

# **Partners´ Meeting**

**(Stupava, Slovakia 15-17. 7. 2011)**

## **Present partners:**

Fitram: Marguerite Weith

France: Brigitte Martin

Belgium: Fabienne Schoonheydt, Marie-Therese Kuypers

Netherlands: Ulrike Thiel, Marie-Jose Enders-Sleger, Annet Geerling, Ann Kloeck

Germany: Doris Russig, Stephanie Papendieck, Birgit Thiel

Slovakia: Michaela Drobna, Lenka Knazovicka, Sona Cermakova, Lenka Dubinyiova

Spain: Lorenzo Lucarelli

Poland was not present. Polish partner agreed to accept all decisions done through meeting.

Notes made by Michaela Drobna

## **Friday 15.7.2011:**

Arrive of partners. After dinner short presentation about Slovakia and Slovakian Equine assisted therapy.

## **Saturday 16.7.2011:**

### **Mentions about development of project:**

*Slovakia* – project stopped on one point and doesn´t move forward.

*Belgium* – we set some dates, which are not respected; per mail are solved problems of certain thematic groups, but it is sent to all, not only to members of TG.

*France* – it is difficult to orientate in web communication. We use too many ways to communicate and to share materials. France wants to change webpage, dropbox, communication on internet.

*Netherlands* – one of the biggest problems is communication, mostly communication between meetings. Also moderating and filling appointments is disappointing.

*Spain* – no answer and information about ethic code in partner countries came for his TG.

*Germany* – Germany is satisfied how project goes on, but respect between partners is low. Mails, forum, dates are often ignored. Proposition to do report for each country each month. We have enough knowledge about factors in AMAT/ EAT, so we are able to do very basic framework. We should find out , how to better lobby, but is few time for it.

*Coordinator* – not satisfied, how TG were made, they are not based on results from questionnaire from all countries.

*Slovakia, Germany, Belgium* - In some groups is only coordinator and no one else.

### **Synthesis of questionnaires**

Presentation about questionnaire was stopped, because all were only quantitative data and Slovakia didn´t manage qualitative analysis of it. Also Dutch, Spanish, Belgian questionnaires were not included into synthesis. Partners decided to listen first to Dutch results and requirements of TGs, then to overwork structure and joining of partners into groups.

## **TG- Emotional PR**

The main aim is to speak to politicians and public with pictures.

Every partner country can *translate* brochure into mother language, use it, but *respect the authors' rights*.

Brochure is not ready in this time. It is only a draft. Authors are not satisfied with all pictures and titles. It is important that titles speak only about EAT and can't be mistaken with another kind of therapy. If partners do have any pictures to topic therapy in reality, can send them to Doris (but not too many!).

Look of the brochure will be discussed until *all partners will be satisfied* with it.

Marguerite wants the PR folder now to present it in different conferences, but now TG has no idea about costs, format, paper, etc.

What are politician sensible for? Do they need pictures and not too many words? It is suitable to use symbolism in publication? Do everybody understand it in the right way?

## **TG- Recognition**

Opinion to *speak with mayors* of towns, how they see the issue AMAT – what do they think about it, it is important for us, how town sees our work. Also take them into institutions.

All we can do is to convince European politician to let the project go on and get interested into the issue. When we have it again in our countries, we can *contact ISO* (International Organization for Standardization) or *CEN* (European Committee for Standardization), which are international organizations with branches in each country. They are *responsible for recognition and integration of legal aspects in professions on European level*. But it is time-consuming and it demands a lot of administrative things. We can't await recognition after end of project, but we can move nearer to our objective.

Marie-Jose proposed to touch politician *per press*. In Netherlands everything has to be proved to be recognized, so it is important to have any research, survey,... TG can't force any government *to recognize AMAT profession*, it has to be *done in each country separately*. It is a big probability that when in one country profession is recognized, another will recognize them too. Each partner has to solve recognition problem in his own country.

## **TG- Qualification**

Presentation about qualification issues. First should be specified some objectives guaranteed *identical level of interventions' quality*. That is basis for system of quality and safety for client.

Ulrike highlighted positives of German system in AMAT as approved education organization qualification system. Important items are *interdisciplinary communication, therapy price, safety aspect, hippological trainings, supervision*, which should be treated in each country.

## **Dutch questionnaire**

Ann joined project with her bachelor thesis with very similar questionnaire as was ours. With regard to precise work, Ann's questionnaire and research were exhaustively elaborated. Ann sent to all her PPT presentation in mail.

Ann's questionnaire gripped also press. It could be way to present us to public.

*Welfare for the horse:*

In Netherlands EAT professionals take their *horses as trademark*, so they care for horses' well-being seriously, but there is no regulation, how to achieve it; they work on their *own vision of welfare*.

There is no sharing of results and experiences between Dutch AMAT workers, because they think, they are better than other. There is mess in *terminology, protocols and quality criteria!* In this time is in Netherlands *publication about care for horses for schools* with equine education.

### **TG- Care for therapist**

The main idea was that therapist should *more work on themselves to support their personal development*. Sometimes they need more supervision than support. They work for clients, for horses, for money. It is important to find time also for themselves.

To the situation in video: *how is horse used in therapy?* As moderator? Do therapists involve horse into therapy process? In which way? Should be there some *limits, restrictions* to ensure safety of client, horse and therapist?

Therapy process and effectiveness depends not only on therapist's personality and methods, but on high rate on *relationship between all therapy participants*.

### **TG- Care for the horse**

Which *function and abilities* should therapist *expected* from horse, which *can be used* and which *are used*.

Horse is a mirror, certain *diagnostic level, relationship level* between participants.

From horse are expected many physical, psychical and social features. On one hand he has to respect client, on the other hand to behave autonomic. Horse has to help client physically, psychically, socially, emotionally.

For client is important to change level and take responsibility. They are mostly good motivated. Clients don't go to therapy, they go to horses. Also fun and playing is good motivation for them.

From country to country *differ the equestrian qualification*. Also the horses' qualification should be species appropriating and on both level – physical and psychical.

From this we came to task of *safety of horse*. Annet offers to translate publication about safety for animal from Dutch (food, water, shelter, place for herd, stress and unexpected occurrence protection).

It should be added also *protection against bad experiences in work*, which is important for relationship with therapist. If horse is in stress, but holds on, therapist has to show him respect for his responsible behavior and then give him deserved reward.

Therapeutic horse is working horse, so therapist should give care to horse after each therapy session, too.

### **Sunday 17.7.2011:**

Slovakian partners (also for Poland) asked other partners to answer questionnaire – *evaluation* of project. Project coordinator and other partners refused to fulfill it. Marguerite didn't

consider it for desirable. Project plan is not strict, stabile, some points can be changed. *Evaluation questionnaire wasn't done.*

### **TG- Ethics**

Lorenzo proposed, that each partner makes a *list of activities linked to AMAT* as riding, assistance, education, leisure riding, sporting, hipotherapy. He proposed to start with *international camp* for volunteers, students, people interested in AMAT, which will be for free. People can get some AMAT education and experiences main for the country. Next year will such a camp in Spain.

### **New TG**

**Goals:** Definitions (*collecting* definitions)

Dissemination

Politicians

Firstly we have to *clarify* who does therapies, methods how do they work, to whom is therapy dedicated. Now we can go on to another goal as analysis, theoretical framework (definitions, ethical codes) and recommendation.

Symposium decision-maker will be very useful for us to reach recognition. But this project is sponsored to meet and to work on collecting some data. *Next project* can be financed *to make symposiums*.

We created *new thematic groups* in which are partners from each country. Aim of them is to collect so many data as possible to clarify present state of AMAT in each partner country.

**PR** – dissemination, film, photos, webpage, little stories (sub group for partial themes)

(Coordinator: Marie Jose; other members: Doris, Stana, Lenka, Marguerite, Ann)

**Definition** – collecting of definitions of AMAT activities per country

(Coordinator: Stephanie; other members: Sona, Stana, Brigitte, Annet, Fabienne)

**Collection of data** in every country, who is doing what, how, for whom, education

(Coordinator: Ulrike; other members: Ivana, Stana, Fabienne, Stephanie, Marguerite - science only)

All coordinators *send results*, partial achievements *to Marguerite*.

### **Internet communication**

We have too *many internet communication canals* (mail, forum, skype, dropbox). It's difficult to pic up important information.

Do we want Jojaba to go on with webmastering?

Do we want *another webpage* only for LDV project of AMAT? (then we have to choose name of domain – now it is fitram.eu; when it ends with .eu, it is not cheap. So 50 euro per year). We need website, where we can have *current public and private forum, mailing list*. Page should be accessible for public and for national agencies. We need someone to manage the webpage.

France proposes to create *new page only for LDV* meeting higher mentioned requirements. It will cost *2000 euro to create, and manage one year* until project will end.

Creating webpage is time-consuming. Do we have such time for it? We can use *fitram webpage* and after end of project can be new page created only for outcomes, discussion and updating about AMAT project. Who will pay this new page after summer 2012? We can use *LDV project page*, where we can also present outcomes.

Each partner has to consult it with national agency, if they accept creating of new webpage and paying for it.

Netherlands and Germany considered *Dropbox for not save*. Doris proposed to use forum instead of it.

Brigitte prepares proposal of form and structure of webpage.

**23.7** – Brigitte does account, sends it per mail, initial costs, costs for webpage and webmaster **September the 5<sup>th</sup>, 20.00** - – skype conference, decision

### **Next meetings**

In *Netherlands* in 8<sup>th</sup> -9<sup>th</sup> October. Ulrike proposed to begin earlier, on Thursday to visit protected zone, and on Friday to do some work with horses. To strengthen group.

Later meeting in *Belgium* – January the 27<sup>th</sup>-28<sup>th</sup> and in spring meeting in *Poland*, sometime in June final meeting in *France*.

In August will be *meeting of therapist in Netherlands*, before it will start there will be little *demonstrations* of therapist for visitors. (EPTH) (I ´m not sure about this part and abbreviation)

In *Greece* starts another *LDV project* about AMAT, probably we can take part on some meeting to *present our results*, achievements and to *listen to their aims* and results. It is possible to *pay from our mobilities*?

### **Task of Dutch participating in project**

Netherlands is disappointed by organization of project and the next following of it. Dutch partners want two weeks to think about participating in project or stepping out.