



INTERNATIONAL FEDERATION OF ANTHROPOSOPHIC ARTS & EURYTHMY THERAPIES

## Evaluation report of the Questionnaire 2012

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## 1. Participation in the survey

IFAAET sent out 64 questionnaires to the professional associations and country representative of the Anthroposophical Arts Therapies and of Eurythmy Therapy. Two forms from AAT-Sweden and AAT-Germany arrived after the evaluation was completed.

professional group	total n. of forms	to associations	to country representatives
Eurythmy Therapy HE/EuTh	41	12	29
A. Arts Therapies AKT/AAT	23	11	12

24 forms were returned

professional group	Total n. of forms	from associations	from country representatives
HE/EuTh	16	9	7
AKT/AAT	8	6	2

In percentage:

professional group	return in total %	from associations%	from countries %
HE/EuTh	39	75	24
AKT/AAT	35	54,5	17
AKT /AAT + HE/EuTh	37,5	62	22

The first evaluation was qualitative and included all comments by the participants.

The second, statistically evaluation was made for each professional group and then for both groups together. Many Data could not be evaluated because the questionnaire was not initially made with the help of a statistic expert and programme.

## 2. Evaluation of specific topics

The diagrams below show the results of the questions about Public Relations, website of the associations and government recognition. (Lilac = EuTh, Green = AAT)

Apparently, very little is done on the level of Public Relations with the result that both professions are not well known. This is related to the fact that only Switzerland of all countries has achieved government recognition up until now.



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a)

## ÖFFENTLICHKEITSARBEIT - PUBLIC RELATIONS


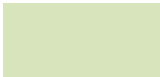
	TEILNAME MESSEN	INFO AUSTAUSCH - INFORMATION EXCHANGE
AT - AKT		
AT - HE		
BE - HE		AKT u. Artsen
BR		
CH - AKT		Oda, kskv/casat
CH HE		
DE-HE		AKTIV, DAMID, usw
FR-HE		APMA - patienten
GB-AKT		
GB-HE		
IT-HE		
NA-CAN AKT		
NL-AKT		FVB -regulier , Antroposana-patienten, versicherunging, NVAZ,
SE-HE		
SE-AKT		



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b)

## WEBSITE ?

AT - AKT		
AT - HE		<a href="http://www.heileurythmie.at">www.heileurythmie.at</a>
BE - HE		
BR		<a href="http://www.terapiartisticaurora.org.br">www.terapiartisticaurora.org.br</a>
CH - AKT		<a href="http://www.svakt.ch">www.svakt.ch</a>
CH HE		<a href="http://www.heileurythmie.ch">www.heileurythmie.ch</a>
DE-HE		<a href="http://www.berufsverband-heileurythmie.de">www.berufsverband-heileurythmie.de</a>
FR-HE		
GB-AKT		<a href="http://www.aata-org.uk">www.aata-org.uk</a>
GB-HE		<a href="http://www.ahasc.org.uk">www.ahasc.org.uk</a>
IT-HE		
NA-CAN AKT		<a href="http://www.aatna.org">www.aatna.org</a>
NL-AKT		<a href="http://www.kunstzinnigetherapie.nl">www.kunstzinnigetherapie.nl</a>
RU-HE		
SE-HE		
SE-AKT		<a href="http://www.konstterapi.dinstudio.se">www.konstterapi.dinstudio.se</a>

- 50% of all associations have no website yet.
- The associations of EuTh intend all to create their own website by the end of 2013

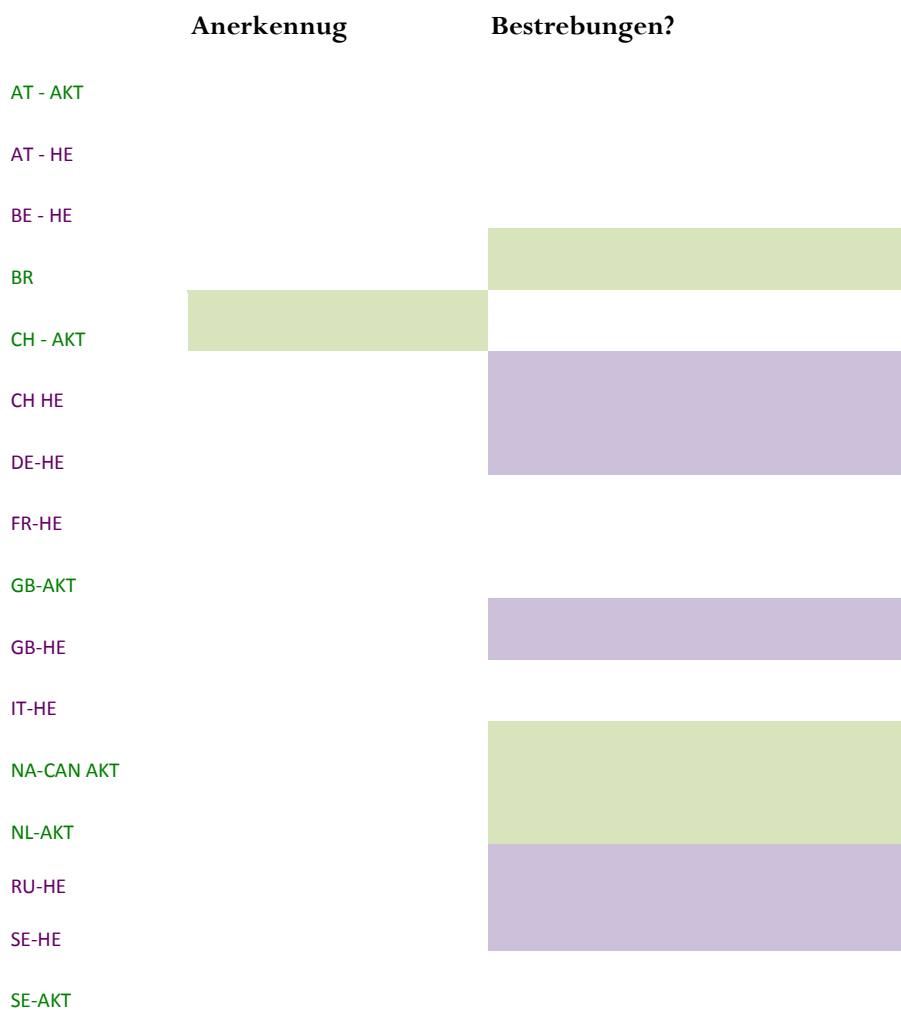
Evaluation report of the questionnaire 2012



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c)

ANERKENNUNG – GOVERNMENT RECOGNITION



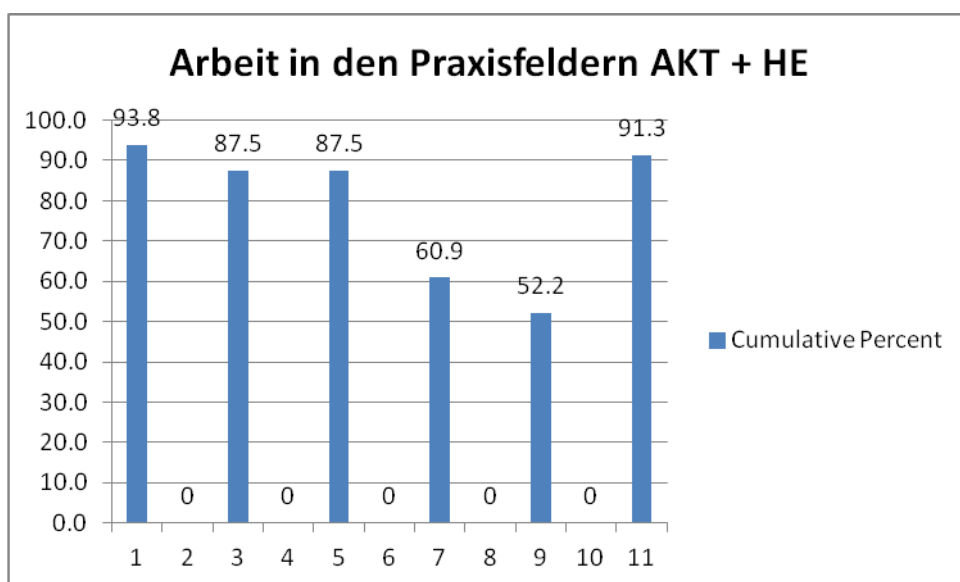
AAT Switzerland is the only country so far to have obtained official recognition for the title HFP Kunsttherapie. In 2014 EuTh Switzerland will follow with the title HFP Komplementärtherapeut.



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Following, the evaluations regarding the fields of practice, therapists who work full-time in their professions and co-operation between AAT and EuTh.

d) **Work in the Fields of Practice**



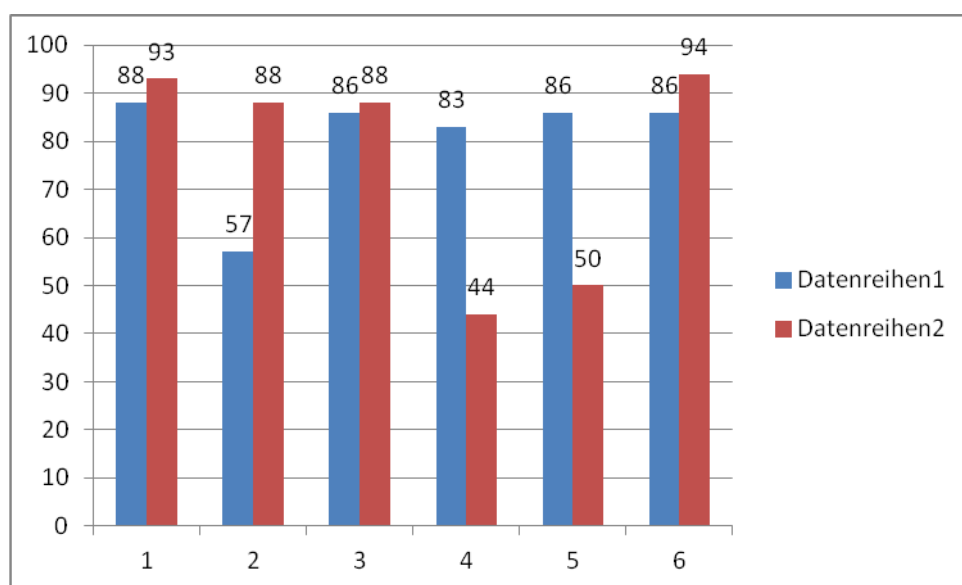
Praxisfelder 1: 1=Schule, 3=Kindergarden, 5=Heilpädagogik, 7=Klinik, 9=Geriatric, 11=Freie Praxis

This diagram shows how many therapists from both professions work in each Field of Practice. It indicates that AAT and EuTh are most present in schools, and private practice. Geriatrics and clinics see the lowest number of therapists.



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## Comparison between AAT and EuTh in the Fields of Practice



1 = Schule; 2 = Kindergarten; 3 = Heilpädagogik; 4 = Klinik, 5 = Geriatrie; 6 = Freie Praxis

BLAU = AKT Therapeuten 1

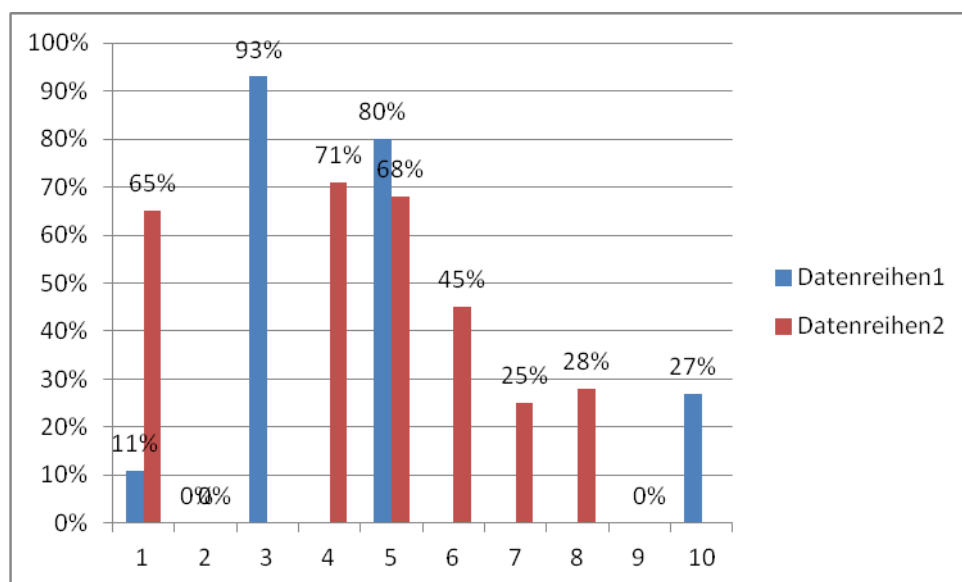
ROT = HE-Therapeuten

- In Kindergartens, we see more EuTh-therapists rather than AAT-therapists at work.
- In Clinics and Geriatrics, we see more AAT -than EuTh-therapists.
- In the other fields, EuTh- and AAT- therapists seem- more or less –balanced.



e)

**How many individual members work full-time as AAT/EuTh-Therapists?**



1 = AT; 2= BE; 3= Brasil; 4 = FR; 5 = GB; 6 = IT; 7= RUS; 8 = SE; 9 = SF; 10 = USA/CANADA  
 BLAU = AKT-Therapeuten im Hauptberuf 1  
 ROT = HE-Therapeuten im Hauptberuf 1

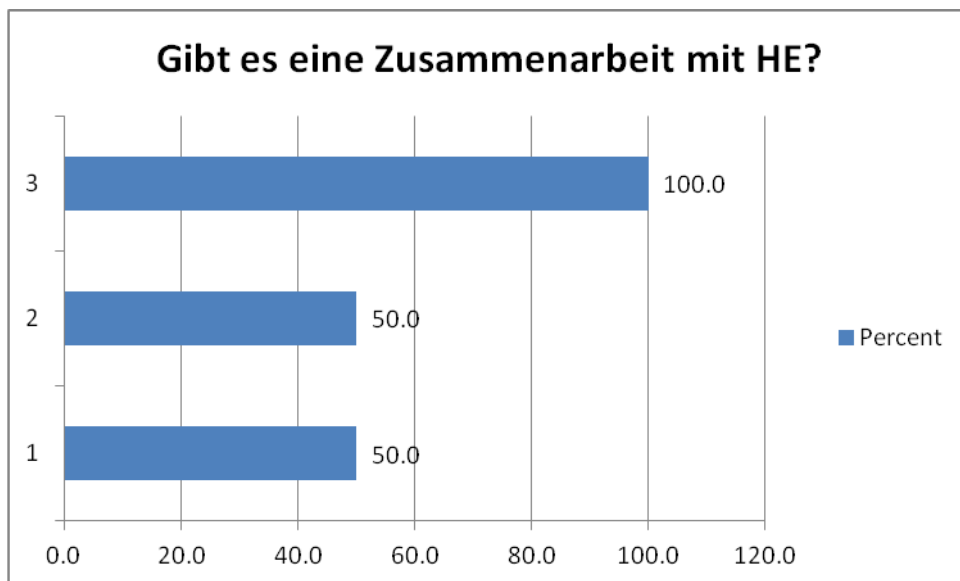
This question was not answered by all associations. The data from associations with a large membership - CH-AAT, CH-EuTh, DE-EuTh, NL-AAT -are missing.





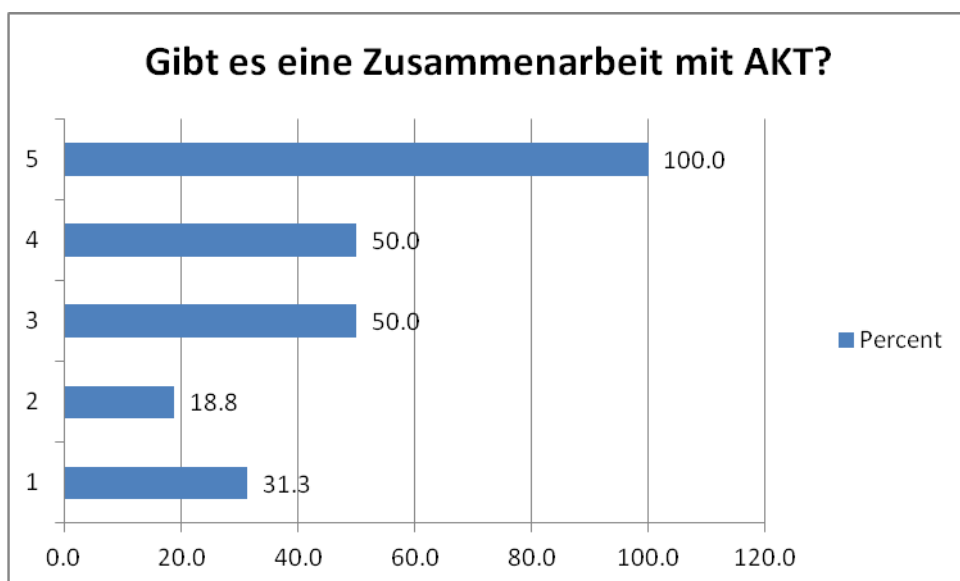
f)

### Is there cooperation with EuTh?



Zusammenarbeit von AKT mit HE: Es gab keine Ja- Antworten; 1 = nein; 2 = Fehlende Antworten von 100%

### Is there cooperation with AAT?



Zusammenarbeit von HE mit AKT: 1= Ja, 2=nein, 3= Total der Antworten von 100%, 4= Fehlende Antworten von 100%



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Both questions were answered by 50 % of the participants/professional groups only. This kind of Data is not significant. The same problem occurred in relation to many other questions. The above 2 diagrams serve as an example.

### 3. Concluding remarks

- Around one third of all questionnaires were returned. This is a good result for surveys.
- The evaluation was hindered by the fact that many questions were not answered by the associations.
- This was possibly caused by too many and sometimes unclear questions.
- In particular, the results to the questions about the individual members were too vague, to be evaluated.
- The results show that both professional groups are not active enough in Public Relations. Presumably, there is a connection to the missing government recognition.
- There is too little cooperation between AAT and EuTh.

### 4. Further Steps

- a. Public Relations should be increased
  - National level: all associations are encouraged to develop their own websites, attend health exhibitions/presentations, etc.
  - International level: IFAAET will create information posters, leaflets and brochures, which can be displayed and distributed at international Conferences, such as CAM-Conference in Brussels, and can be used by the associations as well.
- b. In future, the professional associations will be asked to survey the individual member data in coordination with the IFAAET-questionnaire.
  - DAKART and IAg-HEBV (the international working groups of the associations of AAT and EuTh) will develop questionnaires, - specific for each professional group - but in close cooperation between the respective coordinators (Nurene Armajani-DAKART and Monika Eichele-IAg-HEBV).
  - The associations themselves will circulate these questionnaires and collect the results, sending them for evaluation to the coordinators of the professional associations (as named above)



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- The associations will send the questionnaires to their individual members and will collect the data anonymously.
  - All these data will be gathered together by IFAAET and the results will be returned to the associations.
  - In this way, both professional groups will have data of their own profession, as well as in comparison between AAT and EuTh.
  - This means that when IFAAET receives international enquiries, we will be able to offer thorough information about both professions.
- c. Independently, Mareike Kaiser will develop a survey about the Fields of Practice in EuTh and AAT will do their own survey. This will be by name, to find out about the specialists in each field of practice.
- d. Thereafter, IFAAET will send out a revised questionnaire to the associations and country representatives.
- This questionnaire is not meant to reach the individual members, but to be filled in by the council members of the associations and the country representatives.
  - To obtain meaningful results, it is important to answer all the questions.
  - To make it more accessible, the IFAAET-questionnaire will be simplified.
  - IFAAET intends to send this new questionnaire by 2014 to the associations and country representatives.

The aim is that **all** associations and country representatives fill in the questionnaires.

The recent first survey by IFAAET is the starting point of a continuing process of professional study. The first results show us where there is the most urgent need for action. The answers and the feedback received made it clear where we have to revise the questionnaire, so that it can enhance the development of both our professions, AAT and EuTh.



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### Explanation of the acronyms:

- DAKART International working group of the professional associations of Anthroposophic Arts Therapies (AAT)
- ForumHE Faculty of Eurythmy Therapy within the Medical Section at the Goetheanum In Dornach (IKAM)
- IAG-HEBV International working group of the professional associations of Eurythmy Therapy (EuTh)
- ICAAT Faculty of Anthroposophic Arts Therapies within the Medical Section at the Goetheanum in Dornach (IKAM)
- IFAAET International Federation (of the professional associations) of Anthroposophic Arts Therapies and Eurythmy Therapy
- IKAM International Coordination of Anthroposophic Medicine

### Organisational chart

	AKT	HE
<b>Faculties of the Medical Section (IKAM)</b> Coordinators	<b>ICAAT</b> <a href="http://www.icaat-medsektion.net">www.icaat-medsektion.net</a> Kirstin Kaiser	<b>ForumHE</b> <a href="http://forumhe-medsektion.net">http://forumhe-medsektion.net</a> Angelika Jaschke
<b>Coordination of the professional associations on the legal level</b> Co-Coordiators	<b>DAKART</b> Nurene Armajani	<b>IAG-HEBV</b> Monika Eichele
<b>Joint organisation on the legal level</b> President Vicepresident	<b>IFAAET</b> <a href="http://www.ifaet-medsektion.net">www.ifaet-medsektion.net</a> Laura Ridolfi	<b>IFAAET</b> <a href="http://www.ifaet-medsektion.net">www.ifaet-medsektion.net</a> Monika Eichele