hold the string so that together you are creating a kind of spider web of woollen thread connecting all group members. You can extend this exercise by letting the participants tell something about themselves. This exercise helps to know the names and to make contact. It is a light psychical and mental exercise.

POSTCARDS

Bring some postcards and put them in the middle of the table. Let the participants choose one postcard that reflects them as a person or that reflects some ambition or characteristic of the person – something about who they are, what they like, what important is them. Everybody shows his card and tells why he did choose this one. The others can ask questions.

BUNCH OF KEYS

Everyone takes his bunch of keys, shows it to the others and tells something about one or two keys. They can choose which ones. Some keys may represent very interesting stories. Others ask questions. The goal of this exercise is to get to know each other a little better and to learn about each other's living conditions.

MAP OF THE COUNTRY

This is an imaginary exercise. Design a map of the country in the room. Just simply by saying what's North, South, East and West. The walls symbolise the compass points. Ask everyone to move around the room and stand still somewhere in the room which is more or less locating their place of birth. Let the participants tell where they are standing, what their place of birth is. Invite them to tell a little bit more. Varieties of this exercise: City where the oldest child lives, favourite holiday destination, a place where they would like to go once, and so on.

Storming stage

The main concern in the storming stage is to make group members feel safe to show themselves, to express their opinion and to discuss group norms and values. To support that process you can use some of the exercises below. All exercises shown below take little time to prepare and perform.

SMALL TALK

This is about an easy informal conversation for social occasions. Make couples or small groups of three or four people. Choose a subject about which the participants are going to ask each other questions on. For example food, drinking, alcohol consumption, physical exercise, family, going out for dinner or to the cinema, theatre, museum et cetera. After 5 minutes you change the subject.

SMALL TALK IN DEPTH

After some informal discussion you can go into more depth by instructing the group members to ask the following questions: What do you think is your best quality? What skills or traits would you like to improve? What does a good day look like to you? What does a bad day look like to you? This exercise encourages group members to show interest in each other and it trains them to learn to listen to each other.

GET CONNECTED

Present a list of at least 10 different feelings or emotions such as pleasant feelings: open (confident, reliable, understanding, satisfied), alive (playful, optimistic, liberated, spirited), happy (joyous, delighted, thankful), encouraged, strong, careful, peaceful, interested (fascinated, curious) and unpleasant feelings: angry (bitter, infuriated, insulting), depressed (disappointed, discouraged, powerless, guilty), confused (uncertain, hesitant, unsure), helpless (alone, inferior, vulnerable, frustrated), indifferent, afraid, hurt or sad.

Ask each group member to select 5 feelings in which they recognise in themselves sometimes. Let them compare their answers with each other in couples or small groups of three or four persons. While comparing, let them also have a conversation about: On what occasions do they feel the way they feel? They can also ask each other: What did you do to lose this feeling? The goal of this exercise is to make participants feel connected.

SETTING RULES

Think about rules in communication you want to make together. All group members write down the rules on a piece of paper which they find important. Let them explain why. You put the rules on the wall and you discuss with the group which rules you accept as a whole group.

CONVERSATION PIECE

Ask the participants to bring an item from home. It must be an item that is important to them. Let them show this item and let them tell three minutes about the subject. What is it? Why it is important to you? What does it mean to you? The others can ask questions.

NORMS AND VALUES

Think about some thesis such as *'It is possible to live without internet for one whole year'* or *'everyone is capable of doing volunteers work, no matter what age'*. First you divide the group in two groups: one group has to agree with the statement, the other group has to disagree. Both groups get five minutes to think of arguments representing their position. Start the discussion. After the discussion give participants the opportunity to express their own opinion. This exercise helps to learn to understand others' opinion or at least to be tolerant for one another's opinion. Opinions contain norms and values.

WHAT WE HAVE IN COMMON

Create small groups of three or four people. Each group gets 5 minutes to write down what they have in common – what the individuals as part of the group have in common. Let them write down as many similarities as possible.. For example, we all have glasses, we all have a sister, we all live in this city, we all hate swimming, we are all extremely ambitious, we all have strong opinions about politics et cetera. After they have finished the list, each group gets 10 minutes to present the list in a creative way. This can be with a sketch, a song, a poem, a rap or anything else. This exercise is suitable for increasing involvement and to enhance companionship.

Norming and performing stage

The main concern in the norming stage is to make group members feel safe to be who they are. You are still you, but in working in groups it is not always easy to feel and act that way. Below there are some exercises that may help to make group members to feel safe to be who they are. All exercises shown below take little time to prepare and perform

LIFE LINE

Everyone draws a horizontal or vertical life line on a large blank piece of paper. You start from the day of birth and end the life line at present. On the life line you draw or write down important moments in your life. For example a great school period, first boyfriend or girlfriend, wedding, divorce, birth of children, promotion, retirement, illness. After that discuss the life lines with each other in small groups.

ASSIGNING QUALITIES

Make small groups of four people that know each other. Each person has a blank piece of paper attached on his back. Ask the group members to write one positive quality on the back of the others. As soon as everyone has 3 qualities written down on his or her back, stop and read it to the others. Have a discussion about whether they recognise these qualities. The aim of this exercise is personal growth and getting more confident in the group process.

GOOD MEMORIES OF LAST WEEK

Sit or stand in a circle. Everyone shares his or her best memory from last week. Keep it simple and short. It is a starter so you do not need to have extensive stories.

BEST MEMORY PAINTING

A more active and creative exercise is to paint your best memory. If you choose this exercise make sure you are well prepared because you need several material such as paper, paintbrushes, paint et cetera. Ask everyone to paint or draw their most beautiful memory. When everyone is ready, let them present the drawing or painting and let them explain what they painted and why it was such a good memory.

MY MOST BEAUTIFUL POEM

A narrative approach is to ask the participants to choose a poem or a quote they like. Let the participant read it to the others and let them explain why they like this poem or quote. Is there a (personal) story behind it?

BEST MOVIES LIST

Let the group make a top ten list of the most beautiful movies. Let them decide by themselves what the criteria are for 'most beautiful'. Be careful that the session doesn't get marooned in an endless discussion. When the top ten list is ready, ask the group members to choose a movie from the list which they want to watch together - in the next meeting. After having watched the movie have a discussion about it. Prepare some questions for the discussion.

MY MOST BEAUTIFUL SONG

Ask the participants to choose a song they like most or that reminds them of a certain time in their life. Let the group listen to the songs one by one. Let the participant explain why he or she likes this song and what memories he or she has connected with this song. Is there a (personal) story behind it?

PICTURE OF THE GROUP

Make some pictures of the whole group and let the participants make pictures of each other and send it to each other by email.

FREE POSTCARD

At some point groups cease to exist, the job is done. In this last stage you can end the collaboration with the Free Postcard exercise. Collect dozens of free postcards. Spread the postcards out on a table. All group members take one postcard that has something to do with himself or herself and they write their own name on it. Put the postcards back on a pile. The others choose randomly one postcard (not the one of themselves) and they write a tip (in kind words) and a top (a compliment). For example a top: "You are so friendly and patient." Or, "I find you so accurate in what you say and write. Wow!". For example a tip: "I would say, keep moving and call someone when you start feeling lonely."

Physical Health



Physical Exercise

INTRODUCTION

Cleaning the house, doing some gardening, going shopping, walking the dog, visiting friends, family, going to the cinema, theatre or museum. Some do sports, others take a short stroll through the park or in the neighbourhood. We all move around inside and outside our homes. Some move around more than others and the intensity of physical exercise may differ. In general physical activity promotes health and we usually enjoy some physical exercise. You will feel better and fitter. And it is not only the intensity of the exercises that keep you fit but also the small exercises can contribute to a better health.

When we get older physical activity declines. We tend to sit or lie down more. Insufficient exercise is an important risk factor for several chronic illnesses such as type 2 diabetes, cardiovascular disease and metabolic syndrome. Lack of physical exercise can also have a negative effect on your mental well-being. Rather than waiting for that to happen, let us keep moving.

Preferences for where to exercise may vary. Individual home based programs appear to be preferred. Despite this, interventions that remove barriers to activity at the community level have a greater public health impact. Some exercises to promote physical activity at the individual and at a community level are presented below.



By raising awareness of physical activity we can promote physical health and enable you to improve your quality of life and a healthy life for a longer period. The aim is to enable participants to initiate physical activities by suggesting accessible exercises.



British Heart Foundation National Centre (2012). Factsheet What is sedentary behaviour? www.bhfactive.org.uk

American College of Sports Medicine (2015). www.acsm.org.

Exercises

BLINDFOLDED SQUARE



Four people stand up, are put in the middle of the room and get blindfolded. Give them the task to stand in a square. Each person takes position at an edge. This sounds easy but it is not because you have no spatial visualisation nor the coordination and body movement gets disrupted because of the blindfolding. The others who are not blindfolded can give some instructions to help. End this exercise after a few minutes or after a few instructions. You can switch the blindfolds to four other participants. Besides a square you can vary with figures such as a triangle or a rhombus.

GET UP & SIT DOWN QUIZ



Show a number of statements or questions and ask all participants to stand up if they agree and to sit down if they disagree. Keep it short and simple. After the quiz you can have discussions about the statements or questions. Some example statements are:

- Seniors fail to do enough physical activities
- Having social contact is crucial in order to stay healthy
- Friendship and health are two completely separate things
- A daily 30 minute walk is enough to keep your body fit
- Doing physical sport keeps your mind fit

INDIVIDUAL WALKING



Encourage the participants to have a walk inside the building or outside the building. Before leaving ask each participant to set a goal of how many steps they want to make from start to finish. If there are step counters available, they can use this device. If there are no step counters, you can ask the participant to count the steps he or she made. After finishing, ask the participant to write down the number of steps made. Next time, the participant can increase the number of steps. Again, after finishing, ask the participant to write down the number of steps made. Repeat this several times over time (weeks, months). This procedure uses performance measurement and appeals to people with a need for achievement.

SOCIAL WALKING



A simple and obvious exercise is walking; walking with a purpose. For example, invite the participants to have a walk around the neighbourhood. Before you leave, ask the participants which of them is familiar with this neighbourhood. Then ask what their favourite place is or what place in the neighbourhood they would like to show to the others (for whatever reason). Let them tell about that place. Examples: a local football club, a sculpture, a river or a pond, a beautiful old tree, a school, a building with interesting architecture, a café et cetera. This exercise has an encouraging effect on people to do physical exercise.

NARRATIVE WALKING



An alternative to social walking is narrative walking. Ask the participants to bring a camera or smartphone to take photos. Make sure that they all know how to handle the device. Ask them to take a picture of something or someone in or around the building that symbolises something meaningful in one's life.

For example: a participant photographs a flower in the garden around the building. This flower symbolises his or her former job - for example because he was a gardener or a landscape designer. Let the participants return within 15 minutes and let them share a photo that they took. In case you have many participants, you can divide the group into two. It is not about the quality or creativity; the essence is the story behind the object. This exercise also has an indirect effect on encouraging people to do physical exercise.

EASY DANCING



Dancing is a great way to do cardiovascular fitness, and it doesn't have to be professional. Just stand in your room, put some music on, and you can have a great time just shaking your hips and free styling. The good thing about this is that you can put as much effort as you want into your dancing in order to have a big workout, or just a short one. On the internet there are several inspiring examples of dancing elderly people.

Click the links to find two examples of seniors dancing:

www.youtube.com/watch?v=5TNkVpJpicU

www.youtube.com/watch?v=DSrJ2nJDhqk

FLEXIBILITY



Flexibility is about the range of motion available in a joint. Exercises for flexibility can be viewed on www.hasicplus.com by clicking on physical health and physical activity.

Lay down on your back with your legs together, knees bent, and feet flat on the floor. Try to keep both arms and shoulders flat on the floor throughout the stretch. Keeping knees bent and together, slowly lower both legs to one side as far as you comfortably can. Hold position for 10 to 30 seconds. Bring your legs back up slowly and repeat toward other side. Continue alternating sides for at least 3 to 5 times on each side.

STRENGTH



This exercise stimulates muscular strength. A fit person for example is able to lift itself and is able to control one's own body weight. The exercise about flexibility can be viewed on www.hasicplus.com by clicking on physical health and physical activity.

Sit on the edge of a chair and place your hands just outside your hips, fingers pointing forward. Now, edge your behind off the chair and bend your legs at a 45-degree angle, so both arms and legs support you (extend legs fully for a more intense move). Bend your elbows so that your bottom dips down until your elbows are at 90 degrees, and then push your behind back up to chair height. Do three sets of 10.

Preventing Home Accidents

INTRODUCTION

People undertake a lot of activities in and around their homes: preparing breakfast, lunch and dinner, cleaning, mopping the floor, showering, bathing, walking up the stairs, repairing things in and around the house, gardening, hobbies and many other kinds of leisure activities. We know that accidents are waiting to happen. It is common to slip, trip and fall, hazards are everywhere, open drawers, clutter, flooring, wet or slippery surfaces, shoes et cetera. Usually these hazards may cause small accidents with little consequences, but when you grow older, also small accidents can have big consequences. When growing old, declining physical ability makes us prone to accidents.

Fortunately, there are many things you can do to prevent slips, trips and falls. Doing daily exercises, for example, may prevent falls. Especially balance and muscle strengthening exercises are helpful. Besides that, you would do well to make sure that home furnishings are not hindering a free and safe walk through the house. To keep enjoying an independent and safe life at home you can take some preventive measures. We will help you along the way by offering some simple exercises.



Identifying and knowing the risks of home accidents at your own house.
Assessing and knowing what you can do to prevent home accidents.



Check for safety: A home fall prevention checklist for older adults

www.cdc.gov/homeandrecreationsafety/pubs/English/booklet_Eng_desktop-a.pdf

Exercises

MAP OF YOUR HOME



Draw a map of your house on a blank paper. Draw the furniture in it as well. Use a black or grey pencil. Try to visualise your home as good as you can. After you have drawn it, indicate the safe areas at home with a green colour and mark the areas which contain risks with a red colour. You can draw the map when you are away from home. As soon as you get home you can check your map.

TAKE A LOOK AROUND



When you are at home, walk around and take a look at the floor. Make a list of all the things you could trip or slip over. After that, think about what you do to minimise the trip or slip hazards.

HELPFUL DEVICES



There are many devices available to prevent home accidents. Make a list of devices that can be helpful to prevent home accidents at your house. For example: handles in the shower, walkers, walking sticks, stair lift, et cetera.

“Fortunately, there are many things you can do to prevent slips, trips and falls.”

DAILY EXERCISE



It is good to know the hazards in and around the house. You can move some furniture or purchase helpful devices. But physical fitness is one important condition to prevent home accidents. Please consult the exercises presented in chapter about physical exercise.

Drinking

INTRODUCTION

Many of us like to drink a glass of wine, a glass of beer or a spirit from time to time. On occasions like a wedding, a holiday, a celebration, a good dinner with friends we enjoy a glass. And sometimes you just want to indulge yourself in a glass of wine. Why not? Having an alcoholic beverage is part of our life and goes with rituals – a New Year's toast, anniversary toasts, retirement toasts, toasting at a wedding, toasting to a new beginning et cetera.

Note that definitions of problematic alcohol consumption can vary between European countries, so are the guidelines. Using this HASIC toolkit therefore requires awareness of such distinctions between cultures and the different attitudes towards alcohol consumption.

Consuming alcoholic drinks is no problem as long as you are not dependent on it. Yet alcohol consumption among the elderly is increasing. Possible reasons are that the elderly have more leisure time and, in general, have more money to spend.

Consuming alcohol has some positive effects. It diminishes cardiovascular risks and it has an advantageous effect on mental performances such as attention and information processing. More negative effects are known however. The crux of alcohol consumption is that it should be no problem while used in moderation. To pay attention to a sound level of drinking behaviour we should address this in an unprejudiced way and free from value judgements. Alcohol consumption can be a very sensitive topic because of prejudices people have towards alcohol. The topic can easily become moralistic: prejudices can distort the discussion, as alcohol consumption may sometimes wrongly be interpreted in terms of abuse or addiction.



Raising awareness about your attitude towards alcohol and about the risks that older people have by consuming alcohol. Promoting willingness towards changing alcohol consumption.

Exercises

In addressing the topic of alcohol consumption beware of its sensitivity. There might be resistance to talking freely and there's a chance of socially desirable answers.

SELF-ASSESSMENT TOOLS



On the website www.hasicplus.com self-assessment tools are available to assess and monitor one's attitude towards alcohol and one's consumption. We recommend to do the self-assessment instruments individually.

MY PREFERRED BEVERAGES



Ask the participants to write down their preferred alcoholic and non-alcoholic beverages. So fruit drinks, cup of tea, espresso, a preferred white or red wine, special beers, vodka, it can be all put on their list of preferred drinks. Depending on what people drink some will have a longer list than others. A top 3 or top 5 is long enough. Have a talk about each list. What do they like about this beverage? When do they drink this beverage? On special occasions or just whenever they feel like it? Make sure people do not judge each other for their drinking preferences. It should stay an open and friendly conversation.

ASSOCIATION EXERCISE



Ask all participants to write down on a post-it note what their first image or idea is when thinking of alcohol. Let them write this down individually. Participants can write several post-it notes. Meanwhile the trainer hangs three separate large posters on the wall: one is titled 'Negative', one 'Positive' and one 'Neutral'. Ask the participants to stick their post-it notes on one of the posters. Let everyone view the results and ask the participants to respond to what they see. This will invite participants to discuss similarities, differences, each other's different views, attitudes and norms.

NEWS AND STORIES



Collect news or stories related to different ways of using alcohol and risks related to alcohol consumption. As a result of this collection, have a discussion about what the articles and stories are saying. First ask what the articles or stories that they brought means to them, what triggers them about the article or story. Then try to discover what different meanings are given by the peer groups to the topics addressed in the articles and stories.

INVENTORY AND MEANING



Make an inventory of situations in which people use alcohol. Then discuss what personal (subjective) meaning people give to the alcohol consumption in those situations. For example, consuming wine for relaxation, consuming wine with a meal, consuming champagne or wine to celebrate an event, consuming beer as a reward after intense physical activity such as sports, consuming beer for no specific reason. Topics like alcohol use, alcohol abuse and alcohol addiction can be addressed. Bring the discussion to a close by discussing the line between problematic and non-problematic alcohol consumption.

AGREE & DISAGREE



Have a group discussion by posing statements and asking the participant to choose their position: do they agree or disagree with this statement? And why? To encourage physical activity you can ask the participants to stand up and move to the middle of the room. On one side of the room you put a sign on the wall saying 'Agree' and to the other side of the room you put the sign on the wall saying 'Disagree'. After showing or mentioning a statement ask the participants to move to either the 'Agree' side or the 'Disagree' side of the room. Some statements you can use:

- I believe it is healthy to drink two glasses of wine every day
- I believe it is good not to drink alcohol at all
- I find it easy to control my drinking habits
- I find it hard to say no to someone that's offering me
- an alcoholic drink

- I believe you can't teach an old dog new tricks (this means that it is impossible to change the habits of older people)
- My experience is that alcohol is a stimulant drug
- If I want to stop consuming alcohol I can easily manage to do so

CELEBRATION



Organise a celebration with non-alcoholic wine or juice. You can use several occasions to organise celebrations. It invites people to experience that celebrations can also be enjoyable without alcohol.

DRINK TASTING EVENT - WATERS



Organise a small drink tasting event with waters and let people discover and be surprised by the nice subtle taste differences. For example you can prepare 6 bottles filled with water. To each bottle you add a fresh and bruised herb or a piece of fruit cut into pieces. Let this herb or fruit sit in the bottle of water for a few hours so that it can take the aroma or flavour. Then, let all the participants have a glass of each bottle of naturally flavoured water. Discuss whether they liked it and which ones they liked best. You can make it a bit competitive by asking everyone to give a score between zero and ten (zero meaning not tasty at all and ten meaning very tasty). The herbs and fruits you can use are for example basil, rosemary, rose leaves, cucumber, orange, grapefruit, peach.

Food

INTRODUCTION

Food is one of our basic human needs. But it is more than just a basic need. Eating is one of life's greatest pleasures. Food is the centre of almost every holiday or event, be it a religious holiday, a commercial dance event or an anniversary. We prepare food for ourselves and for others. We allow ourselves to indulge in good food or sweets. We prepare food to impress others or to show appreciation to someone and we cook food to show love to others. Clearly a huge part of our lives centres around food and meal times. In a way you can say that food and identity are intertwined.

Each of us develops eating preferences. Unfortunately these preferences are not always the healthiest choices. On top of that people develop food sensitivities and allergies. This should not be a limitation to a life well-lived. Being aware of your eating habits and knowing what is in your food are key to making healthier decisions and enjoying life. Although it is impossible to give "one size fits all" recommendations when it comes to nutrition, the food pyramid offers a good guideline to make healthy eating easier. It helps you to take into account the correct amount of nutrients such as protein, fat, carbohydrates, vitamins and minerals you need to maintain good health.

Awareness of your own eating habits. Knowing what to change to your eating behaviour and which meal patterns can support a healthy diet.



Exercises

MY FAVOURITE FOODS TOP FIVE



Ask the participants to write down their five most favourite foods. This means they can record unhealthy foods as well. So a possible favourite foods top five can include hamburgers, fish and chips, pizza, chocolate bars and greasy sausages for example. Have a talk about each list. What do they like about this food? When do they eat this? On special occasions or just whenever they feel like to? Make sure people do not judge each other for their eating preferences.

MY HEALTHIEST FOOD CHOICE TOP FIVE



Ask the participants to write down a top five of healthy foods they have eaten in the past week. This means they can also record unhealthy foods in case they are not aware that it is unhealthy. Have a talk about each list. What do they like about this food? How often do they eat this? On special occasions or just whenever they feel like it? Is it true that what they have listed is known as healthy food? Make sure people do not judge each other for their eating preferences.

A STORY OF MY LIFE - EATING EXPERIENCES



Eating is an experience. Sometimes an eating experience has left an unforgettable impact on you. It can be a positive memorable experience or it can be a moment that you would rather forget. A positive eating experience could be a Christmas dinner or one of your most romantic dinners you had with a beloved one or just a dinner you made for yourself of which you are so proud of. An eating experience you would rather forget could be something about getting ill after eating some kind of food. Eating experiences indicate that there are stories. Let us share some of these stories. Ask each participant to share an experience of eating. Let them think first about such a moment. Help them by giving an example.

KEEP SCORE – FOOD PYRAMID



For a week, keep score of everything you eat. Use a simple tally sheet with categories such as (1) Bread, cereal, rice, pasta, (2) Vegetables, (3) Fruit, (4) Meat, poultry, fish, eggs, nuts, dry beans, (5) Milk, yoghurt and cheeses, (6) Fats, oils and sweets. Write down the amount in grams or litres. After a week calculate how much of each of category you have had. Compare this with the food pyramid shown. What is your conclusion? Are there differences between what the food pyramid recommends and what your eating habit has been in the past week?

KEEP SCORE - KILOCALORIES



For a day keep score of everything you eat. Write down the kilocalories that you have obtained with each piece of food and drink for only that day. At the end of the day calculate how many kilocalories you obtained. Kilocalories are printed on the packages and in case it does not tell anything about the kilocalories - because you purchased fresh fruits or vegetables - you can consult the internet. There are many websites presenting averages of kilocalories for all kinds of nutrition. After you have calculated the total amount of kilocalories you obtained that day compare it with the recommended daily calorie intakes. What can you conclude from this? Is it something to monitor for a longer period of time?

GROUP DISCUSSION



Have a group discussion about themes such as:

- What makes it difficult to change unhealthy eating habits?
- What helps you to change unhealthy eating habits?
- Which situations are so called “problem situations”? Situations where you cannot control yourself and start eating (too much) unhealthy food.
- What can help you to respond in an adequate way to moments in which you cannot control yourself and start eating (too much) unhealthy food?

TASTING EVENTS



Organise a small tasting event with a variety of little snacks that do not contain sugar, gluten and which are low-fat. On the internet there are several websites offering recipes for sugar free, gluten free and low-fat snacks and appetisers. You can also ask the participants of this tasting event to prepare one sugar free, gluten free and low-fat snack and bring it to the (next) tasting event. You will be surprised by the good tastes. Besides a sugar free, gluten free and low-fat snack tasting event, you can organise a variety of tasting events. For example a tasting event with sugar free sweets or a tasting event with vegetables only.

You can add a little competition to the event by asking everyone to give a score between zero and ten (zero meaning not tasty at all and ten meaning very tasty) for each snack. This event invites people to explore other healthy snacks.

Social Health



Preventing Loneliness

INTRODUCTION

We are social beings. Most of us enjoy good company from friends and family. Usually it is more fun doing things together. We can share experiences like visiting a museum or theatre, having a lunch or a dinner or just taking off on a trip somewhere to the forest or beach for example. But it happens that we sometimes cannot find company anymore and start feeling alone.

We distinguish two perspectives on being alone: solitude and loneliness. Solitude is a positive state; it is a voluntary, relaxing, positively experienced state. Loneliness on the other hand is a painful, negative state where we feel alone, and cut off and estranged from other people. It is frightening, confusing and it causes suffering and shame because it is still taboo. The feeling of loneliness can lead to health problems and even disability. To overcome loneliness a person may need help and support from others.



There are several types of loneliness. A clear distinction comprises emotional loneliness and social loneliness. The first means that a person experiences deprivation of intimate, meaningful relations with people around him. This is typical when someone has lost a significant other or a close friend. Social loneliness occurs when a person feels like an outsider in a social situation or when he has no friends from his peer group with whom he can share experiences. Although loneliness is found among all ages, it is registered frequently among the elderly. Research has shown that 5-10% of older people continuously and 25-40% at least sometimes suffer from loneliness. It is important to recognise situations in which there is a risk of loneliness because then we can prevent someone for being hit by it. Fortunately, loneliness is not a permanent state. There are a lots of ways to combat or prevent loneliness.

To prevent rather than to cure, is our motto. Therefore the exercises help to understand solitude and loneliness and the meaning of loneliness to a person's quality of life. Sharing ideas about how to alleviate or even eliminate loneliness of older people.



The lethality of loneliness: www.youtube.com/watch?v=_0hxl03JoA0
How To Deal With Loneliness: www.youtube.com/watch?v=493IAJo3xx4
Things you can do when you feel lonely: www.keepinspiring.me/25creative-and-surprising-things-to-do-when-you-feel-lonely/

Exercises

Loneliness causes shame, and the feeling is often denied and hidden. That is why talking about loneliness is not easy. Since loneliness is a sensitive subject it is wise to address it carefully. For most people it is easier to talk about loneliness on a common level, or about loneliness of other people. Even the knowledge that the participant is not alone in this can alleviate loneliness and encourage people to talk about it. There are books, songs, movies and paintings which deal with loneliness. You can use these in discussions to examine the issue of loneliness, without people having to talk specifically about their own feelings or suffering of loneliness. It is wise not to allow too much time and space for negative feelings, but instead pay attention to finding positive views and helpful ways to overcome feelings of loneliness.

GROUP DISCUSSION 1



Ask all participants to bring along a book, a poem or a song which deals with loneliness. Let the participants read the poem or lyrics of the song, or ask the participants who brought a book to briefly tell about it. After that have a discussion about what this book, poem or song means to them.

GROUP DISCUSSION 2



Professionals, peer volunteers and students collect pictures, photos or post cards which in some way deal with loneliness, to bring to the meeting. Then, each participant will select a picture, photo or post card

which appeals to them. Let each participant explain their feelings towards loneliness in connection to this item.

GROUP DISCUSSION 3



All participants will picture someone within their own social environment who they think is lonely. Then they will tell about this person and the reasons why he or she thinks the person is lonely. After that participants start a group discussion in which they try to find solutions on how to help the person to alleviate his or her loneliness. The last part is to let the participants think of how they can use those solutions for their own situations.

GROUP DISCUSSION 4



Have a group discussion about either a first or last personal experience with loneliness. In this discussion the key questions should be: What has been helpful in dealing with the experience of loneliness in the past? What possible alternatives for dealing with loneliness can we find for the future?

Write down empowering and helpful thoughts and actions that are shared in this discussion. Write them down on a sizeable piece of paper so that all participants can read it. An alternative exercise is to ask the participants to write down all the mentioned empowering and helpful thoughts and actions on separate post-it notes. At the end of the discussion ask the participants to choose two actions or thoughts which they believe will be helpful for him or herself.

DRAWING YOUR FUTURE



This exercise invites participants to shape their own ideas concerning health or healthy behaviour. The participants create a drawing that shows an image of the future with regards to their health.

First take care of drawing materials. Secondly, let each participant choose a theme with regards to health that is relevant to the participant. You can let them discuss life experiences or shared life stories first. Make sure that the participant starts from a concrete, specific situation, then let them start drawing. They are free in how they want express themselves, so do not interfere with this process. The main task of the trainer is to support and stimulate the drawing process, mainly by asking questions. As soon as the participants have finished their drawings, start a conversation in small groups. Let the participants explain what the drawing depicts with regards to their future ambitions concerning their health.

PARADOXICAL INTERVENTION



Have a group discussion about either a first or last personal experience with loneliness. The key question for this discussion is a paradoxical one. The goal of paradoxical interventions is to let go of suppressing thoughts and beliefs. And to find new ways of dealing with the subject. The central question is: what should I do to foster my loneliness? Write down the suggestions on a sizeable piece of paper so that the participants can read it.

“Pay attention to finding positive views and helpful ways to overcome feelings of loneliness.”

CO-CREATION



Create a combined piece of art as a group task about preventing loneliness. It doesn't matter whether it is a sculpture, a drawing or painting. Beware that the preparation for this activity requires relatively a lot of time and you will need to organise the materials.

SHAKING HANDS



Before doing this exercise a safe group dynamic must be established as participants might feel uncomfortable doing this activity. So this exercise should be done in a later stage of group dynamics. The exercise starts by shaking hands, patting on the back or shoulders, or hugging each other. This may take a couple of minutes. Then have a discussion about what physical touch means to people in general, in particular to those who are alone or feel lonely, and how physical touch can be experienced.

Avoiding Depression

INTRODUCTION

Life is not just a bed of roses. There are moments or periods in life where we face adversity. This may cause sadness. While we all feel sad, moody or low from time to time, some people experience these feelings intensely and for long periods of time. Depression is more than just a low mood – it is a serious condition that has an impact on both physical and mental health.

Depression among the elderly is growing. About 2 to 3 percent of the elderly are diagnosed with severe types of depressions. A much larger number of elderly people suffer from milder types of depression. Estimates indicate that 15 to 20% of seniors have a mild depression. Depression among the elderly is not easily or often recognised, because health related complaints are mostly explained with higher age. Furthermore, depression related complaints among the elderly are different from depression related symptoms among younger people. Consequently, too often seniors do not receive the right support from friends, family and professionals.

What we can do with this toolkit is help start you off with a conversation about how to recognise early stages of depression, drawing up an inventory of risks of getting depression by yourself and others around you. This opens up a discussion on what ways there are to prevent or avoid depression.



Discussing depression. Understanding the reasons for depression being able to detect major symptoms of depression. Being able to share experiences of depression. Capturing ideas on how to prevent or avoid feelings of depression.



Black dog institute: <http://www.blackdoginstitute.org.au/public/depression/inover65s.cfm>
I had a black dog: <https://www.youtube.com/watch?v=rXMIBbfSAJ8>

Exercises

FINDING RESOURCES



Have a discussion about which resources helped you to overcome the feelings of personal losses in the past. Write them down on a piece of paper. After that, all members of the group share ways of overcoming their feelings and discuss which ones work best and why. This way you may find and share resources that others can use for their own situation.

FILMS AND CHARACTERS



Have a discussion about depression after having seen films such as:

- “I had a black dog”. This is a 4 minute animation film very well explaining depression. It is available with several subtitled languages.
- “No Country for Old Men” directed, written, and edited by Joel and Ethan Coen.
- “Persona” is a 1966 black and white Swedish film written and directed by Ingmar Bergman

LISTING ENJOYABLE ACTIVITIES



Doing regular physical activity is a good way to help prevent or manage mild depression. It helps you block

negative thoughts or distracts you from daily worries and it helps you to feel less alone if you exercise with others. Physical activity increases your well-being. Make a list of at least 5 outdoor activities that you (would) like to do. This can also be activities that you used to find enjoyable, interesting, relaxing or satisfying with friends or family.

For example walking the neighbour’s dog, walking to the lake, finding a quiet place for some swimming, biking through the neighbourhood, visiting the library. These activities need to contain some physical exercise. Choose which one you promise yourself to undertake this week. After you have done this exercise evaluate how it made you feel. For example refreshed, tired, distracted, a little bit relaxed.

You can also have a look at some exercises in this toolkit that contain physical activities which you can do individually or in groups.

MEET SOMEONE FOR A WALK



Socialising can be exhausting even when you are not depressed. But contact with a friend, family member or even a volunteer can be a great source of emotional support and compassion. Meeting someone for a walk can be a great way of combining casual social interaction with moderate physical activity. Not only a friend, but also going for a walk with a volunteer for a family member can prevent depression or can help to ease the burden of experiencing depression.

Social Network

INTRODUCTION

Everyone benefits from a good social network. A social network is a social structure that consists of relationships, connections and roles in which social interactions between members of the society (e.g. information exchange, transmission of emotions, and transfer of goods) take place. The aim is to activate, support and strengthen the social networks in which personal interactions happen, in this case for the elderly. The further aim is to contribute to creating and widening a durable social network, by developing theoretical and practical knowledge.

Family

In the network analysis of families, we should primarily examine the interactional characteristics of the networks. The status of the family network is characterised by the content, frequency, intensity, and mutuality of the relations. Next to the parents and children, the next network is 'kinship', the wide or narrow circle of grandparents, aunts, uncles and cousins. These relations can also be intensive and regular, but not necessarily frequent. Their natural supportive functions are important when a family member faces a problem. In such situations, because of the intensity of the emotional relations, other family members can help without expecting something in return.

Friend and neighbours

Neighbourhood networks offer numerous relations nearby. The presence of friends and helpful neighbours prevents families from becoming a 'social ghetto'. They also provide new values, behaviour models, and solution patterns. Friendship relations varying in age, gender, and profession can be regarded as 'social capital' which can offer all sorts of new opportunities.

Institutions and social structures

In modern societies, individuals and families are also dependent on the national economic and social structure. Every country has their own environmental conditions allowing participation in production, culture, education, services, and social public life. Different countries have their own infrastructure (day care, social catering), or a circle of institutions and organisations organising social public life.



The aim is to develop new social relations. It can also be important to analyse the extent and intensity of social relations, to discover objectively the difference between reality and needs. One of the goals is to create a balance between the different networks such as family, friends and neighbours and the existing institutional social structures.

Exercises

After executing the exercises, you can write down your experiences and ideas, which can help to implement the learned knowledge.

TEN PERSONS I KNOW



Part 1: Searching for acquaintances. Individual work.

Let participants individually write on a paper the name of 10 persons they know, they must be close relations. Then, they should write down five questions that they would ask them. Which topics or questions would they start a discussion with?

Part 2: Presentation of questions. Group work.

Each participant should present his/her list of people and questions. While reading the questions, new discussion topics can be generated. Participants can extend their lists with the new ideas.

Part 3: Feedback. Group discussion.

Group members share what kind of experiences they gained during the exercise, what questions and topics they extended their lists with.

KNOW MY NEIGHBOUR



Part 1: Writing a '30 words introduction'. Individual work.

Let each participant write 30 words about himself/herself from the viewpoint of a neighbour. Ask them to be as objective as possible. Then let them describe their optimal

“Everyone benefits from a good social network.”

‘Me’: how they would like to be seen by the neighbour again in 30 words. Then compare those two descriptions.

Part 2: Analysis of the introduction. Group work.

After writing the introductions, let the participants discuss the differences between the two descriptions in small groups, and the reasons why they differ. How can the gap between the two descriptions be diminished? After that, give individual feedback to each group member. Highlight positive things, and discuss what one should change and what should stay the same.

Part 3: Conclusions, feedback. Group discussions.

At the end of the exercise, have a general discussion

- How did they feel during the exercise?
- Why is it important if sometimes we see us from the ‘outside’?
- What is the next thing we change in our behaviour for having better relationships?

Social Participation

INTRODUCTION

Social participation is very important because it contributes to one's health. Social participation can be achieved on many levels. As old age settles in, problems that appeared in previous life stages but were not properly solved, can come up again causing imbalance. This imbalance can cause a change in social status, or in relations. This can eventually result in isolation, a passive lifestyle, and occasionally in old age depression. In that case you need to develop new adaptation strategies to the changed conditions, and you also need to set goals that fit them.

The key for preventing or handling these crises is the change that affects both social and mental sides. You can develop new life situations, roles, and relations; and you have to pay more attention to social participation. However, for a successful adaptation, internal and mental factors also need to be changed. First of all, you need to change your attitudes towards yourself, and to the world.



The first goal is to recognise that obstacles need to be faced. Furthermore it is important to understand that social participation significantly contributes to an increased sense of being a useful member of society and to a higher self-esteem. And that there are connections between social activity and mental health. The aim to extend the circle of potential partners and establish new contacts and to develop a personal responsibility for active community life.

Exercises

After executing the exercises, you can write down your experiences and ideas, which can help to implement the learnt knowledge.

IDENTIFYING (MIS)BELIEFS



‘Why don’t I go/do.... even if I would be glad to do so?’

Part 1. Preparing a list of beliefs and life situations.

Individual work.

Participants fill out the table below according to the following instructions, individually.

*What kind of unfounded beliefs/presuppositions you have that block your participation in active community life?
How do they bind you? How could you defeat them?*

Name of belief	In what situation did you experience the existence of that belief? How does it bind you?	How could you overcome this (mis)belief?
...

Part 2. Sharing ideas. Work in small groups (2-3 persons).

Participants in small groups share their misbeliefs and the strategies they invented to overcome them.

Part 3. Sharing ideas, conclusions. Group work.

Participants share the suggestions and ideas that they received from each other.

- Which misbeliefs were most frequent in the group?
- What kind of possibilities were named to overcome them?
- What kind of positive experiences were exchanged on how to avoid these traps?
- Is there a new strategy I would like to try?
If yes, which is it?

“There are connections between social activity and mental health.

AREAS OF INTEREST



Part 1. Filling out the ‘5 activities I like to do’ table.
Participants fill out individually ‘5 activities I like to do’ table, according to the following instructions:

- Write your 5 favourite activities in the first column
- In the second column, write down, with whom you like to do this activity? Or alone?
- Put an X in the third column if you did it frequently (in the last month).

5 activities I like to do

	Name of activity (cooking, cinema, gymnastics, etc...)	With others/ alone	Frequency
1.
2.
3.
4.
5.

Part 2. Presenting favourite activities. Work in small group (2-3 people).

The participants form small groups of 2-3 people, and all of them present his/her favourite activities. The group members try to come up with new activities that match the interests of the others.

Part 3. Conclusions. Group work.

Participants share what other activities were suggested to them, and whether they like them. Let group members discuss why it is important to think about areas of interest in planning social activities. After the discussion, let the participants present their to-do list for the next week, in which there is at least one new activity.

CONVERSATION PIECES: THE STORY BEHIND YOUR PERSONAL BELONGINGS



Bring an object that has a personal meaning to you, preferably an object with an emotional meaning. This is called a conversation piece - because the object can symbolise significant life events such as birth, marriage, death, first love, religion or belief, personal spirituality, encounters with others, unforgettable memories, et cetera. Let everyone show their conversation piece. Divide the group participants into pairs. Let them tell about the object answering questions such as: What is it? Where did you get it from? Who gave it to you? In what way do you appreciate the person who gave it to you? How long have you had it? What makes this object important to you? What does it make you think of – memories? What does it symbolise for you? Both participants get about 5 minutes to talk about their object.

After that we share some plenary experiences. The goal is to create openness and social involvement which promotes group dynamics. And which also promotes awareness of certain values that we share. This awareness of these values enables the trainer and also the participants to make a connection to health issues; both social, mental and also, indirectly, physical health issues.

“ *The goal is to create openness and social involvement which promotes group dynamics.*



Emotional and Mental health



Self-esteem and Autonomy

INTRODUCTION

Self-management means that a person takes responsibility for his or her own behaviour and well-being. But often we lack the feeling of being in control in this tumultuous world. Sometimes we perceive ourselves as inept to do what is necessary, even to a point where we question if it's worth all the trouble.

Elderly people are potentially faced with the loss of aspects of their identity that constituted their self-esteem, such as being a good employer or caregiver. Therefore it's good to evoke stories that can give new positive meaning to current activities and show possibilities in life.

When we talk about feeling empowered to take charge of your own life, we talk about self-efficacy and autonomy. Self-efficacy means how you perceive your ability to achieve goals that you set for yourself. A high self-efficacy is helpful in fulfilling goals and to sustain hope. Autonomy is crucial to manage your own life; you make your own decisions in important life events and life-style choices. The beliefs, thoughts and emotions you have access to in dealing with day to day life are crucial for your sense of worth and autonomy. Therefore we suggest looking closer into those assumptions about oneself and our surroundings, but mostly to invite you and the participants to experience positive emotions in thinking and talking about your life history and current situation.



Seeing possibilities to improve your quality of life. Being able to name positive things about the past, (daily) life and yourself.

Exercises

ADVANTAGES & DISADVANTAGES



Finding the good things about old age. Ask the participants to think of a couple of advantages and disadvantages of old age. Collect them all and display them on a white board, on a screen or on a flap-over. Make sure everyone is able to see the advantages and disadvantages. Ask the participants to select five of the best advantages and let them explain how those advantages occur in their lives.

An alternative exercise is to invite the participants to draw in groups (3 or 4 people) a mind map of those advantages and disadvantages.

SELF-ESTEEM



Self-esteem constitutes an essential part of a person's life regardless of age. We can define self-esteem as an individual's set of thoughts and feelings about his or her own worth and importance.

Ask the participants to have a conversation with each other in twos. Let them first discuss the question: "how do you see yourself?" and secondly the question: "How do others see you?" For some participants this might be a difficult thing to talk about because of shyness, not feeling safe or because it requires reflection. By offering some examples you can help them.

I CAN SAY NO...



Being assertive means being able to stand up for your own or other people's rights in a calm and positive way, without being either aggressive, or passively accepting 'wrong'. Assertiveness is inseparable from self-management, because it helps you say no to unwelcome elements in your life.

Write down on a large piece of paper: "I can say no when ..." and on another large piece: "I can say yes when ..." Ask the participants to complete the sentences for themselves, for example: "I can say no when my daughter asks me to watch her child even though I don't feel like doing that because I have other plans for that day" or "I can say no when someone asks me to do something that I don't want to do." You can ask the participants to write it down and then share it with group or you can simply discuss it verbally.

ENHANCING SELF-CONFIDENCE & SELF-EFFICACY



Some participants have little confidence in a positive outcome of their own behaviour. It may be helpful to look at the strengths of this person together with someone else, be it another participant or the trainer. Doing this makes the participants aware of their level of self-confidence and self-efficacy as well, it enhances both qualities.

Split the groups of participants into groups of three people and let them ask and answer the questions stated below. A conversation between three participants in each group will promote group safety and social interaction. During the conversation let the participants write down their answers for themselves on paper.

1. What do you like or find attractive about yourself?
2. What makes it pleasant to be with you as a friend or as a partner?
3. When do you feel good about yourself?
4. What do others appreciate about you? What compliments do you get from others?
5. At what are you the best? What else are you very competent at?
6. How do you get good ideas? What do you do to get inspired?
7. What is easy for you, that for others it seems difficult?
8. In what specific areas are you interested? In what area do you have special skills or a special talent?
9. When you were a kid, what was easy for you?
10. What do you definitely not want to change about yourself because you are content with it?

This exercise can be continued by formulating personal goals by the participants with regards to social, mental and physical health.

POSITIVE EVENT



Through sharing positive events self-confidence will grow and this will promote a more positive attitude towards life.

Ask the participants to think of something they recently did which has been a positive and pleasant event and share it with another person in the group. Once this moment of sharing has finished, tell the participants to share their positive event at least 2 more times at different moments during the session or tell the participants to share their positive event at least 4 more times with someone else today. The trainer and participants can reflect on this exercise. How does it make you feel? Can you translate this to health related issues?

PHOTO-ELICITATION



Prior to the session ask the participants to bring with them one photo that depicts and represents an important stage of life, for example adolescence. Photo-elicitation means that you (the trainer) invite the owner of the photo to speak about what is going on that photo, what the story is behind the photo. The photo functions like a conversation starter, as well as an aid to continue and deepen the conversation about the various dimensions of health in different life stages. It also creates openings to speak about the three dimensions of health in the present. This exercise can be continued by the participant and trainer thinking and designing what and how he or she wants to change regarding his or her health.

With regard to emotional and mental health some narrative questions can be:

- Can you explain what is depicted on the photo? What situation is shown on the photo?
- What is your reason to show us this photo?
- How do you value that time of your life?
- What does the photo say about health and about your health in that time of your life?
- What did you do to stay healthy? To stay emotionally healthy? To stay mentally healthy?
- Would you like to take up any of those activities again?

Sources

Self-Efficacy Theory: www.youtube.com/watch?v=pWV7qXxIYwk
 Questionnaires on Authentic Happiness measure character strengths and different aspects of happiness and well-being: www.authentichappiness.sas.upenn.edu
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Resilience

INTRODUCTION

In life people have to deal with difficult events. Resilient individuals use positive emotions to bounce back from negative emotional experiences. That is what resilience means: “bouncing back” from difficult experiences, like health or financial problems. Resilience is not a trait that people either have or do not have. It involves behaviour, thoughts and actions that can be learnt and developed in anyone.. People may learn strategies for dealing with future events from the experience of past events.



Being able to turn hindering thoughts and beliefs into helpful ones. Learning ways to improve self-nurturing skills and ability to experience positive emotions daily. Discovering your own ‘problem solving skills’.

Exercises

QUESTIONS



Address some of the following questions and have a dialogue with the participants.

1. What factors promote successful adaptation to stress?
2. What did you do to bounce back from a stressful event in your life? For example a break-up with a friend or girlfriend, losing your job, a health problem.
3. What can you do to build resilience?

At the end, evaluate the dialogue with the participants: What do they recognise from their own life-experiences? Where there any ideas, tips or experiences they can use in their own life?

REPLACING NEGATIVE THOUGHTS



Resilience means being able to identify negative thoughts and replace them with more productive thoughts. Productive thoughts do not need to be extremely positive, but should be realistic. A more balanced thought may be, "I realise I was offensive to him, but I know I am a good listener and can respond correctly. I was just wrong this time."

Ask the participants to write down a negative thought that they (sometimes) have. After that, ask them to replace this negative thought for a productive thought. If they find it difficult let participants help each other in couples. Changing your thoughts requires constant

monitoring. This means that participants should repeat this exercise by themselves at home a few times a week.

THREE POSITIVE THINGS



Ask the participants to make a list of three positive things that happened today (or yesterday). Be prepared to give a simple example. When someone is not capable of writing down three positive things, do not force it; one or two is enough in that case. Ask the participants to share their three positive things. Let them read it aloud. After sharing each other's list, the participant with only one or two positive events on the list can be helped by the others to write another.

To build resilience one should continue this exercise every day. You can ask the participants to make such a *'three positive things-list'* every day over one or two weeks. They should also read it aloud to themselves; that amplifies the impact.

SELF-NURTURANCE SKILLS



The biggest pitfall in hard times in life is to stop undertaking activities that give joy, distraction and relaxation. By taking care of your own needs, you can boost your overall health and resilience and be fully ready to face life's challenges. The message of this exercise is to continue doing these activities that you enjoy also in times of adversity, because it keeps you strong and builds resilience.

Ask the participants to write down three activities that they enjoy doing and which are easy to undertake – not costly, not far away from home et cetera. Let them share their list. You can ask them whether they are currently doing these activities. Are they doing these activities also in times of adversity?

DO A FAVOUR



Doing a favour for someone gives meaning and appeals to positive emotions such as gratitude. Experiencing positive emotions, experiencing gratitude strengthens your resilience.

Give yourself or the participants the next assignment: Think about something you can do for someone else; how can you do someone else a favour? This can be as simple as shopping for someone else, helping someone with a little task in the garden or in housekeeping. Write it down and share it with the others. Fulfil this promise to do some good to someone else within a week or before the next meeting.

When you have done someone a favour, write it down, save it until you go to bed and before sleeping you read it to yourself: what you have done good for someone else. This feeds positive emotions.

Sources

Road to resilience: www.apa.org/helpcenter/road-resilience.aspx

Positive Psychology Center: www.positivepsychology.org

The 4 Phases of Resilience: www.youtube.com/watch?v=vLQUwyQl4fc

Resilience, animated explanation: www.youtube.com/watch?v=yyX6UULJEic

THE EXCEPTION EXERCISE: STRENGTHENS FOCUS ON A MILD PROBLEM



In our lives we encounter innumerable problems varying in complexity and seriousness. Despite these problems, we know they are not always present and we know that a problem we need to deal with can also be milder at certain moments. There are always exceptions and those exceptions prove themselves to be a key in thinking more positive and solution-oriented about ourselves and the situations that we encounter.

Ask the participants to think of a mild problem that has been occurring in their life for a longer time, preferably a fairly recent one. Then ask them to think of a moment that this mild problem did not occur for a short while (1), or was less serious (2), or was successfully dealt with (3).

While doing this answering the following questions may be of help: What was different about those moments? What influence did you have on the mild problem that moment? What could you do more to have such moments? An alternative to this exercise is sharing the mild problems in couples and the 'listener' ask the questions standing above. After 5 minutes you can change the roles.

Afterwards, ask the participants to share their experiences with each other; effective coping strategies, ingredients of strengths. How did you manage to deal effectively with that mild problem? What did you do precisely that made this mild problem less dominant or serious?

Believing in the Future

INTRODUCTION

Being elderly can change the way you live and how you perceive yourself. Losing different kinds of people and relationships, combined with a more passive lifestyle can contribute to feelings of meaninglessness or insignificance. The fundamental aim of turning to the future is finding meaning and maintaining activity in old age. Believing in the future is crucial to combat narrowed perspectives and to become aware of a wider context. Hope contributes to thinking in future terms.

Hope is a positive emotion that is evoked in response to an uncertain but (!) possible outcome. In order to think with hope we need to have a goal to strive for. Besides that we need tools to achieve our goal. The first is having the capacity to discover or create routes to achieve the goal. This is called pathway thinking. The second is the capacity to utilise these routes to achieve the goal. That means you have the mental energy to start working towards your goal and to persevere to the end despite obstructions. The exercises below are designed to practice with this so called agency thinking and hopeful thinking.



Thinking of (uncertain) goals you want to achieve in older age. Discovering pathways to achieve a (uncertain) goal you have set. Making plans that contribute to your quality of life.

Exercises

WHAT IS HOPE? A STARTER



Hope is something you don't possess. Hope is something you do. This exercise should be kept simple, brief and without any critical valuation.

Ask all participants one by one to mention strictly one thing they are hoping for. Do not question the answer. It is more of a quick inventory. After all participants have answered, ask them "What else are you hoping for?". Again do not question the answer. Repeat this one more time.

Conclude these question rounds by asking whether they possess hope (do you have it?) or actively work on it (hoping is doing, hoping requires action from the one that hopes). Have a discussion about whether the participants recognise this statement. After that, ask some participants who agree with the statement that hope is something you do, to give some examples from their own experience.

WHAT IS HOPE? IMAGINATION EXERCISE



Sometimes you have little or no hope that you will achieve your goal. In that case it can be helpful to investigate how life would be if you indeed would have access to more hope.

Ask the participants the following questions: "Imagine you would have more hope to achieve your goal (mention a specific goal) than you have right now". What difference

would that make to yourself and important people around you? What would there be different between life as it is right now and life if you have that little bit more hope? What would you do different in the imagined life where you have more hope? How would others around you react?

HOPE & THE BEST POSSIBLE SELF



Hope is to have both the will and the ways to pursue desired goals. This exercise helps to set goals and identify skills and traits that helps achieve the goals. Consider this exercise in two basic steps:

- Visualising yourself at a future moment in time having accomplished your goals.
- Considering the character strengths you will need to deploy to make that vision a reality.

Some steps to guide the exercise have been copied from www.psychologytoday.com. Take a few minutes to select a future time period (e.g., 6 months, 1 year, 5 years from now) and imagine that at that time you are expressing your best possible self strongly. Visualise your best possible self in a way that is very pleasing to you and that you are interested in. Imagine it in close details where you have worked hard and succeeded at accomplishing your life goals. You might think of this as reaching your full potential, hitting an important milestone, or realising one of your life dreams. The point is not to think of unrealistic fantasies, rather, things that are positive and attainable within reason.

After you have a fairly clear image, write this image down in a few words or draw it. Share the written or drawn image with other participants. Then write about the details. That can help you move from the realm

of foggy ideas and fragmented thoughts to concrete, real possibilities. Be sure to write about the character strengths of yourself that you observe in this image. Write about what character strengths you will need to deploy to make this best possible self a reality.

HOPE & PATHWAY-THINKING



Hope is to have both the will (agency) and the ways (pathways) to pursue desired goals. This exercise focuses on pathway-thinking. Start with asking the participants to come up with something they individually consider important in their own life. Let the participants then answer the question below and complete the following steps:

1. What do you consider important to achieve this week? For example: do you want the kitchen to be cleaned? Do you want to visit your family? A (long) walk outside in the open air? Read a book?
2. With step 1 you have chosen a task, for example *"I want to have read a novel by the end of Sunday next week"*. Break this task down in smaller parts. Write those steps to take down on a paper.
3. Think of one way of carrying out this task. For example: *"I am going to choose between the three books that I still want to read. The next 6 mornings between 10 AM and noon I will sit down on the couch and only focus on reading the book."*

4. Think of another second way of carrying out this task. For example: *"I chose the shortest novel. I will read that first."*

5. Think of a third way to carry out the task. This time it should concern someone helping you to complete this task. For example: *"I asked my daughter which novel she would advise me to read first."*

By doing this you have found three ways to achieve your goal. Good chance that you will make it. Choose one option that you want to try first. If that doesn't work out well, you can try the other options.

Sources

Hope. www.youtube.com/watch?v=kS6bEm1nHz4

Additional Sources

There are many sources available on the Internet that you can consult. Below we have listed a selection of useful sources addressing a variety of topics that you found in this toolkit. Note that most of these sources are in English.

Training skills

About group dynamics:

<http://www.faculty.londondeanery.ac.uk/e-learning/small-group-teaching/group-dynamics-group-processes>

About how to encourage participation:

<http://www.learninggeneralist.com/2009/09/five-ways-to-encourage-participation-in.html>

About stages in group development:

http://www.mindtools.com/pages/article/newLDR_86.htm

About icebreakers: Hall of Icebreakers.

https://www.youtube.com/results?search_query=Hall+of+Icebreakers

About body language: Amy Cuddy:

Your body language shapes who you are.

http://www.ted.com/playlists/171/the_most_popular_talks_of_all

Physical health

An example of falls prevention checklist:

<http://www.fallpreventiontaskforce.org/documents/PersonalRiskFactorsChecklist.pdf>

Morse Falls Assessment Tool:

<http://www.networkofcare.org/library/Morse%20Fall%20Scale.pdf>

Emotional and mental health

About positive psychology: www.authentichappiness.com

About positive psychology: Martin Seligman. The new era of positive psychology: http://www.ted.com/talks/martin_seligman_on_the_state_of_psychology?language=en

About positive psychology: Mihaly Csikszentmihalyi. Flow, the secret to happiness: http://www.ted.com/talks/mihaly_csikszentmihalyi_on_flow

About self-efficacy: Self-efficacy theory v1. <https://www.youtube.com/watch?v=pWV7qXxIYwk>

About self-efficacy: Caglar Yildirim. Self-Efficacy: Its Role and Sources <https://www.youtube.com/watch?v=wrzzbaomLmc>

About self-efficacy: <http://www.excelatlife.com/questionnaires/self-efficacy2.php>

About self-efficacy theory: <http://www.education.com/reference/article/self-efficacy-theory/>

About optimism, forgiveness, gratitude, happiness and perseverance: <https://www.authentichappiness.sas.upenn.edu/testcenter>

About different aspects of narrative theory. <http://www.slideshare.net/aelialicinia/approaches-to-narrative-theory>.

About narrative writing Part 1: Narrative Writing Structure. <http://www.youtube.com/watch?v=oFhMYcpm3CM>

About narrative writing Part 2: Show Not Tell and Tips. <http://www.youtube.com/watch?v=PGEGvk5mVkM>.

About the power of narratives: <http://blog.ted.com/2013/06/07/framing-the-story-ted-radio-hour-takes-a-look-at-the-power-of-narrative/>

About narratives: [http://www.levensverhalenlab.nl/site/Publicaties/Wetenschappelijke%20publicaties%20\(2005-heden\)/](http://www.levensverhalenlab.nl/site/Publicaties/Wetenschappelijke%20publicaties%20(2005-heden)/)

Social health

About loneliness and preventing loneliness: The lethality of loneliness: John Cacioppo at TEDx Des Moines. http://www.youtube.com/watch?v=_OhxI03JoA0

About dealing with loneliness: Noah Elkrief on How To Deal With Loneliness... Right Now <http://www.youtube.com/watch?v=493IAJo3xx4>

About depression and avoiding depression: I had a black dog <https://www.youtube.com/watch?v=XiCrniLQGYc>

About depression and avoiding depression: Blackdog institute <http://www.blackdoginstitute.org.au/public/depression/inover65s.cfm>

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Training Skills: Didactics and group dynamics

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Roadmap of a Session

Length about 2,5 hours

Supplies (mentors)

Laptop for video fragment (if possible), paper for name-tags, a flipchart and thick markers.

Beforehand

Place enough chairs close together (at the table or in a circle). Be on time, older people are often early. Welcome everyone personally and introduce people to each other. Ask participants to make a name-tag with their first name or how they prefer to be addressed. In the time table below, we assume working with a group of 6-8 elderly.

You're not obliged to do all the parts. If one exercise runs smoothly and takes more time, you can choose to skip another component.

Subjects

- Healthy Ageing
- Getting to know each other
- Positive health: What does it mean?
- Social health & social network.

Entry with coffee (15 min.)

Give the participants coffee / tea / water or let them help themselves and each other.

Meanwhile, put on the following YouTube video: Dancing man. <https://www.youtube.com/watch?v=DSrJ2nJDhQk>

Welcome - Introduction (10 min.)

Introduce yourself, the program, tell the participants how long the meeting will be and what is about to happen. Explain that the goal is to engage with each other, meet each other and have fun together about the theme 'Ageing', in the broad sense of the word: physical, mental and social health.

HASIC project (15 min.)

Explain brief what the HASIC project is - it stands for Healthy Ageing Supported by Internet and Community. It is an international project in seven European countries. In all countries, we see that the elderly are living longer, live longer independently and the role and position of elderly is changing in society: but how do you age healthy and happily?

So HASIC is a preventive project to encourage older people to stay healthy, stay active in society, maintain contacts and participate. In the internet we see a supportive resource: by being active on the internet, it is easier to maintain contacts, e.g. by email with family, skype with your grandchildren, looking for things to do in the area, internet banking et cetera.

Being supported by the community, means contact with other people in the neighbourhood, participating in various activities in the area, district, town or city. All this with the conviction that through participating and staying active, elderly age happier and healthier.

Exercise (starter) - names (20 min.)

The participants tell in turn where his or her first name (and possibly surname) comes from (+/- 3 minutes per person). People may ask each other questions. The mentor will start by telling about his own name as an example for the group. Who gave you the name? Why this name? What does this name mean to you? Are you happy with it? Purpose: To meet, connect and hear something about the history of everyone.

Health: What is it? (20 - 30 min.)

Goal:

Letting the participants converse with each other about health and let them think about what health means to them. Formulating a definition of health in sub-groups (3/4 people). Put the sentence Health means to me ... on the board or flipchart. Finally, explain Machteld Huber's definition of health and ask if participants agree with this definition.

Steps:

Participants answer for themselves first: Health means to me ... and write it down. Then in subgroups, participants read their answers and together they work towards a definition. "We would describe health as ... Hang the definitions on the wall and compare and discuss plenary. As mentors ask questions and encourage the groups to question each other. Finally, give explanations on the definition of health of Machteld Huber and ask if participants agree with this definition. Why, or why not?

Machteld Huber comes - after thorough research – with a new definition of health: the ability to adapt and take control, in light of the physical, emotional and social challenges in life. "The difference with the old WHO definition is that this concept emphasises the potential to be or become healthy, even if there is disease," says Huber. "Additionally personal growth and development and the fulfilment of personal goals in life are just as important."

According to Huber the new definition of health encompasses six dimensions: physical functions, mental functions and perception, the spiritual/existential dimension, quality of life, social participation in society and daily functioning. The research of Huber shows that policymakers, researchers and physicians generally tend to look at physical functions, while patients typically find all dimensions are equally important. "By focusing on resilience and self-control, patients feel empowered and not merely treated as sick. For this group, social participation and sense of purpose are as important as attention to their physical symptoms." Doctors should take that into consideration.

Coffee break (15 min.)

Exercise: The line (10 min.)

The mentor asks the participants to stand in order of age, from oldest to youngest, then in alphabetical order by their first name. The mentor lets the group do it itself. When everybody choose his position, the mentor asks to them to say their names or age. Participants may ask each other questions.

Goal:

Participants talk, move, know each other and have fun together.

Social health

Give a short theoretical introduction on the importance and function of having a social network and how it relates to social health. Explain the concepts primary (family, relatives), secondary (neighbourhood, neighbours, friendships, acquaintances) and tertiary network (public services, social life, cultural, leisure life, work).

The aim is to activate, encourage, support and strengthen social networks. Elderly people can contribute a lot, by going out, showing interest in others etcetera.

Create a bridge to learning social conduct talk (making small talk), is learning to make contact. Namely, giving attention, showing interest in the other and giving social recognition generates positive social and emotional well-being.

Exercise: Encounters (15 min.)

Ask the participants to write down two encounters they had last week and made them feel good. Give an own example like doing grocery shopping at the supermarket and encountering the girl at the cash register, who was kind and bid you a good day. The encounter made you feel good for example, because it was nice to come outside and meeting a friendly person.

Invite the group to share their experiences and question each other: What did the encounter mean to you? Who's initiative was it?

Let them answer the following question as a group: What can you do yourself to have more encounters with others? Is there something that often holds you back? What helps you overcome such an obstacle?

The end of the first training (10 min.)

Review short how the participants have experienced the first meeting. Invite each participant to formulate a tip (what can be better or more fun next time) and a top (what did they find entertaining or meaningful). No discussion. Repeat the appointment for next time: when and where.

Ask the participants to assess their own physical health for the next time. Let them think about the following questions: Do I live healthy? Do I have a healthy lifestyle? What is healthy? What not? How do I evaluate my own lifestyle?



Who has produced this Toolkit?

All seven partners of the HASIC project have contributed to this toolkit:

- Turku University of Applied Sciences, Finland
- Norwegian University of Science and Technology, Norway
- Hamburg University of Applied Sciences, Germany
- University of Applied Sciences Utrecht, The Netherlands
- University of Castilla-La Mancha, Spain
- University of Debrecen, Hungary
- University of Tartu, Estonia

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