

DACTIVE

disability and active citizenship

CITYHANDBOOK

HANDBOOK TO BE USED BY
EDUCATORS FOR THE COURSE
AIMED AT DISABLED PEOPLE

Project N° 510773-LLP-1-2010-1-ITGRUNDTVIG-GMP

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INTRODUCTION

This handbook, “City Handbook”, to be used by educators involved in training and in working with disabled people, follows the first handbook, “EDU-HANDBOOK”, which is dedicated to the training of educators.

The two handbooks are the outcome of the cooperation of 7 countries (Austria, France, Germany, Greece, Italy, Romania and Spain), which worked together with distinct tasks within the **European project D-Active*** (Disability and Active Citizenship).

The basis of the project arose from a study carried out by **European Union (EU) and the World Health Organization (WHO)**, dealing with the situations that people with disability and their families have had to face in the last ten years. The study shows that the disabled population is still considered at high risk in terms of social marginalization across Europe, and no meaningful improvement related to participation and active citizenship has been witnessed (cf. European Disability Forum, Leonardi et al. 2009, Council of the European Union 2009).

As already mentioned in the Edu-Handbook, D-Active project’s aims are related to the development of innovative learning approaches, in order to promote the inclusion in society and the labor market of marginalized people with intellectual disabilities.

Another objective of this project is developing those systems which enable/permit the sharing of good practices in relation to the training of disadvantaged people, in order to promote learning opportunities based on active participation, with the subsequent improvement in the quality of their own life and of their family environment.

D-Active project is linked to the **International Classification of Functioning, Disability and Health (ICF)**, an O.M.S. tool, which has been adapted at different stages of the project.

A very important point of reference is the **key competences**, which were proposed by the European Union (Recommendation/prescription of the European Parliament and Council-18/12/2006).

The Key competences for lifelong learning are defined as a “combination of knowledge, abilities and attitudes, adapted to the context (eg. globalization, new challenges and different needs). The basic competences are those needed by individuals for the personal realization and development, active citizenship, social integration and employment”. (2006/962/EC).

Eight key competences have been defined:

- Communication in mother tongue language
- Communication in foreign languages
- Mathematical competences and basic competences in scientific and technological fields
- Digital Competence
- Learning to learn
- Social and civic competences
- Sense of initiative and business acumen
- Awareness and cultural expression

These are the basic requirements for the development of active citizenship and social inclusion; the project aims to develop them as much as possible in people with intellectual disabilities (ID), through an individualized course.

This city-handbook is an introduction to a course for people with intellectual disabilities, aimed at the development of an active participation in light of the lifelong learning concept, which may last throughout one's life.

Therefore there are three concepts which occur transversally in the educational intervention planning:

1) Individualized planning

2) Role

3) Lifelong learning

Individualized planning is necessary because progress and development will have diverse times and modalities: the education course will consider the singular conditions of the individual in order for it to be beneficial to each person. Consequently, the observation tools become decisive, direct and indirect observation, in real and non-fictitious situations, to understand **how** the person lives, **who** he/she is and **what** kind of difficulties he/she has.

Role is a fundamental factor in the definition of identity; it is a learning and social mediation factor. Through the assignment and the filling in of a role, the person acts and, through the action and know-how, he/she reaches full awareness of him/herself and greater autonomy, he/she develops the capacity to compare him/herself to others, to choose and best utilize resources.

Lifelong learning is a process that must involve all people in continuous growth; it requires shared tools to observe, plan and evaluate learning. It must be gradual and adapt in conformity with the individual's capacity and resources and be considered as an educational and formative opportunity, to which people have access without distinction as to age, social-environmental condition, disability.

It should facilitate the acquisition of a greater knowledge and competence, with the possibility of improving tools, interventions and participation; moreover, it should allow improvement in the quality of life of disabled people and their families through increased participation in social life, in more active and better integrated communities.

Handbook's structure

This handbook is divided into five areas:

UNIT 1: "Identification of measurable indicators, evaluation methods and competence certification for people with intellectual disabilities"- Jugend am Werk Steiermark GmbH (A). This unit is the contribution of the Austrian partner, and gives instructions on the development of educational tools for competences, which are to be adapted to the disability type and individual skills of every single person.

Some educational forms are attached to this module:

- "Personal profile" based on ICF indications,
- Information forms to be filled out by the relevant person,
- Forms about social and civic competences.

UNIT 2: "Models for fostering physical, psychological and social wellbeing of people with disabilities"- Valencian Institute for Care Disability and Social Action (SP)

The second unit is the contribution of the Spanish partner, in which it is analyzed how, through the development of awareness, the person who knows his own abilities and limits

can be able to take some decisions, to uphold his rights, test active participation, in actively overcoming environmental and cultural barriers.

Another important concept underlined in this unit is that the person with ID, through an active participation, can become more visible within the life of his/her community, and consequently he can help changing the image of disability within society.

The topics dealt with confirm the importance of individualized planning, to improve the quality of life of people with ID and their families, through the individualization of appropriate tools and objectives.

UNIT 3: “Models for developing specific and key competences” – CO&SO Firenze (IT)

The module n. 3 is the contribution of the Italian partner: it proposes an exemplary course which takes into consideration a possible framework and which is integrated with concrete proposals, tools and methodologies to accomplish effective interventions.

In this unit there is a reminder of the Recommendations of the European Council about the three aspects related to civic competences: knowledge, skills and attitudes and consequently the assessment of the acquisition of competences related to the capacity to produce, even minimal, performance.

In the training course, flexibility in time and place planning is very important, so the individual features of the participants with ID are respected.

Proposals for work are included in the final appendix.

UNIT 4: “Models for dealing with parents and with their social and working environment”

University of Pitesti (RO)

The fourth module is the contribution of the Romanian partner, which reaffirms the contents expressed in the previous module addressed to educators (Edu-handbook), focusing attention on the impact disability has within the family environment.

UNIT 5: “Collaboration with professionals from different fields, development and integration of assessment tools into existing models.

General Council of Val de Marne (FR) and CO&SO (IT)

The fifth module is the contribution of the French and Italian partners, and focuses the on self-determination, image and visibility of the disabled person seen by the professional, family, and institutions. To follow up, practical directions on the involvement of each professional in the individual project is given.

At the end of each chapter you can find references about the Unit's contents.

***www.dactive.eu**

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UNIT 1 Identification of measurable indicators, selection of verification methods, evaluation methods and competence certification for people with intellectual disabilities

1. Aims of the unit

Grounded on the *Recommendation of the European Parliament and of the Council on Key Competences for Lifelong Learning* (2006), and the *European Qualifications Framework for Lifelong Learning (EQF)* (2008), as well as on the data gathered from the application of the ICF Checklist, WHODAS 2.0, WHOQoL, CBI and Ca.R.R.I. (at the beginning of the D-Active Project) the present unit aims at:

- developing tools that can be used to generate personal profiles of people with disabilities
- developing tools that can be used to assess their competences regarding social and civic competences before and after having taken part in the pilot course
- developing tools that can be used to display the learning process during the course

Additionally the reader will be provided with necessary theoretical input about the aforementioned publications and test tools/questionnaires.

2. Theoretical background

2.1. Key Competences

The competences and tools, on which this module focuses, are defined as a “combination of knowledge, abilities and attitudes appropriate to the context” (Office for Official Publications of the European Communities 2007: 3). The course itself only deals with developing one of the eight key competences, namely: Social and civic competences (key competence 6).

“These include personal, interpersonal and intercultural competence and cover all forms of behaviour that equip individuals to participate in an effective and constructive way in social and work life, and particularly in increasingly diverse societies, and to resolve conflict where necessary. Civic competence equips individuals to fully participate in civic life, based on the knowledge of social and political concepts and structures and a commitment to active and democratic participation“(ibid.: 9).

As mentioned above, the single competences are by definition divided into knowledge, skills and attitudes, which are more precisely defined for each key competence. Bearing in mind the target group (people with intellectual disabilities), it becomes clear that reaching all the goals related to social and civic competences (see ibid.: 9f.) is hardly possible for them. Hence, it is necessary to adapt the single aspects relative to the competences. We came up with the following:

	Social competence	Civic competence
Knowledge	<ul style="list-style-type: none"> ◆ understanding the codes of conduct and manners generally accepted in different environments ◆ relating oneself to others 	<ul style="list-style-type: none"> ◆ knowledge of the concepts of democracy, justice, equality, citizenship, and civil rights
Skills	<ul style="list-style-type: none"> ◆ communicating in different ways and environments ◆ feeling empathy ◆ conflict management ◆ coping with criticism 	<ul style="list-style-type: none"> ◆ engaging effectively with others in the public domain ◆ participating in community or neighbourhood activities ◆ decision making
Attitudes	<ul style="list-style-type: none"> ◆ be willing to cooperate with others ◆ respecting others 	<ul style="list-style-type: none"> ◆ knowing about Human Rights ◆ willingness to participate in democratic decision-making ◆ developing a sense of responsibility

2.2. European Qualifications Framework

Being a common European reference framework, the EQR aims at making qualifications more readable and understandable across different countries and systems in Europe. To do so, eight reference levels are defined, focusing on learning outcomes for the sake of comparability (cf. European Commission 2008). To be able to make use of the aforementioned reference levels in our context (competence assessment in people with intellectual disabilities) the single levels will be adapted, too, later in this unit.

2.3. Questionnaires

In the first phase of the D-Active Project, research has been carried out using the following test tools: ICF Checklist, WHODAS 2.0, WHOQoL, CBI and Ca.R.R.I. (for further information see *Catalogue of Criteria* on the D-Active homepage, www.dactive.eu).

The data gathered, relevant to social and civic competences, will be filtered out to be then used to create an individual profile for each person with intellectual disabilities taking part in the training course.

3. Test tools and assessment

3.1. Generating a personal profile from the questionnaires

In the following, the reader will find an assessment sheet generated from the five questionnaires mentioned above. The sheet includes references to the questionnaires so that the users know where to take the data from (This, of course, is only of use to trainers working on this project. Unless the personal profile will be used in future courses too, the references can be ignored). Additionally a self-assessment profile that can be filled in by the participants themselves (the persons with disabilities) was created. Both are to be found in the appendix.

3.2. Assessing Key Competences

Depending on the kind of disability as well as the aspect/specific aim in question, different assessment methods have to be applied, such as role-play, simulation tests, practical technical tests (→skills), interviews/short questionnaires, knowledge-tests (→ knowledge and attitudes), pictograms, use of images, pictures and even objectives etc. It is important to mention that the tests and assessment methods should be as similar as possible for all participants. How to best assess the aims is up to the creativity and professional competence of the trainers.

In the context of this course, the general and specific aims to be assessed (beginning, process and end of the course) are the following:

Social Competence

	General aims	Specific aims
Knowledge	<ul style="list-style-type: none"> ◆ understanding the codes of conduct and manners generally accepted in different environments <hr/> <ul style="list-style-type: none"> ◆ relating to others 	<p>Knowledge about the following behaviour:</p> <ul style="list-style-type: none"> ◆greeting: saying hello and goodbye ◆greeting: shaking hands ◆apologising ◆saying please and thank you ◆small talk ◆showing interest in the other person: asking questions like “how are you?” ◆using the polite form in official settings (in the respective languages) <hr/> <ul style="list-style-type: none"> ◆showing interest in the other person: asking questions about them, their life etc. ◆cultivating friendships: meetings, going out, going on dates etc.
Skills	<ul style="list-style-type: none"> ◆ communicating in different ways and environments <hr/> <ul style="list-style-type: none"> ◆ feeling empathy <hr/> <ul style="list-style-type: none"> ◆ conflict management ◆ coping with criticism 	<ul style="list-style-type: none"> ◆being able to interpret facial expressions ◆being able to interpret gestures ◆being able to interpret their own feelings ◆being able to express their own feelings appropriately ◆greeting: saying hello and goodbye ◆greeting: shaking hands ◆apologising ◆saying please and thank you ◆small talk ◆using the polite form in official

		<p>settings (in the respective languages)</p> <hr/> <ul style="list-style-type: none"> ◆ showing interest in the other person: asking questions like “how are you?” ◆ showing interest in the other person: asking questions about them, their life etc. <hr/> <ul style="list-style-type: none"> ◆ being able to express their opinion in a polite way ◆ being able to take part in an open discussion ◆ accepting other opinions ◆ accepting criticism ◆ apologising ◆ letting others finish speaking
Attitudes	<ul style="list-style-type: none"> ◆ cooperation ◆ respect 	<ul style="list-style-type: none"> ◆ be willing to cooperate with others ◆ respecting others

Civic competence

	General aims	Specific aims
Knowledge	<ul style="list-style-type: none"> ◆ knowledge of the concepts of democracy, justice, equality, citizenship, and civil rights 	<p>Knowledge about:</p> <ul style="list-style-type: none"> ◆ elections ◆ freedom of speech ◆ human rights ◆ their own rights and responsibilities ◆ the home country (capital, federal states, population, political parties) ◆ forms of government ◆ democratic principle ◆ European Union
Skills	<ul style="list-style-type: none"> ◆ engaging effectively with others in the public domain ◆ participating in community or neighbourhood activities ◆ decision making 	<ul style="list-style-type: none"> ◆ acting according to the politeness principles ◆ navigating official channels (filling in and then filing applications) ◆ being able to attend different events (getting information, getting there, buying tickets etc.) ◆ seeking information ◆ weighing pros and cons ◆ being able to compromise ◆ voting
Attitudes	<ul style="list-style-type: none"> ◆ valuing Human Rights 	<ul style="list-style-type: none"> ◆ acting and treating people in full

	<ul style="list-style-type: none"> ◆ willingness to participate in democratic decision-making ◆ sense of responsibility 	<ul style="list-style-type: none"> respect of human rights ◆ accepting differences ◆ accepting the decisions made within a majority voting system ◆ caring about oneself and others
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It is recommended to document the process of development. To guarantee comparability concerning the documentation the use of a standardized protocol is advantageous. An example of such a protocol is to be found in the appendix.

To be able to make the whole learning process more comprehensible (to people with intellectual disabilities, especially), the additional use of an excel document with a certain screen mask is recommended. This mask can be coloured differently depending on the stage of the learning process. Red means that a person is working on the aims but the aims have still to be reached, yellow means that the aims are actually reached but still need to be monitored, green stands for 'aims reached'. The single protocols (mentioned above, see appendix) can be linked to the correspondent parts of the screen mask. It is to be found in the appendix, too. The excel mask combined with the protocols can be described as a computer assisted form of documentation.

3.3. EQF (for persons with intellectual disabilities) focusing on social and civic competences

For the adapted version of the EQF see appendix.

4. Concluding remarks

Firstly, it has to be mentioned that the proposed ways of competence certification, evaluation and assessment can, of course be applied to other contexts, too. The fact that this chapter focuses on social and civic competences of persons with intellectual disabilities is simply a logical consequence of the aims of the D-Active project itself. In other words: not can these tools assess social and civic competences (as it is the case with D-Active), but also any other kind of competence. The only thing that has to be done in such cases is adapting the tools according to the skills to be assessed.

Secondly, assessment is recommended in the beginning and at the end of a training course, to gain an insight into the learning progress.

Thirdly, the tools suggested in this chapter should not be interpreted as some sort of final versions that must not be modified. It can, for example, be useful to add some questions to the personal profile, such as former work experience – depending on the skills in question of any other future course. What kind of tools trainers use during such a course, depends, of course, on the kind of disability, as well as the individual capacities and capabilities of the single participant. Consequently, the trainers have to be very flexible during a course and have to prepare different kinds of tools.

Furthermore, by evaluating the information gathered from the profile, tests and assessments, a trainer should be enabled to tell whether and to what extent he/she could work on different skills and competences with an individual participant.

(some worksheets are included in the appendix)

References

European Commission. Education and Culture (2008): The European Qualifications Framework for Lifelong Learning (EQF). In:

http://ec.europa.eu/education/pub/pdf/general/eqf/broch_en.pdf

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Office for Official Publications of the European Communities (2007): KEY COMPETENCES FOR LIFELONG

LEARNING. European Reference Framework In: http://ec.europa.eu/dgs/education_culture/publ/pdf/ll-learning/keycomp_en.pdf

UNIT 2 Models for fostering physical, psychological and social well being of people with disabilities

1. Aims of this unit

Social and civic competences are defined within the framework of Key Competences for Lifelong Learning (European Union 2006). They are broadly described as competences related to active citizenship. In our case, people with intellectual disability (ID) develop skills training programmes related to these competences (interpersonal skills, communication, empathy, facing all kind of situations, interaction with the environment, etc.)

Along with what is found in the U.N. Convention on the rights of people with disabilities (UNCRPD) where is said in its preamble “Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”, and that puts, therefore, the emphasis on a mutual relationship between the person and the environment. It also establishes as a principle “The participation and full and effective inclusion in the society”, which is stated in its article 19 “the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community”.

Based on this, the objectives of this unit are the following:

1. To carry out awareness-raising activities related to the abilities and limitations of people with ID that can help improving the adjustment of their expectations and enable them to make decisions, according to their potential, raising lines of work in social and civic skills.
2. To improve knowledge, internalize and put into practice the rights of people with disabilities shown in the UN Convention. The right to enjoy a full life, under the same conditions as others.

3. To promote active participation of people with disabilities in the environment, developing activities in the centres and reflecting on professional support programmes that promote inclusive actions in their environment.
4. To raise awareness and move forward in overcoming the barriers of the environment (relatives, attitudes, architectural...) and community opening of the centres to people with ID

2. Aim's development and activities

This section explores each of the goals outlined in the previous section, establishing a series of specific objectives and programmes of activities that support actions for the development of skills in the competences mentioned before.

1. TO PREPARE FOR PERSONAL, SOCIAL AND COMMUNITY COMPETENCES

Objective 1.1 To improve knowledge of limits and personal abilities

a. Limitations and personal abilities self-awareness programme:

Developing individual and group activities, fostering the improvement of the internalization of the abilities and limitations of every person with ID. The purpose is to know them and have a performance and expectations consistent with them. We will use techniques related to constructivism (the abilities I have) and the technique of role-playing (learning new skills from the recognition of my limitations).

Objective 1.2 To develop actions related to the preparation of social competences

a. Social skills programme:

To develop individual and group actions (assemblies) related with:

- **Interpersonal skills:** Provide support in different skills (such as, how to address others in various community settings, the way you introduce yourself, personal image, using appropriate verbal communication (tone, the way to address...), use of non-verbal communication in an adaptive way...

- **Emotional and sexual skills:**

1. Knowledge of the own body and the body sensations.
2. Internalization of the sexual health criteria: intimacy, privacy, prevention of sexual abuse...
3. Dealing with the topics of interest of people with ID

Objective 1.3 Establish pre-labour training actions in community resources

a. Pre-labour training courses programme

- To support people with ID in gaining their own autonomy when they have to submit employment application forms (internet use, job offers follow-ups, visits to job centres, etc.)

- To support people with ID who have the capacity to take part in online training programmes related to labour training, such as training courses offered at a regional and local level (by the city council, social centres, etc.)

2. TO KNOW, INTERNALIZE AND PUT INTO PRACTICE THE RIGHTS OF PERSONS WITH DISABILITIES SHOWN IN THE UN CONVENTION

Objective 2.1 To develop actions of internalization regarding their environment rights.

a. Self-management programme: The group is coordinated and moderated by the psychologist of the centre, through weekly meetings. This group aims at teaching people with ID about their rights, so they can reflect and internalize when and how their rights are violated. One of the rights of the UNCRPD is examined every week. The result of this work generates a debate which internalizes this right. People with ID, who participate in these debate groups communicate the results of the debate to the Assemblies with the support of the moderator. The final result of all this work is expressed in a Manifest about their rights. The achievement of this result is possible thanks to the work developed by all IVADIS Occupational Centres.

b. Social raising of awareness about the rights of people with ID programme: the aim of this programme is to realize activities developed in all kinds of establishment (institutes, schools, social associations...) with the aim of spreading awareness concerning the rights of people with disabilities and sharing activities promoting the mutual empathy.

Objective 2.2 To participate in the decision making processes of the assembly

a. Board of users representatives: Every year an electoral process is set up, in which the users take part, assisted by the operator. You then proceed with a voting procedure and the election of the users' representatives, who will be responsible of dealing with suggestions, complaints, worries and others instances raised by the colleagues.

b. Leisure time and culture Commission: It is in charge of compiling the demands of the colleagues and to propose leisure and cultural activities to the coordinator of the commission.

c. Sport Commission: It is in charge of compiling the demands of the colleagues and to propose sport activities to the coordinator of the commission. In this case, the management is carried out by people with ID promoting their self-determination right.

3. TO FOSTER ACTIVE AND MEANINGFUL CITIZENSHIP OF PEOPLE WITH DISABILITIES IN THEIR ENVIRONMENT

Objective 3.1 To make easier independent life activities

a. Independent life and self-autonomy programmes: they are carried out in order to foster the self-autonomy of the individual, through activities like food making, going shopping, housekeeping, cloth-washing, using of public transport, self-medication responsibility, managing financial affairs, etc.

b. Programmes for getting to know the nearby community, moving around and mobility in the environment: activities related to orientation skills and mobility in the community environment, the use of the most common public transport, and other public services and building accessibility in the community.

c. Programmes of joint responsibility in the search of leisure time or other community resources: to encourage people with ID to look for activities and communicate them to the assembly centre (professionals and people with disabilities). These cultural and leisure time activities (cinema, theatre, cultural centres) might be reported to the centre, making it possible for people with disabilities to participate or be helped by professionals in the first steps of this activity.

Objective 3.2 To take part in inclusive community activities and the use of community facilities: “to make us visible”

a. Community resources use programme: using local sport facilities to develop sport activities or to carry out coordinated activities among several centres.

b. Community activities participation programme:

b.1 Markets, fairs, etc.: obtain sales and diffusion of products thanks to the interventions of aimed at preparing the participants to work or to the occupational therapy in the community centre.

b.2 Events organized by other entities, such as the support staff in the organization, and participation in events’ development, playing different duties during the execution (sport centre volunteering, Santa Claus campaigns in shopping centres...).

b.3 Painting and art exhibitions: foster active participation in people with ID and organise painting and art exhibitions.

4. TO RAISE AWARENESS AND MOVE FORWARD TO OVERCOME THE ENVIRONMENT BARRIERS (RELATIVES, ATTITUDES, ARCHITECTURAL...) AND IN THE COMMUNITY OPENING OF THE CENTRE WHERE THE PERSON WITH DISABILITY ASSISTS.

Objective 4.1 To perform centre opening actions towards the community

- **Schools and elderly centres visit programme:** To develop joint actions with nearby schools, social services centres... in order to disseminate centre activities and raise awareness, in order to develop social and emphatic inclusive attitudes.

Objective 4.2 To offer activities to primary/secondary schools or others:

- Develop theatre, puppets workshops, in which people with ID actively participate with the aid of caregivers.

Objective 4.3 To coordinate activities with other target groups:

- To accomplish shared leisure time activities (table games championships), participation in school sport campaigns, sport meetings among centres...

Objective 4.4 To coordinate awareness-raising campaigns to reduce mental and architectural barriers:

- To perform awareness-raising activities organized by people with ID, with the centres of professional support.

EVALUATION CRITERIA

The way to implement the programmes shown above is to include them in PERSONAL PROJECTS, by measuring the PERSONAL RESULTS.

The **personal project** is, mostly, a compendium of the **objectives that every person has in his/her life** and what he/she wants to achieve in several fields. What activity he/she would like to devote to professionally, where and who they want to live with, what kind of friends he/she prefers, what fun things he/she likes to do; in conclusion, **what each individual wants to be and do in their life.**

The preferences and likings of the participants are mirrored in this project, with the professionals' agreement on the improvements achieved throughout the course of the year. The aim is, therefore, to achieve PERSONAL RESULTS, which are life quality aspirations, **personally defined and valued.** They are linked to the support and social integration, self-control, autonomy and independence, self-confidence, aspirations, and labour and family values in general. (Amica, 2010).

The evaluation methodology is carried out through two different criteria:

- Individual follow-up records of activities.
- Subjective assessments by the person with ID, in cooperation with professionals.

All this data must be compiled in a personal report about the individual, which will be later presented to the family, producing a positive feedback. The family can also participate in an analysis of the whole process.

Helpful references

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UNIT 3 Models for developing specific and key competences

1. Aims of this Unit

The objective of this unit is to provide the educators with useful elements for the construction of a course, aimed at the development of key competences, for people with intellectual disabilities. In this case we refer to social and civic competences (see “Key Competences for Lifelong Learning – A European Framework”). The proposed method can also be used to develop other competences other than the those selected.

2. Course design

To reach the maximum effectiveness, it is important to prepare the course and the context. With regards to the context, we particularly suggest to use the information contained in the other Units and to make reference to the following aspects:

- 1 Arrangement of an entry and exit assessment system.
- 2 Attention to the systems proposed by ICF and the European Council recommendations.
- 3 Preparation and attention to the family context.
- 4 Preparation and attention to the context of professionals, services and institutions related to the intervention projects developed with the selected participants.

Actually, it is important that the course is not designed as an intervention itself and is not connected to the other educational projects in which the participants are involved. Such an intervention should be part of a harmonic process that would contribute, firstly to employ tools which allow individuals to use the resources they own and the context facilitators, and secondly to limit the possible restraining functions of certain factors. Each of these elements will then be part, to a different extent and degree, of the construction of the training contents and program.

In particular, we recommend to start with the specific preparation work following the entry evaluation, which is dealt with in Unit 1. It is extremely useful to design the profiles of people taking the course, in order to be able to realize a highly incisive intervention.

As introduced in the “EDU-HANDBOOK” manual, which can be downloaded from the website www.dactive.it and consulted for in-depth analysis, persons, particularly in their phases of development (whose characteristics a lot of people with intellectual disabilities can be ascribed to), present a non-uniform development in relation to the areas of competence.

Therefore, it is important to analyze the profiles to identify some basic elements, such as:

- 5 The real initial competences with reference to the areas dealt with in the course.
- 6 The experiences and competences in the development of relationships.
- 7 The favoured channels of communication (verbal, logical mathematical, by images, also the affective-emotional channels).

- 8 Areas of most development and difficulty.
- 9 Ability or working and living together in a group (ex. roles prevalingly performed).
- 10 Contextual aspects that facilitate or hinder the development of competences (if the development of competences seems to be partly hindered by some aspects connected to the relationship with the families, it is necessary to plan specific actions to face both confrontation with the family and on the family itself).

Starting from the general picture of candidates in relation to these aspects will allow to:

- 11 Organize a flexible intervention that takes into account everyone's needs.
- 12 Plan the use of diverse channels of communication and select the most appropriate ones to the candidates.
- 13 Use the group as an instrument to facilitate and enhance the interventions, although not as an obstacle (plan games, interactive simulations, role plays, as briefly described in the methodologies).
- 14 Organize the specific applications of the proposed experiences.
- 15 Understand the degree of necessity of specific interventions involving all main actors of the context (person responsible in the family, educators and persons responsible of services and institutions).

Regarding the course proposed within the D-active project, a good part of the evaluation on candidates has already been conducted. In case of reproduction of the courses, it is possible to take reference to the contents of Units 1 and 2.

3. Structure of intervention

The intervention we propose should be short-term and articulated in a 28 hours span. Articulation by hour should result from the consideration of the knowledge to be transmitted, and in particular in relation to the following:

- 1 The program should be intended as a process of growth, transformation and modification of personal construction and transmission of tools.
- 2 The program should be flexible enough to meet the participants' needs, and not vice versa.
- 3 Methodologies are of great importance; therefore, the section about duration must be thought of according to "how" to transmit as well as "what".
- 4 Methods of active participation are advisable, especially training methodologies referring to constructivism and originating from the concept of individual development as an autopoietic system, that organises and modifies itself according to its personal construct and the interpretation of environmental inputs. The use of simulations, experiences, games, practical tests and group discussions and analysis of specific situations is highly recommended. In this case, we deem it crucial to provide guided practical field trials on the territory.
- 5 It is important to use the class group as a tool to work on relationships, and useful to learning.
- 6 It is important to pay attention to the role of the teacher, who becomes the group leader and perturbs the "individual" and "group" systems, when employing methodologies of participation and aimed at involving the individual (this also requires different time organization and appropriate seating arrangements in the classroom).
- 7 The program sessions must be long enough to do the exercises, simulations and experiences, but not too long for the participants to lose focus; anyway, short breaks are

needed (it is not recommended to organize sessions, 4 hours long or more, as it often happens in classical training programs).

In this sense, the course becomes a program in which options and tools are identified and proposed in cooperation with the trainee, hence it is not a one-way transfer. Therefore, it is necessary to build an initial hypothesis, set clear goals, and foresee the possibility of variations. It is necessary to keep in mind the recommendations of the European Council, that suggest to work on the following three aspects (the example refers to civic competences):

Knowledge	Skills	Attitudes
Civic competence is based on the knowledge of the concepts of democracy, justice, equality, citizenship, and civil rights, including how they are expressed in the Charter of Fundamental Rights of the European Union and international declarations and how they are applied by various institutions at a local, regional, national, European and international level. It includes knowledge of contemporary events, as well as the main events and trends in national, European and world history. In addition, awareness concerning the aims, values and policies of social and political movements should be developed. Knowledge of European integration and of the EU's structures, its objectives and values is also essential, as well as awareness concerning cultural identities and diversity in Europe.	Skills for civic competence relate to the ability to engage effectively with others in the public domain, and to display solidarity and interest in solving problems, which affect the local and wider community. This involves critical and creative reflection and constructive participation in community or neighbourhood activities, as well as decision-making at a local, national and European level, particularly through voting.	Full respect of human rights, including equality as a basis for democracy, appreciation and understanding of differences between value systems of different religious or ethnic groups, lay the foundations for a positive attitude . This means displaying both a sense of belonging to one's locality, country, the EU, Europe in general and to the world, and a willingness to participate in democratic decision-making at all levels. It also includes demonstrating a sense of responsibility, as well as showing understanding of and respect for the shared values necessary to ensure community cohesion, such as respect for democratic principles. Constructive participation also involves civic activities, support for social diversity and cohesion, and sustainable development, and a readiness to respect the values and privacy of others.

The competence is considered acquired when, at the end of the intervention, the person is able to produce a performance. The result is achieved not only if the individual has the theoretical knowledge of the content, **but if they can actually put it into practice and can activate the acquired resources in the proper context, producing a behaviour through an attitude**. For this reason, we suggest to focus on structuring the course on one of the 8 key competences, in this case the one related to social and civic competences. We recommend to identify the contents to be transferred, by selecting some elements, even within this very key competence, and to plan action work to intervene on behaviours and attitudes. **In practice, it is advised to limit the number of concepts and contents to teach, and to work more on the involvement of the learner, active participation, exercises and attitudes.**

Furthermore, it has to be considered that for this kind of target, it is frequent that courses allow to develop competences, whose effects are nullified over time, since the individual does not fit as a more autonomous and active individual in the network. Therefore, we think that it is crucial to work in cooperation with the learners to help them construct their own role, options and possible settings in their relationship system, once the competences have been acquired.

As far as the structuring of the program is concerned, what presented above leads to the construction of a course, in which **70% is dedicated to simulations and direct experiences on the field** (in this case it means interviews, research and talks as later on proposed). It is absolutely not advised to mainly structure the 28 hours on the transmission of knowledge, through the classical training methods with slides presentations and explanations centered on the teacher's lectures.

An outline of a general structure could be what follows:

- 1 introducing participants in a group through games
- 2 identify some concepts to be shared - research of a common language
- 3 exercises (experiences, simulations, role plays etc, simulation of possible settings) - also in small groups, linked to theoretical contents and subsequent experiences

- 4 feedback on experiences and processing of life experiences of the whole group
- 5 field trips to accompany the learners when putting into practice the simulations they had previously worked on (research, interviews to public representatives, etc.)
- 6 processing experiences and putting them into practice, if possible - writing a document, setting up a committee, etc. (Translation of experience into theoretical knowledge, through sharing the development of specific concepts).

This sequence can be organized in repeated cycles. With regards to feedback, it could be interesting to videotape the simulations and experiences, and discuss them with the whole group. It is also advised, in this case, to work directly on civic competences, and indirectly on social competences. For example, if we develop simulations and experiences connected to interviews to be held in different contexts, the group works indirectly on social competences as well (how to make appointments, how to behave and what language to use in a specific situation, etc.).

4. Work proposal

In this section, we will briefly outline some possible work proposals. As stated before, it could be useful to start from the civic competences and work indirectly on the social competences. First of all, we have to define the level we want to work on, within the civic competences. From the definition of civic competences, it is clear that we are dealing with competences at the European level and at the local institutions level. It is clear that these two levels are bound together, since the capacity to preside over the local level allows to act and preside over the European level, and vice versa.

Anyway, when planning the course (bearing in mind its short duration), it would be useful to identify one specific level, in order to design a well-defined course, in terms of exercises.

The main goal could be the development of a progressive course, which will make the learners simulate interviews, then carry out some research and interview representatives on the field (families, associations, institution representatives) and, after that, create a document (written or video) to be uploaded on the project website (in compliance with privacy regulations). From another point of view, what we defined "goal" becomes a means, an opportunity to develop social competences (interactions with others in different contexts, peers, families, etc.)

Some main steps could be the following:

- 1 start from a common definition of certain terms, from a card, definition, text or structure (ex. what is Europe), possibly analysed with posters
- 2 identify elements for which it would be useful to carry out some research or interviews
- 3 plan the interviews (who we will go to, what we will ask, how to make an appointment, how long it will last, etc.)
- 4 simulate interviews and conversations, (ex. with public and family representatives)
- 5 work on simulations to identify improvable aspects, in order to perform successful experiences on the field (through discussions, also based on videotapes of simulations)
- 6 organize and assign participants with tasks and roles (identifying the offices to visit, calling to make appointments, doing the visits, interviews and telephone conversations with public representatives, associations, operators, families)
- 7 videotape interviews and collect the results, in order to create a sole document that represents the outcome of the course (it could be uploaded on the website).

After introducing the group members to each other, it could be interesting to start from the analysis of the identity cards (exercise that fits well after the presentation) or from an activity about each member's own geographical location. Using the identity card, one can start from identifying their own town, where it is located, in what country, how big it is, etc. Those who focus on the European level could identify "what Europe is" starting from a simple map or using the zooming effect of online applications, in order to visualize the shift from a local view of a place to a wider one. Alternatively, it is a possibility to recognize what service the person is relative to, and identify the reference institutions. It could also be interesting (according to the learners' profiles) to start from an image (painting, drawing, picture or frame that reminds the concepts of participation and citizenship, or also pictures in which people vote, candidates speak to crowds, people protest or demonstrate) and ask trainees what the image makes them think of. From the short exercise on geographical locations, one could move on to work on some terms related to the dimension of citizen. The transition can be easily done proceeding from the pictures shown or through the analysis of rights/obligations, within the service the participant is related to. The word 'analysis' can be structured on the construction of a short vocabulary to be shared in the course. The words could be, for example: citizen - participation - rights - obligations - needs - committee - association (also promotion, defence, politics, city - country - Europe or those arisen from the pictures etc.). Like a brainstorming exercise, each participant will be asked to provide a meaning for each term, making sure that any explanation will be accepted and written on a poster, next to the word under consideration. Once all posters are completed with all meanings, trainees are provided with the right definition (searching the web or with a simple vocabulary) of each term and write it next to those proposed by the participants. The teachers can activate a discussion focusing on rights, obligations and possible ways to promote rights (right to vote, associations, promotion groups, committees). At this point, according to the possibilities, different programs can be outlined. Trainees could carry out a small research on proper ways to promote their rights, for example by constituting a committee of their own. Learners in cooperation with teachers could search the web and other sources to find out where and to whom they should apply for information, and then simulate meetings and interviews. The aim of the interviews could be to acquire general information about the above mentioned aspects to enrich the vocabulary and data collected (how the local - or European - government works, how to promote rights, how to vote, who to vote for); or about the practical actions to take, like the set up (or reinforcement) of a committee, group or association. Interviews could be thought of and built with reference to: family members, group representatives, associations or other institutions. Interviews to family members should aim at getting them involved in the process and also make users work on needs and rights of other people. Interviews with institutions, associations and service representatives could aim at acquiring information, as well as eventually building the basis for future actions, and learning about behaviours and attitudes in different contexts. The summary charts shown in the attachments are just a guideline for possible interviews; they can be entirely modified according to the learners' proposals and language to be employed.

Each situation described in the charts should be simulated in the classroom first, then discussed and analysed in the group, and possibly with the aid of a video. Then, it should be organized in cooperation with the trainees, and finally performed for real. In view of the profiles designed at the beginning of the course and its progress, different roles could be assigned to participants based on their characteristics and resources. Following the

experiences and according to the orientation chosen, a final document could be drafted, including the most frequent and important questions and answers. The outcomes could be uploaded onto the website, as examples of the intervention results. Such experiences on the field can also be considered as practical tests on which assessment can be carried out, as indicated in unit 1.

(some suggestions work are included in the appendix)

UNIT 4 Models for dealing with parents, the social and working environment

1. AIMS OF THIS UNIT

1 explore the personal impact disability can have on family members and family structure, taking into consideration the dynamic nature of family functioning and the interactivity of the family system;

2 emphasise the frame of reference and the contextual factors when dealing with parents and in the social and working environments, and to identify the practical ways of involving the family in his/her education and therapeutic project;

3 identify models in order to link the family with formal and informal supports, consistent with the cultural beliefs, traditions, and practices.

2. DEVELOPMENT OF AIMS AND ACTIVITIES

2.1. Helping Parents Deal with the Fact That Their Child Has an Intellectual Disability

Some parents cannot distinguish between the unconscious wish for a normal child from an unthinkable, sudden reality of one who is not. For some parents, just trying to comprehend the disparity between their desires for their child and the disability that exists in reality, compounds their emotional and intellectual efforts to adjust to the situation (Healey, 1997).

The professionals must be aware of the grieving process: the stages parents often go through when coping with the fact that their child has an intellectual disability. Moreover, professionals need to guide parents through the usual stages of adjustment towards a reasonable acceptance of their child's condition. Until parents can cope with their own pain and frustration, their full energies cannot be directed towards an understanding of the child's disability, level of development, readiness for instruction, or participation in the intervention process.

The parents' typical stages of adjustment are the following (Healey, 1997):

Stage one - the parent may be shocked (may cry or become dejected, may express feelings through physical outbursts or, occasionally, inappropriate laughter).

Stage two - some parents may deny the child's disability or try to avoid that reality ("shop for a cure" or try to bargain for a different reality).

Stage three - parents feel angry, guilty, or both (verbally attacking anyone who might be blamed for these unfortunate circumstance, blame of the original diagnostician). This

stage is a positive point to reach in the process of adjustment, and the professionals must not become defensive if the parents attack.

Stage four - parents become resigned to the fact that their child has an intellectual disability. One or more family members may slip into depression, feelings of shame, guilt, hopelessness, and anxiety. A few parents tend to retreat, accompanied by an attempt to hide the child. However, any behaviour that results in abnormal isolation of one or any family members must be prevented or eliminated.

Stage five – this is the stage of acceptance, meaning that the parents have achieved an unconditional positive regard for their child. Specialists debate whether or not this stage of adjustment includes parents who show only acceptance of their child's condition, commonly called neutrality, or a very important new stage of cognition, in which parents not only begin to understand and appreciate their child but strengthen their skills in coping with life's trials, as well as being able to help their child, themselves, and others. Reaching this stage is highly correlated to the school initiatives that invite parents to become team members in a program with caring professionals, and often paraprofessionals, that is designed to meet all of the child's needs.

Stage six - parents are able to enjoy life, imagine a future, and talk of their child free of undue emotion. They can discuss and participate in designing or providing instructions objectively.

The attitude adopted by parents towards their disabled child depends on several factors, including the degree of deficiency or abnormality that he/she presents, the emotional, social and cultural factors which determine how the family members are coping with this situation, the level of family aspiration and the degree of intellectual potentialities, and the extent to which the child has not matched the paternal expectations, in the sense of intellectual and professional results.

Having a child with an intellectual disability can impact on the family system, but families can also use these circumstances to become a more resilient and healthy family (Havens, 2005).

2.2. Internal dynamics of the family system

The family is seen as an interacting set of relationships, both between the members of the family and with the wider society. Family system theories focus on a complex interactional model of family functioning, with each family representing a social system and with each family member constituting a part of the system (Broderick, 1993).

Disability has a personal impact on all family members, and the monolithic conception of the inevitability of distress, crisis, and pathology has been replaced with the recognition of the extreme variability of family responses and the understanding of how important it is to identify the antecedent causes of that variability (Glidden et. al., 1993).

1. Marital strain - in an unstable marriage, the stress of dealing with a child's disability can cause parental divorce; on the other hand, in a relationship that is strong, a child's disability may develop increased closeness and strength in the parents' marriage. Although several studies have documented stress in families of children with disability, with stress often being a factor in divorce, none have conclusively linked disability or chronic illness of children to parental divorce (cf. Havens, 2005). Also, in a study on the impact of infant disability on maternal stress, perceptions found that 85% of their respondents reported that, despite problems the family experienced as a result of the disability, their families grew closer because of their shared experience (Singer & Farkas, 1989).

2. Sibling strain - siblings may share the same emotions that parents feel (i.e. grief, anger, and guilt) and some of these may arise from fear and misunderstanding. Sometimes, siblings may be embarrassed about having a sibling with a disability; they may lash out at the child with the disability in harmful and abusive ways for disrupting their families, and adding stress to the family situation (rivalry among sibling, parentification, and even child abuse).

3. Parental strain - some parents will turn most of their attention to the child with disability, creating an unhealthy bond between the parent and the child, shifting the focus from their relationship and placing it on the child's illness or disability (Lavin, 2001).

4. Financial strain - the family will experience many challenges such as, ruined schedules, and additional expenses which can create financial burdens for the family (Lavin, 2001).

Irving Dickman and Sol Gordon (1985, p. 109) share in their book *One Miracle at a Time*, that "it is not the child's disability that handicaps and disintegrates families; it is the way they react to it and to each other."

3. Becoming a resilient family and environment

Walsh (1998) and Boss (2002) both suggest strategies to facilitate resilience in families experiencing chronic stress situations: increase in communication, seeking professional help (counselling or support groups), making time for each other (spouse and other children) a priority, keeping perspective, developing a support network, allowing time for respite and play in the family.

Communication – parents should share their feelings, so that the partner does not have to make assumptions or guess what the other one is feeling. Holding in emotions, thoughts and feelings will protect no one, and will more likely make both partners feel isolated when they are already hurting (Albrecht, 1995).

The parents should share their child's disability, illness, diagnosis, doctor's reports, and other important information with family members.

Since siblings may feel jealous, embarrassed and naturally left out due to the extent of attention given to the child with disability or chronic illness, it is important to educate siblings and other family members so that they may increase their understanding and acceptance of the sibling with disability or illness. It is important to note that education should be an ongoing process; as a child naturally grows and changes, so may their disability or illness.

In the beginning, many family members may be overwhelmed by the diagnosis and may need to hear it directly from the family doctor. If the parents are not comfortable in taking along their entire family to the next doctor's appointment, they might request family members to write all the questions they have, and once the parents have all the information, they can share with the other members of the family.

Parents can also encourage other family members to educate themselves through reading materials. When sharing new readings with family members, it is very important to make sure that materials are age-appropriate. There are many children's books that deal with the specifics of disability in an understandable and non-frightening way to children.

Seek professional help - counselling for individuals or groups may be beneficial to the family unit: it can be comforted by knowing that emotions, attitudes and feelings of the family members are all "normal" to be had (Dickman & Gordon, 1985); there is the opportunity to redirect their emotions into something positive for the family unit and the children's best interests.

Individual and group counselling can take place with professionals or within a support group (people who have had similar experiences - husband-wife team, single parent or the sibling). Support groups can give them emotional support as they deal with their families situations. Family members may need assistance when deciding what level of support they need from counselling.

Making time a Priority - making time for each other, as husband and wife, not just mom and dad, should be a priority when parenting a child with a disability, and essential for keeping the marriage intact and healthy. Parents should think about what they really need to take care of their relationship, and plan ahead to make it happen (Albrecht, 1995).

Making time for the other children should also be a priority. Siblings need to know that they are special, valuable, loved and do not always come second. Encouraging them to embrace their childhood, thanking them for all the help they give around the house, and acknowledging their feelings is very important (Albrecht, 1995; Dickman & Gordon, 1985; and Lavin, 2001).

Keeping Perspective - as a parent of a child with disability, the emotions experienced are likely to be the strongest they have ever been and these feelings may be confusing (anger, grief, protectiveness, and love all jumbled together). It is important to recognize personal feelings and emotions, to try to find a balance, and remember it can always be worse.

Developing a Support Network - in trying times, the social network can step in when parents, siblings, or caregivers need a break or help fill in the gaps of the family to meet the needs of the other family members.

Embracing Respite - respite can be defined as time away from the disability and also as time away from the family, which is so focused on providing for the "special" needs that it overlooks the child's need for time away from focusing on their disability (Naseef, 1997). There are two types of respite experiences: formal respite experiences through state programs or camp environments; or non-formal respite utilizing the support network.

Playing - through recreation and leisure experiences, families have the opportunity to experience self-actualization, creatively express themselves, build a family unity, be healthier, build esteem in the individual members and of the collective family, reduce stress, conquer boredom, and socialize with each other, while extending their social network by making new friends outside of the family (New York State Recreation & Park Society, 2004).

Leisure, recreation and play are an important component of any child's life, and this should be no different for a child with a disability. When playing, children learn important life skills. In recreation and leisure times, parents teach children important lessons.

Families in need of assistance in the planning or partaking recreation activities can often find great resources in community institutions.

In conclusion, having a child with a disability is not a catastrophe for a family system, and does not have to be devastating for the parents, siblings or for the child with a disability. With the right mindset, support system, and a little fun the family can learn ways to deal with and overcome chronic stress in order to not only survive, but thrive.

The ability of the family to adapt to the impact of the disability depends on some contextual variables, such as: financial resources, access to health or educational services, home and community safety and convenience, domestic tasks and chore workload for the family, caring tasks, social support, family relationships, father's and mother's specific roles, sources of information and advocacy.

Evaluation criteria

Tools utilized during the course: interactive lectures; discussions; presentations; case studies; role playing; self-study; self-reflection “lessons learnt” about families, disability and culture and how this applies to their own practices; assessment tools (list of specific stress factors associated with raising a child with intellectual disabilities; The Parenting Stress Index, The Family Resource Scale, The Caregiver Strain Questionnaire, The Family Crisis Oriented Personal Scales etc.).

Helpful references

Albrecht, D.G. (1995). *Raising a child who has a physical disability*. New York: John Wiley & Sons, Inc.

Dickman, I., & Gordon, S. (1985). One miracle at a time: How to get help for your disabled child – from the experience of other parents. New York: Simon and Schuster.

Havens, Amber (2005). *Becoming a Resilient Family: Child Disability and the Family System*. NCA Monographs, Issue 17, Spring 2005, National Center on Accessibility, <http://www.ncaonline.org/monographs/17family.shtml>

Healey, B.(1997). *Helping Parents Deal with the Fact That Their Child Has a Disability*, <http://www.ldonline.org/article/5937/>

Lavin, J.L. (2001). *Special kids need special parents: A resource for parents of children with special needs*. New York: The Berkley Publishing Group.

Naseef, R. A. (1997). *Special children, challenged parents: The struggles and rewards of raising a child with a disability*. Secaucus, N.J.: Carol Publishing Group.

Singer, L. & Farkas, K. J. (1989). The impact of infant disability on maternal perception of stress. *Family Relations*, 38, 444-449.

Recommended Reading for Child Family Members:

Brown, T. (1995). *Someone special, just like you*. Henry Holt & Company.

DeLoach, K. (2004). *Daniel's world: A book about children with disabilities*.

Stuve-Bodeen, S. (1998). *We'll Paint the Octopus Red*. Woodbine House.

Thomas, P. (2002). *Don't call me special: A first look at disability*. Barron's Educational Series.

UNIT 5 “Collaboration with professionals from diverse fields, development and integration of assessment tools in existing models “

1. Aims of this unit

This chapter aims at highlighting the importance of collaboration among professionals from diverse fields, providing a guidance to educators for the implementation of a training course for disabled people.

The idea to be promoted at all levels is that one does something WITH the disabled person and not FOR him/her. The ambition is to work to change the image of disability in: professionals, families, service organizers, policy makers and society in general.

The contents of this chapter are focused on the following issues :

2. The relationship between the individual and the professional: towards a change of vision and condition

2.1 Self-determination

Position of the representations

Even among professionals, we notice that 80% of the people asked, agreed with certain ideas generally accepted, such as “ it is necessary, at some point, to choose for them” or “ these people express themselves just to please someone who questions them” or “alternatives are sources of anxiety for intellectually disabled people” and even “individual preferences are incompatible with collective life”.

According to Roland Javier and Yves Matho (see biblio), one of the major obstacles to the exercise of an active citizenship is the resistance of professionals, especially because they work hard. Indeed, promoting communication in disabled people requires time for the relationship, for the partnership and for the co-construction.

Difficulties

The involvement of people with disabilities and the consideration of their rights are central points in the theoretical and practical part, but do not come naturally. What is implemented? And, which effects do we notice on the care quality as well as on the institutional functioning?

There is ethical and philosophic rhetoric about the respect of human rights, which concern the observance of those laws, that meet those needs which make of participation an acquired and shared concept.

However, the implementation is not without difficulties, especially for the people with disabilities.

The utopian nature of participation, considering the intellectual deficiency, is due to the current reaction of professionals, relatives, and institutions.

How far does the chance of people with ID to be active in community life go? The professional is afraid of giving in to their illusions about the possibility to have an ordinary life, or frustrating them when facing stressful situations. Time is an important factor too: it seems often easier, faster and more effective to do *for* them rather than *with* them.

Therefore, even if the support is aimed at helping the disabled person to reach autonomy and development, its objective is to become less and less necessary.

The participation is also a real strategy to change professional representations. It does not only aim at being more attentive, promoting dialogue, initiatives, and creating conviviality, but it also changes the perception of the user, who becomes “an actor”. People have skills, I can learn from them and vice versa, they can understand better the reasons of mutual functioning. This means a change of perception and practice for disabled people, in both a positive and negative senses; because they can want to look for structures by requesting a professional opinion, or especially by auto censoring their own capacities, thus creating a form of dependence on the professional.

Even within the family environment there is a change of perception, which generates a modification in the daily training practice: they participate more in the development, education, and support towards the autonomy and self-determination of their disabled children, in synergy with professionals.

2.2.Participating: why? In what?

According to the German philosopher J. Habermas and his theory on the deliberation, the first point is to implement the discussion capacity. Participation improves the content of the action and optimizes qualitatively the results.

The second one is to make citizens active and valued for their own capacities. This requires that disabled people feel welcome and supported to be able to express themselves, to represent their peers in group, to express their needs and to know them better, to move towards personal evaluation and self-confidence, and to be aware of their own capacities and unsuspected potentialities.

For the family, an individualized plan means having more visibility, greater involvement, and a stronger link with the organization (the specific service), but also a reassuring support. Finally, for the organization and professionals, it is a manifestation of practical practices, a mobilization of themes, a formalization of procedures and new working methods.

Finally, the participation of disabled people encourages social justice (democratization of the democracy), by making sure that everyone has the right to express him/herself, removing those barriers that keep social groups outside of the political game, and by including those whose words we usually do not hear. This participation puts into question society’s choices.

3. Appropriate tools to support changes in the training

In order to reach the above described objectives, it is necessary to involve in the planning:

- Professionals in charge of participants
- Relatives of participants
- Operators and service representatives
- Policy makers and social service representatives.

It has been often pointed out in the handbook and in this unit that, in order to achieve a change in a single person, the context of belonging also has to change.

3.1. Indications about the involvement of professionals, operators and service representatives.

This section’s indications can involve professionals, as well as service operators.

Beyond the differences among the systems in charge in different countries, some professionals are involved in the working projects addressed to disabled people, as psychiatrists, psychologists, general doctors and specialist doctors, therapists and educators. In case of training interventions with people with disabilities, it is very useful that the mentioned professionals are involved in the project and in the targeted objectives.

Professionals always represent an influential point of view for families, and for participants themselves. Therefore, the aims of the process are:

- Getting professionals involved, in order to propose to relatives and users themselves, a sole and shared message concerning the importance of a training intervention and its objectives
- Getting professionals involved, in order to make them intervene in an appropriate and coordinated way in case of difficulties pre- and post-intervention.
- Being ready to support people during their process of change (eg. a request related to any right that the person discovers to own, is better handled if the professional is informed about the process).
- Encouraging the participation of users and relatives.

When professionals of several kinds are involved, the problem is to use a common language, which makes sense for everybody. In this context, it is important to use the ICF tools, which have been created exactly with this aim.

For the professionals, it is useful to get the elements of connection between clinical evaluations, problems and resources, between gaps and competences in terms of education for the people involved. This project tried to develop tools and working processes, as a further help in this task of interconnection.

Therefore, we suggest:

- To introduce some modalities to get professionals involved as an integral part of the working process, within the procedure of the training intervention.
- To send informative material to professionals (preferably with the involvement of the users themselves).
- To plan individual and group meetings with professionals (discussion about cases, information related to courses), in which one uses the tools proposed in the different steps of the project.
- To involve professionals in the process of evaluating the course's effect (by employing evaluation forms).

A standard meeting with professionals can be developed through the following steps:

- Discussion of the case, starting from the users' profiles, implemented with the evaluation tools proposed in the research stage of the D-Active project (www.dactive.eu), or implemented with the model proposed in Unit 1.
- Explanation of the contents and objectives of the course (development of key competences and active participation).
- Collection of indications and observations.
- Request of participation in evaluation processes (by filling in simple forms).
- Request of participation in processes following the course.

In relation to the last point and to the specific activities of the D-Active course, it could be interesting to involve some professionals in the interviews or even better, in a final meeting in which users promote their rights and explain their requests to professionals (in terms of information as well). In this sense, another possible activity would be to involve the participants in the collection of data, with the aid of his own doctor or professional. In this case, the previous involvement of the professional is important.

The basis for the discussion is implemented with the same tools proposed in the research and handbooks:

- The evaluation register/protocol of the D-Active research.
- The profiles attached to Unit 1 of this handbook.
- The dissemination of material mentioned in the bibliography (eg. abstracts by the European recommendation related to the key competences, in order to explain the contents of social and civic competences, the subject of this course).

The indications of this section can involve professionals, as well as service operators (coordinators and technicians). They are particularly important for the course, because after the relatives, they are those who spend more time with the users, create long-term relationship and become a durable point of reference.

3.2. Indications about how to get the family involved

Several points of the project handbooks deal with the complexity and the importance of the family role.

At this point, we just suggest some useful initiatives for the course implementation:

- Preliminary meetings to information and get the relatives involved (about the objectives, the aims of the course and prospects), in which it is explained what one **cannot** expect from the course (eg: the course does not produce a working position).
- Identification of specific figures which deal with the family.
- Availability of a welcome-window for individual private meetings to gain information.
- Availability of a listening-window for specific requests.
- Distribution of informative material with a specific number to call at what exact times.
- Final meeting to present the outcomes (in which the users are actively involved).
- In case of long-term interventions, intermediate meetings can be organized to inform about the progress of the course.

Educators and professionals involved in this kind of intervention, should consider availing themselves with the research protocol and profile in module 1. These evaluations must also contemplate indications on the context and the caregivers.

3.3 Indications about the involvement of political and social service representatives

In the courses aimed at developing the competences for active citizenship, it is very important to involve political authorities and social service representatives, in order to give continuity to the interventions, and to enhance the opportunity to transfer and reproduce initiatives.

Modalities of involvement concern two levels of intervention:

- Initiatives, previous, parallel and successive to the course, aimed at involving the representatives, at a formal and informal level, and for further participation, evaluation, reproduction, expansion or diffusion of the course.

- Initiatives, aimed at involving representatives in activities developed by disabled people themselves.

In relation to the first point, one refers to those initiatives which include conferences, meetings and the dissemination of informative material, to allow representatives to better understand the aims, objectives, methodologies and assessment systems related to the course.

The selected tools and models have no real value without being part of territorial and extra-territorial policies, or without being continually tested with regards to contents and target groups.

A full development of active participation in disabled people, their job opportunities and inclusion, is carried out if the contest in which they live is ready to be “modified” to welcome their participation.

In this case, political and service representatives could be contacted to participate in informative meetings about event and initiatives carried out by disabled people (eg. being available for interviews), in order to prepare the ground for successive interventions.

At the end of the course, it could be interesting to suggest some simple evaluation forms to realize:

- The impact with regards to the project’s outcomes.
- The level of understanding related to the main features of intervention (aims, objectives, methodologies, assessment systems, and main features of selected models).

If the tools and models are not easy to handle and understandable (for people without a technical education about training in a clinical contest, but who define development), they probably will not be used with continuity.

In relation to the second point, some interviews to political and services representatives organized with the users themselves, could be included within the course.

In this case one refers to interviews in unit 3.

Soon after or during the end of the course, it is recommended to propose some moments of comparison between a possible committee, and political and services representatives (eg. social assistants).

The new committee or the disabled people group express some suggestions to help promote their own rights or informative requests about modalities, aims, service development and choices.

It could be interesting to organize several meetings with the representatives subdivided in categories (politicians, social assistants, service technicians etc.), in which people with disabilities can present their own needs, expectations, requests in a verbal way or by delivering the “need and request form”, previously filled. Representatives, instead, could explain their policies of intervention with regards to the themes individualized by disabled people, let alone limits and opportunities in terms of structural and economic research about possible initiatives.

In the successive stages it is very interesting (although very difficult) to organize simulation meetings in which politicians, or representatives explain how they intend to guarantee the rights of disabled people; exactly as it happens within promotion’s group or citizens’ associations. Where it is possible to organize a meeting with the representatives of different levels and sides, people with disabilities have the chance to evaluate the intervention by filling “liking forms” as well as using simulation forms, reproducing those voting systems used in examinations or sport events. These evaluations can concern the satisfaction, the

level of understanding and sharing, and even the quality of responses compared to the expressed needs.

This kind of initiatives allow the politician or the representative to get in touch with the target and the problems connected with these initiatives, as well as to understand and identify the communication forms, most efficient in the relationship with these people.

4. Best practice

4.1 Realization of an interview: what could you do? what can be made for the exercise of my rights? Meeting: appointment setting, preparation of the questions, carrying out the interview, writing an article in a newspaper.

4.2 Realization of a conducted tour of the community - meeting of the elected representatives in charge of disabled people.

ETAI - Kremlin Bicêtre, a partner of D-Active project, has implemented a project called "citizenship", in collaboration with users during several months. With regards to the project's frame, Kremlin Bicêtre requested our help. They would like " to visit the General Council ": it seemed to them important " to explain that each citizen has his own rights, in particular to appear at elections ".

Unwound:

- Presentation of the participants and the meeting place (place of discussion, exchange, debate among the elected representatives)
- Presentation of new registers of the executive staff and of documents regarding budget and CG' skills
- Film projection "Your Department"
- Visit of a board room
- Exchanges

Then, the reader will find a brief description of the contents which could be completed by the trainers, using the texts appearing in the bibliography and other useful sources.

References

Live together, in November, 2011, file called "Armed to be citizens " FR

Understand the participation of the users, Roland in January and Yves Matho, on 2011, FR

New spirit of the democracy, LoïcBlondiaux

For a culture of the participation, Pierre Mahey

CONCLUSIONS

From the contents of this handbook, the following aspects appear decisive:

- the use of validated tools to collect, classify, evaluate and record the data during all stages of the training course; these tools are ICF-related;
- the use of tools for the development of key competences, related to active citizenship as recommended by the European Council;
- the attention to and involvement in the social and family contexts;
- the need for adequate training of professionals and their involvement in work modalities, which include confrontation and cooperation on individualized planning.
- awareness and involvement of services and concerned institutions.

The proposed tools can be applied in different contexts too, adapting them to the capacities, resources and objectives of the situation in which they are to be applied.

From the person with ID's point of view, this formative occasion gives the opportunity to be involved in an experience of greater cognizance, and consequently with the possibility to express their own individuality, discovering new means of communications, with regards to the specific situation of each person.

An increase in participation can bring about an evident change in the image of disability within society; the self determination of the person with ID in the environment involves a change to the representation of people with disability, showing them to be less dependent and in need of assistance.

Active participation, since each person has a chance to contribute, involves visibility in all aspects of the person's and other people's lives: from the close family environment to community life. This is carried out through action: in choices, in the ideas and expression of opinions, and in showing him/herself to be a citizen, therefore a person with rights and duties.

APPENDIX

worksheets of Unit No. 1

PERSONAL PROFILE

DEMOGRAPHIC DATA

Name: _____
(ICF Checklist)

Age: _____
(ICF Checklist)

Gender: male female
(ICF Checklist)

Dwelling: independent
(WHODAS) assisted
 hospitalized
 at home
 other (please specify): _____

Years of formal education: _____
(ICF Checklist)

Current marital status: single divorced
(ICF Checklist) currently married widowed
 in a relationship cohabiting

Current occupation: paid employment
(ICF Checklist) self-employed
 non-paid work
 student
 retired

- unemployed (health reasons)
- unemployed (other reasons)
- other (*please specify*) _____

Medical diagnosis of existing health conditions

(ICF Checklist)

no medical conditions exist

if possible give ICD Codes

ICD code: __. __. __. __. __

ICD code: __. __. __. __. __

ICD code: __. __. __. __. __

A Health Condition (disease, disorder, injury) exists, however its nature or diagnosis is not known

BODY FUNCTIONS AND BODY STRUCTURE

Medication:

no

yes

(ICF Checklist)

please specify: _____

Assistive devices:

no

yes

(ICF Checklist)

please specify: _____

Person assisting with self care, shopping or other daily activities:

(ICF Checklist)

no

yes

please specify: _____

Overall health:*(WHODAS)*

very good	good	moderate	bad	very bad
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Mental functions:*(ICF Checklist)***b110Consciousness**

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b114Orientation (time, place, person)

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b117Intellectual (incl. Retardation, dementia)

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b130Energy and drive functions

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b134Sleep

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b140Attention

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b144Memory

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b152Emotional functions

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b156Perceptual functions

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b164Higher level cognitive functions

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

b167Language

no impairment	mild impairment	moderate impairment	severe impairment	complete impairment	not specified	not applicable
---------------	-----------------	---------------------	-------------------	---------------------	---------------	----------------

ACTIVITY AND PARTICIPATION

Difficulty in...

(WHODAS)

...understanding and communicating

none	mild	moderate	severe	extreme/cannot do
------	------	----------	--------	-------------------

...getting around

none	mild	moderate	severe	extreme/cannot do
------	------	----------	--------	-------------------

...self care

none	mild	moderate	severe	extreme/cannot do
------	------	----------	--------	-------------------

...getting along with people

none	mild	moderate	severe	extreme/cannot do
------	------	----------	--------	-------------------

...life activities

none	mild	moderate	severe	extreme/cannot do
------	------	----------	--------	-------------------

...participation in society

none	mild	moderate	severe	extreme/cannot do
------	------	----------	--------	-------------------

ENVIRONMENTAL FACTORS

		<p>Who provides care for the person with intellectual disability?</p> <ul style="list-style-type: none"> Rank the aspects listed on the left, on a scale from 1 (most important) to 11 (least important); continue with 12, 13 etc. in case you identify other needs. More aspects can have the same rank if you think they are of the same importance. For each of the aspects listed on the left, indicate the level of support that the person with intellectual disability receives in your opinion, on a scale from 1 (no support) to 7 (maximum support).
--	--	--

	rank	Myself	Father	Mother	Brothers and Sisters	Relatives	Operators	Doctors	Friends	Neighbours	Spiritual figures	Teachers	Educators	Legal figures	Psychological support figures	Other (specify)	Other (specify)
Health																	
Feeding																	
Mobility																	
Security																	
Emotions																	
Sexuality																	
Finances																	
Legality																	
Relations																	
Hygiene																	
Spirituality																	
Other (specify)																	

(Ca.R.R.I.)

Caregiver's condition:

(CBI)

Personal impression of the experienced burden

never	rarely	sometimes	quite frequently	nearly always
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ADDITIONAL INFORMATION

(ICF Checklist)

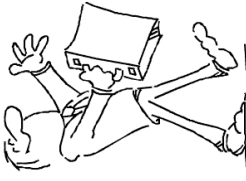
Please give a thumbnail sketch of the individual and any other relevant information:

Include any personal factors as they impact on functioning (e.g. lifestyle, habits, social background, education, life events, race/ethnicity, sexual orientation and assets of the individual).



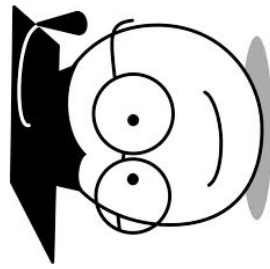
THAT'S WHERE I LIVE:

HOW I LIKE IT THERE:

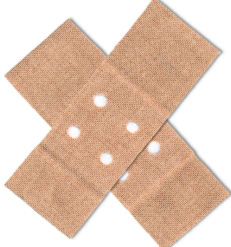


THAT'S WHERE I WORK:

HOW I LIKE MY JOB:



THAT'S ME...



THAT'S HOW I FEEL ABOUT MY HEALTH:



THAT'S HOW SATISFIED I AM WITH MY LIFE:





MY HOBBIES ARE:

Empty box for writing hobbies.



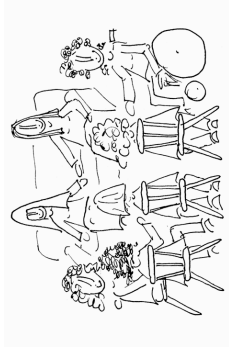
I SPEND MY SPARE TIME WITH:

Empty box for writing who they spend spare time with.



I PARTICIPATE IN THESE GROUPS:

Empty box for writing group names.



I GET ALONG WITH PEOPLE EASILY:

Empty box for rating social ease, containing three smiley face icons.



THESE ARE THE PEOPLE WHO SUPPORT ME:



	Health	Nutrition	Mobility	Emotions	Sexuality	Finances	Legal stuff	Relation-ship/relating to others	Self care	Spirituality
My mum										
My dad										
My brothers and sisters										
Relatives										
Friends										
Neighbours										
Educators										
Doctors										
Legal Figures										
Others										

Name of participant:	Start of the course:
Module: SOCIAL COMPETENCE	End of the course:

Aspect	General aims	Specific aim
Knowledge	<p>◆ The person understands the codes of conduct and manners generally accepted in different environments</p>	<p>))))> The person knows when to say hello and goodbye))))> The person knows when it is time to shake hands.))))>))))> AND SO ON!!! </p>
Skills		<p>))))>))))>))))> </p>
Attitudes		<p>))))>))))>))))> </p>

Process documentation:

Date	Contents

Screen mask

	J	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1		DACTIVE		  Lifelong Learning Programme																
2																				
3																				
4				name of participant:																
5				disability and active citizenship																
6				SOCIAL COMPETENCES																
7				SOCIAL COMPETENCES																
8																				
9																				
10																				
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27																				
28																				

**EQF (for persons with intellectual disabilities)
focusing on
social and civic competences**

		Knowledge
		In the context of EQF, knowledge is described as theoretical and/or factual
Level 1	The learning outcomes relevant to this level are	basic general knowledge
Level 2	The learning outcomes relevant to this level are	basic factual knowledge of social and civic competences
Level 3	The learning outcomes relevant to this level are	knowledge of facts, principles, processes and general concepts regarding social and civic competences
Level 4	The learning outcomes relevant to this level are	factual and theoretical knowledge in broad contexts within social and civic competences

Skills	Competence
<p>In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments).</p>	<p>In the context of EQF, competence is described in terms of responsibility and autonomy.</p>
<p>basic skills required to carry out simple tasks</p>	<p>work or study under direct supervision in a structured context</p>
<p>basic cognitive and practical skills required to use relevant information in order to carry out tasks and to solve routine problems using simple rules and tools</p>	<p>work or study under supervision with some autonomy</p>
<p>a range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information</p>	<p>take responsibility for completion of tasks in work or study</p> <p>adapt own behaviour to circumstances in solving problems</p>
<p>a range of cognitive and practical skills required to generate solutions to specific problems in a field of social and civic competences</p>	<p>exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change</p>

worksheets of Unit no.3

Attachments - Interview summary charts

The following charts can be considered guidelines for interviews on three possible levels. Of course you should choose one according to the level selected.

Work Process	Family members (the following questions can be modified to be asked to caregivers of other kind or to operators)	Representatives of Institutions	Eventual groups or associations already existing
Eventual set up of a committee	<ul style="list-style-type: none"> - What meaning do you give to the words of our vocabulary? - What are the rights that you feel you have? And the obligations? - Have you ever found yourself in the position of defending your rights? How did you do it? - Do you think it is important to promote and defend one's own rights? - Have you ever found yourself in the position of defending your relative's rights? - What do you think this city (municipality, etc.) should do in favour of our rights? - In your opinion, what is a rights promotion committee? - In your opinion, what could I do to set up a committee? - In your opinion, what could happen to me if I joined a committee? 	<ul style="list-style-type: none"> - What meaning do you give to the words of our vocabulary? - What are, in your opinion, our rights and obligations? - What do you do to promote/defend our rights? - In your opinion, what more could be done in our community? - What could I do to set up a promotion committee (association, etc.)? - What offices can I apply to in order to get information, and organize events (etc.)? - How could you help us? - What should we do if we needed to meet you again? - Will you accept to be videotaped or appear in our document? 	<ul style="list-style-type: none"> - What does your association do? Who are your members? - What kinds of activity do you do? - How did you set it up? - What advice can you give us? - In your opinion, what more could be done in our town?

Work Process	Family members (the following questions can be modified to be asked to caregivers of other kind or to operators)	Representatives of Institutions	Eventual groups or associations already existing
<p>Researching information about the local government</p>	<ul style="list-style-type: none"> - What meaning do you give to the words of our vocabulary? -Do you know how the government of this city is organised? -What is the system of government in my country? -Are you satisfied with what the government is doing for you and our family? - What do you want from your government? Is there anything that would be really important for you? -What do you do for your community? (if any of the participants can vote) -Do you think it's important that I vote? Why? -In your opinion whom and how can I ask for information on how to vote? -How is it possible to understand what candidates want to do? Do you understand it? Do you think there is any of them who defends our rights? -We will go to interview somebody from (name of the chosen institution) soon. What would you like us to ask him? 	<ul style="list-style-type: none"> -What does participation mean to you? -What is this institution doing for us? -What are you dealing with? -What can we do for you to help your work? - If we have a problem and we need your help who can we turn to and how? -Could someone from your office please explain us how to vote? -How can I get some information on candidates? -How can I get the documents required for voting? And what if I lose them? -What do I have to do when I go to vote? -Why do I have to vote one or another? -Is there any other way, except for voting, to promote our rights? 	<ul style="list-style-type: none"> -What is the system of government in my country? - Is there any other way of participation, except for voting, to promote our rights? -What are you doing to promote human rights? -Do you think there are things that also we can do? - There are things that we can do every day for our community -Which associations are taking care of us in this territory? What are they doing? - Who can I turn to and with what kind of problems?

Work Process	Family members (the following questions can be modified to be asked to caregivers of other kind or to operators)	Representatives of Institutions	Eventual groups or associations already existing
European level	<ul style="list-style-type: none"> -Do you feel a European citizen? -What does it mean for you to be a European citizen? -Do you know something about the bodies of the European Union? -Do you think it's important to be interested in what the European Union is doing? -How EU decisions might have impact on our family? -What might be the topics of my or our interest that we should insist on? -How could Europe protect our rights on your opinion? -Do you know any associations that promote our rights in Europe? Are you in contact with them? -If you could speak with a EU representative what would you say to him? 	<ul style="list-style-type: none"> - What does it mean to be a European citizen? -What are my rights and duties as a European citizen? -In which sense the European Union can be a tool for me and in which sense can I be a tool for the European Union? - What are the topics of my interest and how should I insist on them? -How to ask what to do? -Are there any organizations that represent my rights in Europe? -What is the European Parliament doing? Can I vote for the candidates? What is the European Council? Where can I get some information about this? -What is my country doing or trying to promote in Europe? -How can I put pressure on the European Parliament or Council? -If you could speak with a EU representative what would you like to ask him? 	<ul style="list-style-type: none"> -What are you dealing with? -If there are any organizations in my territory that give information on European citizenship how can I contact them? -Is there any other way, except for voting, to promote our rights? -What is the European Union doing to promote human rights, on your opinion?

DACTIVE PARTNERSHIP

PROJECT PROMOTER

Co&So Firenze
(Florence, Italy)
www.coeso.org



PARTNERS

Florence Municipality
(Florence, Italy)
www.comune.fi.it



Veneto Region
Azienda ULSS 16 of Padua
(Padua, Italy)
www.sanita.padova.it



General Council of Val de Marne
(Val-de-Marne, France)
www.cg94.fr



INIT Developments Ltd.
(Schwerin, Germany)
www.init-development.eu



Pitesti University
(Pitesti, Romania)
www.upit.ro



IVADIS - Valencian Institute for Care
Disability and Social Action
(Valencia - Spain)
www.ivadis.com



Jugend am Werker Steiermark GmbH
(Graz - Austria)
www.jaw.or.at



TEDKNA - Local Union of Municipalities
and Town Council of Attica
(Athens - Greece)
www.tedkna.gr



www.dactive.eu