

The unique story of Siel Bleu

by

■ **Jean-Michel Ricard** ■

Co-founder, Groupe Associatif Siel Bleu

Overview

In contrast to the current trend in society which considers old-age sad and boring, Jean-Michel Ricard and Jean-Daniel Muller, two recent graduates from the University of Strasbourg's Sport Sciences department, decided to create the Siel Bleu association in 1997 to help elderly people in their region to recover and to maintain their physical capabilities. Their association provides an innovative form of support based on health and adapted physical activity, and is based on a common good, non-profit model. The bonds of trust created with their beneficiaries have enabled the association to overcome a number of obstacles. Today Siel Bleu exists throughout France and has a very broad public foundation. The association has now become an associative group with various branches, employing four hundred and fifty people. Will Siel Bleu's activities, whose therapeutic benefits are now the subject of research programmes, be reimbursed one day by the French social security system?

Report by Élisabeth Révah • Translation by Rachel Marlin

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1. for the Technological Resources and Innovation seminar
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The Siel Bleu association has just celebrated its 18th birthday. It would therefore appear that it has now reached adulthood! The people we have met and talked to have shaped our association. The first meeting which started the entire project took place between myself and Jean-Daniel Muller in 1997 when we were both Sport Sciences students at the University of Strasbourg.

The beginnings of Siel Bleu

At that time, both of us wanted to become school sports teachers, but our final work placement with the *Association bas-rhinoise d'aide aux personnes âgées* (Abrapa: association to help elderly people in the Bas-Rhin *département*) made us change our minds.

The work placement which changed everything

The work placement took place in several old people's homes in the Bas-Rhin *département*. It was only initially intended to be for three weeks, but in the end it lasted a year. It consisted of giving elderly people, who were very dependent, the opportunity to take part in programmes of adapted physical activity (APA), regardless of their age, in order to help them recover and maintain their physical capabilities. We also wanted to restore their self-confidence and allow them to keep some degree of autonomy. Very often, close family and friends of elderly people are worried about their frailty and advise them not to venture outside. We, on the other hand, encourage them to take risks and feel free.

We quickly realised that adapted physical activity was a very good way to create social ties. Far from being side-tracked by negative discussion about the financial burden of the elderly on society, we, who were barely twenty years old at the time, developed incredibly strong and meaningful relationships with the elderly during our work placement. In June 1997, when we were coming to the end of our placement, they told us how they hoped to see us again the following year. At that moment, Jean-Daniel and I knew that this was where we had found our calling.

An article about our work placement appeared in the *Dernières Nouvelles d'Alsace* newspaper. Because of various forms of financial support, we created the Siel Bleu association. Why 'Siel Bleu' (cf. Ciel Bleu = blue sky) you ask? Well, it is not because we are sports teachers that we are bad at spelling! Siel Bleu simply stands for *Sport Initiative Et Loisirs* (Sport, Initiative And Leisure) Bleu.

Challenging early stages

We started working for the association without being paid. For six months, we worked during the night attempting to organise as many meetings as possible during the day in order to get our adapted physical activity known. Our aim was to provide geographical and financial accessibility to as many people as possible. With Siel Bleu, we offered activities which change people's daily lives. We are convinced that staying healthy is a right, not a luxury.

Initially it was very difficult for us. We could almost hear people say 'why are these young people interested in the elderly?' It must have seemed a bit bizarre to them. Additionally, the directors of old people's homes did not see the advantages of investing in a new form of support centred on health for octogenarians who, on average, only had between eighteen and twenty-four months left to live.

We had two meetings which allowed us to prove ourselves to the professionals in the field. The first was with the former assistant director of the Bas-Rhin's work, labour and professional training department. The second was with the former president of the Bas-Rhin's General Council and mayor of a small town, who agreed to co-fund our activities in twelve old people's homes in the *département* from March 1998 for a six month period.

The remaining expenses were covered by the establishments themselves. This was symbolically very important for us if we were to be taken seriously.

Of course, the people in charge and the nursing staff in these establishments were reticent when we began, but, at the end of six months, eleven out of the twelve old people's homes signed an agreement with our association without the slightest hesitation. As for the twelfth, our story with this establishment played a fundamental role in Siel Bleu's future orientation. The director of the home told us that he did not want to continue working with us, but one morning he telephoned us in a panic. Not only had he been contacted by a journalist from the *Dernières Nouvelles d'Alsace* asking why he had decided not to sign a contract with us, but the residents, their families and the nursing staff had circulated a petition protesting against his decision. Furthermore, the residents were laying siege to his office, demanding that Siel Bleu be reinstated. The agreement was signed the same afternoon!

That day, because we had taken care of them and because we were very young, these elderly people gave us the greatest proof of their trust in us and how useful we were to them. They have far fewer prejudices than we think. The direct and indirect beneficiaries of our activity are our best ambassadors.

Siel Bleu spreads across the Bas-Rhin

After this first step, support from the medical profession was decisive. On request from doctors in the Bas-Rhin *département*, we even launched programmes specifically for Alzheimer patients based on non-verbal communication, touch and sight. The surprising reactions from some of the patients convinced several establishments.

Apart from working with old people's homes, we also wanted to reach out to people who were living alone at home, who were frail, especially those in rural areas. Consequently, with help from the Bas-Rhin social security organisation, we set up a programme dealing with how to prevent falls, and targeted a specific population (people whose partners were not longer alive, people who had recently been admitted to hospital, and so on). Sessions for these people took place in rooms which were lent to us or which we rented near their homes. After fifteen sessions, they generally wanted to leave their homes to take up regular physical activity.

This programme enabled us to measure the economic impact of our activities. Our main indicator of success was the number of people who became members of Siel Bleu after they had completed the fifteen sessions of the programme. More than 95% of the people who followed the programme dealing with how to prevent falls became members of our association.

We devised our methodology throughout the course of numerous group meetings with help from people in the medical profession, Siel Bleu employees and our beneficiaries. As a result of this interactive process which encouraged group participation, we were able to launch a large variety of gymnastics programmes (for health purposes), aquatic gymnastics ('aquagym') and open-air activities which increased our reputation progressively throughout the Bas-Rhin *département*.

Conquering France

After several articles about Siel Bleu in the national press including in 'Le Figaro' and 'L'Obs', we received proposals from all over France. Obviously we were not yet ready to carry out all these requests, but in 2001 we decided to tour France for eighteen months in order to meet everyone who was interested in our project (including private individuals, physiotherapists, doctors, pension funds, and health insurance companies), and to create new branches of Siel Bleu in other *départements*. Often our project did not appeal to our audiences. People thought that our success in the Bas-Rhin *département* could not be reproduced in the rest of the country.

A new profession is born

In the end, a doctor who managed several old people's homes in an area near Thionville (in the Moselle *département*) called us. If Siel Bleu was to offer activities in his establishments then we had no choice but to recruit staff. Jean-Daniel and I were graduates of a very popular university course, but whose success rate

was low. We saw this new partnership as an opportunity to help other students of our age who were graduating with university sports degrees. The recruitments we organised until 2007 took place in a very disorganised fashion, but the people we hired had a very solid educational base in terms of knowledge and attitude. They were exceptional: they had a great sense of humanity, and today they are a true asset to Siel Bleu.

We still thought that there was a need to create a new degree within the Sport Sciences university course. Even though the French Ministry of Education at first refused to listen to us, we were luckier with the president of the University of Strasbourg who supported the creation of the 'Professional health, ageing and adapted physical activities' degree. We were an active and enthusiastic part of its preparation, and the development of the educational content of this new course.

In 2007, 10% of French old people's homes called upon our association. A new profession – advisor on adapted physical activity - was born. A decision was taken at a group level with all the members and employees of Siel Bleu to continue our growth and increase the number of our beneficiaries, while at the same time ensuring geographical and financial accessibility for our activities. This decision implied a number of choices which we took collectively and whose consequences we fully recognised.

Founding choices

The first choice was to protect our model. Ours was a collective and common good, non-profit model. Instead of selling Siel Bleu to a private company specialising in gerontology, we created the Siel Bleu Foundation two years ago. Rather than increasing our rates (which would have meant losing our members in rural areas), we decided to try to convince health insurance companies to reimburse our activities as inclusive parts of their health contracts and not as additional options. We also tried to find private or public legal entities with whom we could work, such as Danone (in the context of its 'Eat Well and Keep Moving' programme) and the Institut Curie (for its work with women who have had breast cancer).

The last, fundamental choice concerned our target populations. Could adapted physical activity interest wealthier, frail people which would then enable us to co-finance our original non-profit association? The various prizes and awards we received both in France and Europe in the innovation and social entrepreneurship field opened up a new network to us. In 2011, we were especially proud that Siel Bleu won the national Entrepreneur of the Year prize in the Social Responsibility category. We realised that Siel Bleu's identity was inextricably linked to its key offer, adapted physical activity. After a long group discussion, we decided to make Siel Bleu an associative group, with three imponderables: a prevention programme lasting a patient's entire life, a unique tool, and a priority mission which would depend on the geographical and financial availability of our activities.

Siel Bleu in the field

We now have three large operational organisations. The first, our original association, is dedicated solely to group activities for old people. Each week Siel Bleu offer its services in more than one in three old people's homes in France, in other words, more than three thousand in total, and also for old age pensioners (OAPs) living at home who take part in group sessions in halls close to where they live.

Research programmes

At the request of some doctors and associations, and in partnership with the Red Cross, we have devised activities which are specifically for people who have a mental or physical handicap, and for patients who have chronic diseases. With help from the medical profession, we would like to create a 'life and health' programme, not based only on health care, for patients who have problems associated with diabetes, those suffering from Alzheimer's and Parkinson's disease, those with HIV, and patients who have multiple sclerosis. We are particularly concerned about these problems and are in contact with public health establishments, medical professionals and families. Last year more than 10% of our budget was invested in research and development. We launched a four-year study in Alsace on multiple sclerosis with help from the Inserm (*Institut national de la santé et de la recherche médicale*), hospitals in Strasbourg, and two-thirds of the neurologists in the region. Patients who were diagnosed

early constituted our case population. Our aim is to demonstrate that regular, adapted physical activity makes it possible to have more time between relapses further apart at the beginning of the illness.

We also launched a programme for cancer patients in order to ease their problems related to tiredness, pain and their body image during treatment. Our partners were not very enthusiastic about this project because cancer still frightens people, however the support we received from David Servan-Schreiber (a well-known French doctor and author) helped us a great deal. In a short space of time, the number of participants in the programme grew and the results were shown to be worthwhile. We have created a partnership with the AG2R La Mondiale group in the Paris region where we are developing a programme for the prevention of breast cancer relapse as a result of adapted physical activity. Popularity for this programme is growing gradually and it has taken other forms with other partners. We are carrying out a similar programme on colorectal cancer with hospitals in Marseille.

Domisiel - home-based classes

Our second operational organisation is Domisiel, a separate association which is involved with private, physical activity lessons at home. Domisiel is our 'Trojan horse' in the world of insurance and pensions. The CNAV (*Caisse nationale d'assurance vieillesse* : National pension fund), the general councils, social welfare protection groups and health insurance groups shoulder part of the costs of these activities. SwissLife was the first insurance company to reimburse the activities of Siel Bleu.

Siel Bleu in the workplace

Finally, the third operational organisation in the field is *Siel Bleu au Travail* (Siel Bleu in the workplace), a profit company whose sole shareholder is the Siel Bleu association. This company is involved in three areas: the prevention of musculoskeletal disorders, the prevention of accidents in the workplace, and the improvement of the quality of life at work.

Following the publication of an article which appeared in the newspaper *Nord Éclair*, we asked a site manager in the Lille region if we could set up a 'muscle and joints' warm-up session on a voluntary basis for site workers just before they start their shift, in order to reduce the number of accidents on site. On his building site, 90% of accidents took place within the first fifty-five minutes of a new shift. Despite his scepticism, this site manager gave us ten days to prove ourselves. At the end of a week, all the site workers – and the site manager himself! – were taking part in the warm-ups. In the second week, the administrative staff who worked in the offices was also taking part! These building sites belonged to Bouygues Construction which very soon afterwards asked us to set up these sessions on about one hundred of their sites in France. This was when we saw the opportunity to create a company owned 100% by the Siel Bleu association. Because of our interventions, the number of work accidents at Bouygues Construction dropped by 70% to 80%, the number of days lost to sick leave fell dramatically, and – much to our surprise – many Bouygues workers began taking up some physical activity during their free time. With Siel Bleu au Travail, these employees had rediscovered the pleasures of taking up sport again!

Due to word of mouth, our company has developed in many other areas including the car sector, the food industry sector, ColiPoste (the French Post Office's parcel delivery service), areas in the prevention of chronic lumbago, and also with carers and in back-to-work insertion projects.

The 'heart' and the 'head' of Siel Bleu

Today, these three operational structures employ just over 450 people in France and serve 100,000 people every week in 4,700 places. These are Siel Bleu's 'legs', but every sporting person also needs a 'heart' and a 'head' to move forward.

The Fondation Siel Bleu

The Fondation Siel Bleu (Siel Bleu Foundation), housed by the Fondation Hospitalière Sainte-Marie, collects funds from natural persons or legal entities to finance research and innovation programmes. It guarantees the financial

and geographical accessibility of our activities. We hope that one day it will be recognised as a registered charity. Because Jean-Daniel and I are aware that we will not always be there, we want to protect the basis of our model which is to improve life for the common good.

The Institut Siel Bleu

Our 'head' is the Institut Siel Bleu (Siel Bleu Institute) which has just been registered legally and unlike pharmaceutical laboratories its aim is to propose therapeutic solutions and not just to provide drugs. We are convinced that adapted physical activity should be the face of medicine in the 21st century. We will be publishing the Siel Bleu book in two years' time. This will be the ultimate account of prescriptions for physical activity.

In the future, the work of the Institute will be organised around three main themes. The first is pure research on the impact of physical activity. The second theme is Siel Bleu's incubator which examines any good ideas from our employees, and designs new activities. For example, with support from the Bettencourt Schueller Foundation, Siel Bleu's incubator has just put forward a programme to help people who have been admitted to hospital as a result of a stroke. Adapted physical activities can be offered to these patients even a few hours after their stroke and for several months, until they return home. This should reduce the rate of recurrence, and reduce the possibility that the patients might become handicapped. This programme additionally intends to train doctors, nurses, physiotherapists and close family and friends. The Siel Bleu's Institute's third theme is our campus. This campus is open to everyone and should make the greatest number of people aware of the benefits of physical activity through partnerships with universities, information released in the media, and specific training for doctors.

The Siel Bleu temperament

At Siel Bleu, there is no culture of success, but there is a culture of failure! If we still make mistakes, this means that we are capable of taking risks. We are all convinced about this. Furthermore, failure is never the end of the world. Let me outline two anecdotes which sum up how we are moving forward.

The first involves the equipment we use for our activities. Originally we sourced what we needed from three large French companies, but we were not very happy. Not only was the equipment of poor quality, but it was not well adapted to our needs. It was also made in China. Consequently, we decided to create our own range of equipment and to do so, we asked a number of people to collaborate on this project including our employees in charge of prevention at Siel Bleu, our beneficiaries, young designers and engineers. We created a new company which is wholly owned by our association. It sells innovative equipment made in France to Siel Bleu and other organisations.

We also work very much on impulse, as this second anecdote shows. A year ago, the Michelin Foundation asked us to work on how to help people go back to work after cancer. We were very enthusiastic about the project and we decided to launch the '*Maison de la vie*' (House of life) concept the following year. About twelve people who are in the post-treatment stage of cancer will be welcomed a week before they plan to start work again in a wonderful setting by the sea. They will be able to try out all the physical activities they want, attend nutrition classes with top Michelin chefs, and take part in writing workshops so that they realise that life can begin again after such an illness.

Discussion



Old people and physical activity

Question: *You have not given any practical examples of adapted physical activity. Excuse me for being a little provocative but how do you get paraplegics to play tennis or rheumatics to go for a run?*

Jean-Michel Ricard: Sport is a physical activity which can be adapted, but adapted physical activity is not sport! Essentially what we offer is gymnastics which exist in various forms according to the participants. The sessions which we organise in our programme for preventing falls consist essentially of mobilising joints, in other words, stretching exercises both in a sitting and a standing position, and mobility exercises and proprioception with regard to the feet. In old people's homes, we do a great deal of gymnastics with people sitting on chairs and using rods, elastic cords and large rubber balls. The only activity which we offer which could be considered a sport as such is fitness walks in conjunction with other programmes which we are developing with the Pitié-Salpêtrière Hospital in Paris. The people who follow our activities must provide a medical certificate stating that they can do this. In asking for this certificate, we are able to let their doctors know which activities are possible for their patients. For someone who suffers from arthritis, aquagym is preferable to a high-impact gym session. For osteoporosis, fitness walks are recommended.

Q.: *I am a volunteer at an old people's home in the Paris region. Out of one hundred residents, ninety have Alzheimer's. Your method is undoubtedly very suitable for the early phase of dependence of this illness, but how can you intervene in the later stages which are characterised by powerful attacks of dementia?*

J.-M. R.: We are not magicians, that's for sure, and it was clear from an early stage that we were not able to attract people who were highly dependent and in old people's homes. This prompted us to meet directors of establishments, co-ordinating doctors in charge of centres of housing for dependent elderly people, and families, and to adapt ourselves to them. In Angers, we launched a gymnastics programme for highly dependent people, and this has proved to be a great success. One thing is certain: it is clearly not possible to mix groups which have very different populations such as those suffering from cognitive degeneration, Alzheimer's, and the very elderly. In these establishments one must put people who are all at the same stages of dependency together.

Q.: *You collect data about your beneficiaries. How do you use these data? Have you set up a social network to facilitate communication between your members?*

J.-M. R.: Computer data about health is a major subject of discussion for us especially since there is no ethics committee in this field. It is out of the question to sell the data we have to laboratories or insurers. The data will be analysed within our Institute in the strictest confidentiality. It will help us to follow the physical progress of our beneficiaries and to inform the authorities of our findings on the impact of our activities.

As for a social network, because of finance from the European Commission, we are currently launching the GetPhY platform which is a physical activity programme for people to follow at home, which shows them exercises and gives health advice. They can also ask us to organise a gym lesson near where they live. We give them the instruction and we can even send them a coach.

Q.: *What is your relationship with physiotherapists for whom the market of private individuals requesting their help in their homes is a gold mine?*

J.-M. R.: We have never had any problems with them. In fact, they increasingly recommend our activities to old people's homes. For home activities, they do not send us many beneficiaries, but we fit them into our activities, in particular in our programmes to help people when they return home from hospital, which is where Domisiel

comes in. We are not in competition with physiotherapists because we do not do the same job. In rural areas in particular, many doctors ask us to collaborate with physiotherapists. Of course, sooner or later Siel Bleu will have to sign a contract with the physiotherapists' union.

Siel Bleu in-house

Q.: *It is very obvious that the management of your association is similar to that in the sports world. How do you share your enthusiasm with your four hundred and fifty employees? What sort of human resources management do you practise? Do you also ask volunteers to help you?*

J.-M. R.: There are no volunteers on our staff who visit patients. We only recruit professionals because our beneficiaries are elderly or ill. Our employees must share our vision. A sports coach who turns up, puts down his bag, gives his lesson and leaves immediately has no place with us. At Siel Bleu, contact and communication are essential. When we recruit, our priority is more how people are rather than what they know. Their level of education is less important than their ability to fit into our association. Siel Bleu is a group project. Our hierarchy exists because of what is written on our business cards or when we need to take very important decisions, but we have a great deal of respect for each other as colleagues.

At Siel Bleu our employees often wear a number of hats. The director of the Siel Bleu association began as an advisor in various establishments thirteen years ago. In the regions, the development of the activity and partnerships was handled by people who were first and foremost sports teachers. These regional heads have been there for a long time, and this is a guarantee of continuity for what we do. Our staff turnover for advisors is higher but this demonstrates how dynamic we are. We also have people who are in charge of specific sectors and communication with the *départements'* general councils.

As far as transversal functions are concerned, the finances, administration, human resources and communication departments are all grouped together in our headquarters in Strasbourg, and are handled by specialists. I am the only person who does not work in establishments because I am in charge of Siel Bleu's external relations, and therefore I am often on the road. Jean-Daniel, however, manages all internal matters and still teaches a yoga class every Monday morning in a small village near Strasbourg.

Q.: *Have you finally managed to convince insurance companies of the need to partly reimburse your activities to some extent?*

J.-M. R.: Not yet because 90% of our financing can be made through our activities, with differential pricing for pension funds, old people's homes, private individuals and health insurance companies. The remaining 10% relates to our research and development activity which is financed by companies, foundations and European funds. In 2015, for the three structures, our budget will be 15 million Euros.

Siel Bleu and the market

Q.: *You mentioned the elderly and the sick. Are people who live alone or sedentary a potential market for you?*

J.-M. R.: Yes. We launched a few programmes in primary schools last year when the government changed school timetables in order to make parents and children aware of the benefits of physical activity. We are also developing specific programmes for people living in precarious situations, overweight people, and the unemployed, especially in the framework of the 'Eat Well and Keep Moving' programme for ANDES (*Association nationale de développement des épiceries solidaires*: National association for the development of solidarity grocery shops). Finally, tests are currently being carried out on elderly migrant populations and in some prisons.

Q.: *Old people's homes and convalescent care facilities have become shamefully extremely profitable. It is outrageous how some people exploit the vulnerability of elderly people. What contacts does Siel Bleu have with private care homes?*

J.-M. R: Two years ago, we seriously questioned whether we should continue to work with one of the leaders of groups of old people's homes in France whose conduct was more than dubious to us. Siel Bleu's programme advisors convinced us that we had to keep going because the residents of these establishments relied on us.

We are nevertheless genuinely preoccupied by this subject. We try to make companies in the private sector change, but it is difficult. The promising partnership which we have just signed with Adidas has given rise to some negative feedback. Some people said that Siel Bleu was supporting a capitalist company, but the Siel Bleu partnerships are primarily all about individuals.

Q.: *You chose to keep to the niche of the common good non-profit model, and yet you could easily have made a profit. Were you never tempted to make a company out of it? How do you protect your know-how from outside predators who might be tempted to take a part of your market?*

J.-M. R: We are not interested in money, and in any case, we earn enough money. In the association, we created a salary scale from 1 to 3. When one person progresses at Siel Bleu, everyone progresses at the same time. This spirit of solidarity is very important to us.

Apart from our trademarks, nothing is protected at Siel Bleu. It is obvious that we will be copied here and there, but this is not important if the quality is up to scratch. Furthermore, for the time being, none of our rivals has ever really been a threat to us. One needs to have a real know-how in order to grow in this sector. Our strength lies in the ties we have built with our beneficiaries and our members.

The retired and the future

Claude Riveline (MINES ParisTech): *In our society, old age most often arouses a feeling of awkwardness or embarrassment, even indifference. As a member of the École des Mines committee which suggests subjects for final year engineering students' dissertations, for ten years I suggested the subject of OAPs, but in vain: the École des Mines management stubbornly refused and later on, it was the students who were not at all interested. When, finally, Pierre-Étienne Girardot and Yann Song became interested in this subject, they became very enthusiastic about it and were scandalised by the way in which OAPs are ignored in France. As far as Girardot and Song were concerned, the answer was simple: they should be put to work and thereby satisfy the immense social needs of our society¹. Listening to you, one feels the same conviction that these OAPs, who account for one-quarter of the French population, hide unexpected treasures. Nevertheless, as Descartes wrote 'not being useful to anyone is simply being worthless'. Paradoxically, in finding their health again, thanks to Siel Bleu, are OAPs not likely to feel even more useless?*

Q.: *A scientific study recently showed the strong correlation between stopping one's professional activity and the development of a neurodegenerative illness. Our society enables people to take retirement earlier and earlier. Yet there are so many areas in which the State is no longer able to act by itself, education notably, and where the experience of OAPs would be a precious asset.*

J.-M. R: The social utility of our activity is a constant subject of discussion in our association. We forge links with numerous other associations and NGOs in this context. Similarly, Siel Bleu will be a party to certain struggles such as that for open source seeds: old people's homes could be wonderful relays and the elderly could become efficient gardeners.

Siel Bleu abroad

Q.: *Do you know whether there are any initiatives similar to Siel Bleu in other countries?*

J.-M. R: In view of the numerous requests we have received from abroad, especially Africa and America, this would lead us to think that there is nothing similar to Siel Bleu outside of France. Siel Bleu was the first Ashoka

1. Pierre-Étienne Girardot, Yann Song, Bernard Ennuyer and Dominique Thierry, "What place for OAPs?", Guest Speakers Discussion Series, the École de Paris du management, December 7th, 2015.

Fellow in Western Europe ten years ago, and we were invited to the United States when the reform of the health system was launched by Barack Obama. Last year, Siel Bleu received the Social Entrepreneur of the Year award at the World Economic Forum in China. Jean-Daniel visited Harvard to discuss, amongst other subjects, the possibility of teaching the Siel Bleu methodology in certain American universities. Our aim is to find partners who are capable of taking on our social entrepreneurship model which we want to offer as open source in developing countries. We already have branches in Belgium, Ireland and Spain, and next year will see the emergence of the Siel Bleu international federation.

■ Presentation of the speaker ■

Jean-Michel Ricard: co-founder, with Jean-Daniel Muller, of the *Groupe Associatif Siel Bleu* whose aim is to provide programmes of adapted physical activity to the elderly or sick.

Translation by Rachel Marlin (rjmarlin@gmail.com)
