



**MINCE Guidelines
for Disability Care
Organisations**





lebenshilfe
Wege für Menschen

<http://www.lebenshilfen-sd.at>



<http://www.bapid.com>



<http://www.zeb.stephansstift.de>



<http://www.malidom.hr>



<http://www.lodz.sa.edu.pl>



<http://www.fenacerci.pt/web>



<http://www.cudvcrna.si>





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MINCE – Model for Inclusive Community Education

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Preface



The MINCE Guidelines for Disability Care Organisations were developed as part of the project MINCE – Model for Inclusive Community Education. The project received funding from the European Commission, within the framework of ERASMUS+, from November 2015 until October 2017. The project was headed by Lebenshilfen Soziale Dienste GmbH (Austria) and was realised together with six partners, all of them European non-governmental organisations: BAPID – a Bulgarian association for people with intellectual disabilities, Stephansstift Zentrum für Erwachsenenbildung gem. GmbH, a German centre for adult education, MALIDOM Zagreb – Dnevni centar za rehabilitaciju djece i mladeži, a Croatian day center for the rehabilitation of children and young adults, Społeczna Akademia Nauk, a Polish academy of social sciences, FENACERCI – Federação Nacional de Cooperativas de Solidariedade Social, the Portuguese National Federation of Cooperatives and Social Solidarity, and CUDV Center za usposabljanje delo in varstvo Črna na Koroškem, a Slovenian centre for work qualification, work, and social care.

The main aim of the project is to enhance the social inclusion of people with severe intellectual disabilities. The related activities in the project were to develop various kinds of materials (curricula, guidelines, and a compendium) in order to create a basic structure for a model for inclusive community education. The materials are addressed to different target groups: people



with disabilities (minor and severe intellectual disabilities), disability care workers, and disability care organisations.

1. The MINCE Guidelines for Disability Care Organisations

The MINCE Guidelines for disability care institutions aim to facilitate the social inclusion of people with severe intellectual disabilities. On the one hand, the Guidelines support the assessment and adjustment of existing services in terms of their compatibility with the idea of the social inclusion of people with severe intellectual disabilities.

On the other hand, the Guidelines will describe strategies for disability care organisations to expand their responsibilities in terms of Inclusive Community Education.

1.1. What are the Guidelines' key issues?

The services offered by disability care institutions are to be expanded with educational services for the communities. The institutions are to make available existing expertise, experiences, and methodologies, and to become a link between people with severe intellectual disabilities and society. The MINCE Guidelines offer measures and contributions that can be set by disability care organisations to enable social inclusion, personal or individual measures, and community-oriented measures.

1.2. Who are the target groups of the MINCE Guidelines?

The MINCE Guidelines are directed at a group of professionals in the field of disabilities, from care workers

to managers and executives of disability care organisations. The Guidelines address people who deal with social inclusion and community education as they work for NGOs or are political decision-makers in the areas of barrier-free accessibility, participation, social inclusion, or community education.

1.3. Who are people with severe intellectual disabilities?

ICF Disability Definition

This definition proposed in the paper *Towards a Common Language for Functioning, Disability and Health* by the International Classification of Functioning, Disability and Health (ICF) is the biopsychosocial model that was officially endorsed by WHO member states 2001.

Disability is viewed as the outcome of interactions between health conditions and contextual factors, external environmental factors such as social attitudes, architectural characteristics, and legal and social structures, and personal characteristics like gender, age, coping styles, social backgrounds, education, profession, etc. Disability involves dysfunctions in terms of physiological and psychological functions, impairments (significant deviation or loss of body functions), activity (individual tasks or actions), involvement in life situations, environmental factors connected with physical, social, and attitude-related parameters. Following the need of a paradigm change in order to promote inclusion, the project MINCE refers to the model of disability that is defined by the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The Millennium Development Goals (MDGs) were the eight international goals for 2015 established on the basis of the United Nations Millennium Summit in 2000, after the adoption of the United Nations Millennium Declaration.

The PMLD (Profound and Multiple Learning Disabilities) Network is a group of people committed to improving the lives of children and adults with profound and multiple learning disabilities.

Definition used in the Millennium Development Goals

In “the CRPD, ‘disability’ is not defined on an individual basis, but rather through an ecological model in which disability is seen as an evolving concept reflecting the interaction between the individual and social attitudes and the physical, economic and political environment that hinders the full and equal participation of persons with disability in society” (United Nations, 2011).

Definition of the PMLD Network

“Children and adults with profound and multiple learning disabilities have more than one disability, the most significant of which is a profound learning disability. All people who have profound and multiple learning disabilities will have great difficulty communicating. Many people will have additional sensory or physical disabilities, complex health needs or mental health difficulties. The combination of these needs and/or the lack of the right support may also affect behaviour. Some other people, such as those with autism and Down’s syndrome, may also have profound and multiple learning disabilities. All children and adults with profound and multiple learning disabilities will need high levels of support with most aspects of daily life” (PMLD Network).

Diversity in people with severe intellectual disabilities

Talking about people with severe intellectual disabilities in the context of social inclusion means recognising gender, ability, culture, class, ethnicity, language, religion, sexuality, and family structure, apart from in-

“It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences.” (Audre Lorde 1986)

dividual abilities, as important characteristics of the person.

Some of these aspects should be regarded in an inter-relational context, which means that overlapping characteristics like disability and gender or ethnicity can lead to a special form of discrimination in society.

Working with the target group requires recognising and respecting its diversity as this process should influence the support that is provided to realise inclusion.

An awareness of difference and diversity ensures the empowerment of people with severe intellectual disabilities against stereotypes and discrimination.

1.4. How have the MINCE Guidelines been developed?

The development of the Guidelines started at the beginning of the project, when professional carers met in focus groups that were held in all partner countries. In these focus groups 65 professionals from different services (e.g. workshops; home services; occupational services; intensive care services) and multidisciplinary knowledge (e.g. social workers; psychologists; physiotherapists; occupational therapists and managers) were involved.

These professional carers worked on the knowledge and tools that should enable carers in the disability sector to act as promoters for social inclusion.

The second important component in the Guidelines' development is the inclusion of peer mediators in the process. In all partner countries focus groups were conducted with people with intellectual disabilities. The



participants were a diverse group of people, some of them also had some experience in self-advocacy. The participants of these focus-groups worked on the concept of peer mediation. A core part of the focus groups was to reflect and discuss their own situation concerning approaches to the community and to discuss experiences they themselves had gained as well as experiences they had heard about from other people with disabilities.

The third part of knowledge and expertise acquisition was a collection of qualitative data in all partner organisations. A questionnaire was distributed to employees on various levels in disability care organisations (directors, managers, executives, and carers with different educational backgrounds). Additional good practise models for the inclusion of people with severe intellectual disabilities were collected in all partner countries. The questionnaire dealt with the needs and measures for a successful inclusion of people with severe intellectual disabilities; possible cooperation between disability care organisations and the community; the contribution disability care organisations have to make in order to succeed in the inclusion process and the connecting factors between community and disability care organisations.



**Legal Framework
for the
Social Inclusion**

2. Legal Framework for the Social Inclusion of People with Severe Intellectual Disabilities

The UNCRPD, which was ratified by the European Union in 2010, aims to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all people with disabilities and to promote respect for their inherent dignity (see Art 1). Social inclusion as one of the guiding principles of the Convention is embedded in various articles. The most important articles promoting social inclusion are:

Art 9: Accessibility

Art 12: Equal recognition before the law

Equality before the law is a central right for people with intellectual disabilities as it focuses on areas where people with intellectual disabilities still are facing restrictions.

People with severe intellectual disabilities are affected by substitute decision-making regimes and denial of legal capacity.

Art 12 lists standards to provide support for people with disabilities in the exercise of their rights. This support has to respect the rights, needs and preferences of persons with disabilities and never should be a substitution for decision-making.

This means that people with disabilities should be empowered to choose one or more support individuals to exercise their legal capacity. Support in the exercise of legal capacity also means to improve accessibility for people with disabilities or universal design and to use means of communication to offer advanced planning mechanisms for people with disabilities.

Article 12 is strongly linked to the enjoyment and effective exercise of other human rights provided in the UNCRPD: the right to access justice (Art 13), the right to liberty and security (Art 14), living independently and being included in the community (Art 19), the right to freedom of expression (Art 21), the respect for home and the family (Art 23), the right to enjoy an inclusive education system at all levels and lifelong learning (Art 24), the right to enjoy the highest attainable standard of health without discrimination on the basis of disability (Art 25), and the right to vote and stand for election (Art 29) (cf. United Nations 2014).

Art 13: Access to justice

Art 19: Living independently and being included in the community

For people with severe intellectual disabilities the article covers two important areas. The right to independent living refers to the individual preferences of a person in terms of residence and living arrangements. In this context Article 19 also covers the right to individual support. To be included in the community entails social dimensions like social interaction and relationships in communities. People with severe intellectual disabilities are often assumed to be unable to live outside of institutional settings. Article 19 clearly states the right to live independently and to be included in the community, regardless of the support need or intellectual capacity.

Accessibility of community services and facilities usually used by all community members has to be particularly responsive to requirements of groups of people with disabilities that live there (cf. Committee on the

Rights of Persons with Disability, 2017).

Art 23: Respect for home and the family

Art 24: Education

Art 25: Health: People with disabilities have the right to enjoy the highest attainable standard of health without discrimination on the basis of their disability.

Art 27: Work and employment

Art 29: Participation in political and public life

In order to follow the rules of the UNCRPD, the European Commission adopted the *European Commission's disability strategy (2010–2020)*. This strategy will promote the active inclusion and full participation of people with disabilities in society. This disability strategy focuses on eight principles:

- **Accessibility** makes goods and services accessible to people with disabilities and promotes the market of assistive devices.
- **Participation** ensures that people with disabilities enjoy all benefits of EU citizenship and aims to remove barriers to equal participation in public life and leisure activities and quality community-based services.
- **Equality** is concerned with combating discrimination based on disability and promoting equal opportunities.
- **Employment** means increasing work opportunities on the labour market.
- **Education and training** as a promotion of inclusive education and lifelong learning for people with disabilities.
- **Social protection** includes tackling social challenges that people with disabilities are suffering



from such as income inequality, poverty risk, and social exclusion.

- **Health** means access to equal and comfortable health services and facilities.
- **External action** as a promotion of rights of people with disabilities at an international level.

The rights and principles are ultimate and indivisible and therefore are the legal framework for all people with disabilities.

People with disabilities include people who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis (Art. 1 UNCRPD).



**Criteria
of
Social Inclusion**

3. Criteria of Social Inclusion

“Social inclusion means ensuring that people with learning disabilities have full and fair access to activities, social roles and relationships directly alongside non-disabled citizens” (Bates & Davis, 2004).

Many definitions of social inclusion can be found in the literature. The MINCE project bases its concept of social inclusion on the legal framework of UNCRPD and an easy to understand definition: “Social inclusion means ensuring that people with learning disabilities have full and fair access to activities, social roles and relationships directly alongside non-disabled citizens” (Bates & Davis 2004). In relation to disability care organisations, the definition contains the necessity

- to increase access (identify and remove physical barriers and communication barriers) and
- to influence attitudes in the community.

Furthermore, it is necessary

- to establish inclusive strategic principles in the organisations and
- to develop inclusive practises in the organisation (cf. Booth et al. 2002).

The following criteria for social inclusion were commonly defined by professionals and people with intellectual disabilities in the MINCE project. Due to the comprehensive needs of the target group, these criteria refer to the special life circumstances of people with severe intellectual disabilities as well as to general criteria for social inclusion.

Access to community activities and services is guaranteed

- Physical barriers are identified and removed.
- The use of innovative tools and aids for the mobility of individual person is guaranteed.
- Adequate transport services to reach communi-

ty activities and facilities are available.

- Elevators, ramps, and automatic doors are a matter of course in all services in the community.
- Communication is barrier free.
- Assisted communication technology is provided for each person (e.g. voice computer, talker...).
- Communication with each person in an appropriate way (augmentative and alternative communication) is a natural part of the service.
- Different ways of communication are known and appreciated.
- Easy to read materials are available.

Inclusive strategic principles are established in the organisation

- Managers and carers have a common idea of social inclusion.
- There is the considered opinion that a disability care organisation has to make a contribution to society, apart from its care tasks.
- Services for people with disabilities are located in the midst of communities.
- Managers and carers take on the task of fighting inclusion barriers in society.
- Social interaction and interpersonal relationships are highly valued in the work with people with disabilities.
- Diversity is welcomed and valued.

Inclusive practises are developed in the organisation

- Leisure activities such as sports as well as religious or cultural activities are sensitive to people's diverse choices and backgrounds.
- Projects for inclusion are planned at a local level.
- Service design is oriented on the wellbeing of people with severe intellectual disabilities. The focus is their wellbeing in society.
- All people with disabilities are encouraged to indicate preferences.
- Preferences and choices of people with severe intellectual disabilities are respected and their realisation is supported.
- Skills and talents activities are promoted (arts and crafts).
- There is good collaboration with parents of people with severe intellectual disabilities.
- Parents are involved in building bridges to the community.
- The individual choice to be more independent is promoted and always supported by carers.
- Information about community services and day programmes in the community is disseminated by the organisation.
- The organisation itself has open doors for the community.
- Partnerships with other services in the community are established.
- Professionals are open to unconventional solutions.

“If you are a person with severe intellectual disabilities, you have to wait six months when you want to make a dental appointment” (Professional in a disability care organisation, 2017)

- Professionals are trained to act as mediators whenever there are challenging behaviours by people with severe intellectual disabilities.

Attitudes in the community are shaped by inclusive values and objectives

- There is a high awareness concerning equality and non-discrimination in the community.
- The health care system is accessible to people with severe intellectual disabilities, also in preventive programmes.
- People with severe intellectual disabilities are recognised and protected by the law.
- The education system is open to diversity.
- The people in the community know that people with severe intellectual disabilities have skills and knowledge.
- The people in the community are prepared to contact and communicate with people with intellectual disabilities.
- The community is informed about the needs of people with severe intellectual disabilities.



**Criteria of
Social Inclusion
and
Community
Education**

4. Criteria of Social Inclusion and Community Education

“Community Education is education and learning which is rooted in a process of empowerment, social justice, change, challenge, respect and collective consciousness. It is within the community and of the community, reflecting the developing needs of individuals and their locale. It builds the capacity of local communities to engage in developing responses to educational and structural disadvantage and to take part in decision-making and policy-formation” (AONTAS 2004).

The main focus of the MINCE project is to develop Community Education as a social learning model, to become an Inclusive Community Education Model.

Disability care organisations – in representing the target group of people with severe intellectual disabilities – are tasked with reinforcing the capacities of communities and its services in terms of encouraging social inclusion. Social inclusion means the “full and fair access to activities, social roles and relationships directly alongside non-disabled citizens” (Bates & Davis, 2004).

In the next subchapter we discuss *Awareness Raising* strategies, in subchapter 4.2 we discuss the issue of *Accessibility*. Accessibility will be split into two subtopics of social inclusion. The first topic is *Practical Accessibility for Service Providers*, the second *Individual Access – Encounters in the Community*.

4.1. Awareness Raising – Influencing Attitudes in the Community

Disability care organisations play a vital role in terms of reducing stereotypes and clichés of people with severe intellectual disabilities. This is also clearly stated by the UNCRPD in Art. 8:

“Awareness Raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:

- a) To raise awareness throughout society, including at the family level, regarding persons with disabili-

ties, and to foster respect for the rights and dignity of persons with disabilities;

b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

c) To promote awareness of the capabilities and contributions of persons with disabilities”

Community education in the sense of awareness raising and shaping attitudes has to create learning opportunities for individuals as well as for different public authorities, service providers, and other services in the community.

People are generally defined by their identities, their own values and attitudes, and by social conditions.

Understanding differences and their effects, seeing commonalities and dealing with human diversity require an ongoing commitment to human rights and diversity concepts as well as a critical reflection of certain attitudes (cf. Murray et al. 2006). The MINCE partnership collected the following criteria for awareness raising:

“I would appreciate it if Lebenshilfen showed their commitment to human rights not only in their own organisation but also in the community.” (David Formayer, client of Lebenshilfen SD, Graz)

- Provide regular awareness training on strategies for engaging and communicating with people with intellectual disabilities to public service providers like local police, health care providers and local authorities.
- Provide community education and training to various business and community members such as store owners, bus drivers, airport personnel, and restaurant staff.
- Give workshops about diversity and human rights in schools and adult education institutions.

- Conduct media campaigns.
- Present personal stories of people with severe intellectual disabilities.
- Teach local community how to improve lives of people with special needs.
- Organise creative communication day (possibility to learn about different methods of communication presented by people with severe disabilities and their peers).
- Promote strategies for inclusion like organising events.
- Organise public activities (theatre, arts, and crafts) which involve the participation of people with severe intellectual disabilities and people from the community in order to focus on the talents of people with disabilities.

Good practice example



Good Practise

Implementing organisation: Day centre “Mali dom-Zagreb”

<http://www.malidom.hr>

Shaping attitudes in the community

“Zakaj volim Zagreb” (Why I Love Zagreb) is an educational project developed in an activity-based curriculum of the day centre for rehabilitation “Mali dom-Zagreb.” The project’s duration was one school year (2015–2016). Using the thematic approach, a wide array of topics about the City of Zagreb was presented in ways to fit the different learning channels of students by using materials of different qualities (visual, auditory, tactile etc.). In accordance with the educational and rehabilitative needs of our students, the

concepts were introduced through multisensory modalities that helped to understand experiences and learn about various concepts. The supports and accommodations were implemented in terms of communication, learning, using different media like arts and music and embedding functional goals from different developmental areas: communication, learning, sensory integration, motor function. The unit was implemented by a special education teacher, an occupational therapist, an art therapist, and a care worker.

Activities were carried out twice a week and were composed of an educational part followed by a creative workshop under the supervision of an art therapist. Students were making different layouts representing the City of Zagreb by using materials like glue, paper, crayons, etc. They also wrote personal, easy to read stories about the neighbourhood in which they lived. At the end of the year their work was exhibited for a whole month at the local library—the month in which the *Day of the City of Zagreb* was celebrated.

The target group was a group of children with severe intellectual disabilities with intellectual, sensory, motor, and complex communication needs. The students involved directly in the project were aged 11 to 16.

The project was developed as part of a curriculum of Mali dom-Zagreb that aimed to connect the different environments in which the children lived and used disability care services.

The project was supported by librarians, policy makers from the City of Zagreb's Office of Social Politics. It was also supported by volunteers and students from the Faculty of Social Sciences in Zagreb who helped with the transition between the different locations

where the projects were exhibited.

The key methods used in this project were:

- Universal design for learning approach
- Multisensory ways of representation
- Active participation of every student
- Meaningful experiences
- Developmental, functional, and ecological goals
- Art therapy

The final products were displayed during an exhibition at the local library (May 2016). The idea of exhibiting in the library was born during one of the community outings of our students to the library in the local neighbourhood. This library often hosts exhibitions from different organisations and during our visit we told them about this project. We proposed to have our work exhibited during May, when the Day of Zagreb is honoured. The exhibition lasted for a month and library visitors had a chance to meet and learn about persons with severe disabilities and their work. This collaboration also opened doors for future projects with the local library.

The educational project was followed by additional exhibitions at the Festival of Equal Opportunities (May 2016) and in City Hall (October 2016).

This project's approach covers meaningful topics and gradually prepares students to participate in community life. The collaboration with the local library is fostered, and the planning of new exhibitions is already underway.

This model of learning about meaningful topics and bringing it to the community is further expanded by including different topics. We are currently planning

exhibitions in two close-by locations: the local gym and a home for elderly people.

The project can easily be adapted to meet different needs of people with severe disabilities. The important part is choosing relevant topics and activities that can be embedded in real life contexts. It may be beneficial to choose topics that touch on community staples like local libraries, museums, cultural events.

Tip

Inclusion Europe developed European standards for easy to read and understand. The standards are for written, electronic, audio and video information.

http://easy-to-read.eu/wp-content/uploads/2014/12/EN_Information_for_all.pdf

4.2. Accessibility and Related Learning Opportunities

Art 9 of the UNCRPD about *Accessibility* calls for States Parties to take appropriate measures to ensure to people with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. In the context of inclusive community education for people with severe intellectual disabilities, accessibility refers to the accessible design of (public) service providers in the community on the one hand and to the individual access of people with severe intellectual disabilities on the other hand – access which demands pedagogical assistance and valuing relationships between individuals and members of the community.

Tip

Capito Accessibility for your event.

http://www.capito.eu/de/Angebote/Barrierefreie_Information/



4.2.1. Practical Accessibility for Service Providers

Physical Adaptions

- Plan friendly and accessible places.
- Local architects and engineers could work together with disability care organisations in order to provide information and know-how concerning accessibility.
- Provide adequate transportation services to visit events and facilities in the community.
- Disability care organisations should not stop to advocate for elevators, ramps, and automatic doors for all services in the community.

Communication and Participation

- Public services and community offers should be made accessible by different and appropriate ways of communication.
- Easy-to-read materials are allocated and available.
- Community conferences, cultural or religious events should be planned according to rules of accessibility in terms of communication.

“Sometimes people want to do a good thing and give you some chocolate, but I am not a child! I do not want you to give me chocolate instead of communicating with me” (Client of a disability care organisation).

4.2.2. Individual Access – Encounters in the Community

One of the core questions in the MINCE project for community education is the question on how to build up successful encounters between people with severe intellectual disabilities and members of the community.

In this context, some statements from people with intellectual disabilities were collected.

- Identify community places that are welcoming and hospitable.
- Plan small encounters in the community and repeat encounters.

Encounters should be planned as ordinary as possible. An ordinary situation would be to go to a grocery store by yourself to buy a toothbrush. It is not an ordinary situation to visit a grocery store in a group with several people with severe intellectual disabilities. A “getting to know each other” is very important for all people involved. It is advisable to repeat encounters (going into the same coffeeshop) in order to create a familiar situation and to reduce insecurity.

- Provide open, understanding and mediatory support.

Positive interactions between people with severe intellectual disabilities and members of the community in many cases require the assistance of an accompanying person, due to different support needs and also to mediate between society and the person with a disability in case of confusion on one or both sides (cf. Fischer 2010). In terms of community education one of the assistants’ tasks is pedagogical in nature. This requires additional skills and tools, which is why the MINCE Curriculum for care workers was developed. This is a tool that can be used to ensure that care workers act as promoters of community inclusion, establishing the basic knowledge needed to do so.

“Things that annoy me? When I want to order something in a coffee shop and the waitress asks my carer what I want to drink” (Client of disability care organisation).

- Community members learn to empathise with and respect other people.

Tip

The Communication Bill of Rights:
The Bill of Rights was written by the

Encounters offer the possibility to work actively on

American Speech and Hearing Association in 1992. For more information, go to the website: www.asha.org/njc

one's own perceptions, possible prejudices and stereotypes, and increase the ability to react empathically in situations that do not happen every day. These learning experiences might need to be supported by explanations or information from the disability care organisations.

- Communication acts are acknowledged.
- Respect and dignity is the basic approach in communication.
- People are addressed directly and not via carers or other people.
- People are not talked about in the third person when they are present.
- Accept limits of interaction set by people with severe intellectual disabilities (see Communication Bill of Rights, 1992).

People with severe intellectual disabilities are a diverse group of people with diverse wishes and choices referring to sociability. Limits in the willingness to interact with other people have to be accepted by supporters and community members.

Good practice example



Good Practise

Implementing organisation: Mobile Services, Lebenshilfe für Menschen mit Behinderung Seelze e.V.

www.lebenshilfe-seelze.de

Inclusion in a youth centre

The project is an Initiative of mobile family support service. It started in March 2017, and takes place once a week.

There is a regular leisure time activity offered in the youth centre Bau-Hof (<http://www.bau-hof.de/>). Bau

Hof provides many activities such as caring for animals (ponies, goats, rabbits, etc.), hut-building, a climbing area, a high rope garden, arts and crafts facilities, a café, a music hall, a common kitchen for baking and cooking, research workshops to experiment, and a reading room.

A group of people with intellectual disabilities of Lebenshilfe regularly joins the activities of other young people and children. The young people meet for lunch in the facilities of Lebenshilfe and then go to the Bau Hof together. To make the newcomers feel comfortable and to ensure that the other children are not puzzled by them, Lebenshilfe started with a small group of children. The ultimate goal is that every child, no matter his or her disability, will be able to join the Bau Hof without discrimination.

Starting with a small group so that children with disabilities won't be seen as strange and different is an important element of this exercise. The facilities of the youth centre Bau Hof offer many different activities, so everyone can find something she or he likes.



**Measures
and
Contributions**

5. Measures and Contribution of Disability Care Organisations to the social inclusion

When discussing the social inclusion of people with severe intellectual disabilities we talk about a target group that is at risk of not being fully considered in the debate of inclusion and social participation. Even though UNCRPD definitely addresses “the need to promote and protect the human rights of all persons with disabilities, including those who require more intensive support” (Preamble lit. 10), realities still often diverge. Those realities depend on various parameters, some of which are structural, social, or socio-political. Disability care organisations – in representing the target group of people with severe intellectual disabilities – are challenged to position themselves and to act between priorities that may even be in conflict with one another. The actual role and function of disability care organisations is constantly changing, a phenomenon described in section 5.1. Two key strategies in tackling the challenges for the target group of people with severe intellectual disabilities are person-centred and community-oriented measures (Seifert 2012). These strategies will be considered in sections 5.2., 5.3., and 6.1. of the guidelines.

5.1. The Role and Function of Disability Care Organisations in the Community

In all European countries, disability care and assistance is a sub-area of a larger national social system and cannot be thought of as a separate system. This embedding in larger structured care systems in turn influences the thinking and the actions in the sector of disa-

bility work, and provide framework conditions and possibilities for specific action (cf. Schulte-Kemna 2014). In this sense, organisations in the disability field have to fulfil a demand for care and support which is legally clear and beneficial to different target groups: On the one hand, society as a whole is relieved from this responsibility, as are families, and, on the other hand, people with disabilities get the opportunity to build their own lives by receiving the necessary support. However, one must also consider that the institutions' original objectives (from the 19th century onwards) were, among other things, to make people with disabilities usable for society, to counteract their neglect, or even to protect society from them. Individual support was not available to the people living in institutions. Früchtel et al. point out that the institutions were "not for integration but responsible for segregation" (2013a). From the mid-20th century on and starting in Scandinavia, this image began to change. The question of participation, of normalised living conditions and integration into the community became louder and related to the efforts of de-institutionalisation. De-institutionalisation does not mean the abolition of the existing disability care organisations, but the term aims to change the organisations' own understanding of their roles (cf. Aselmeier 2004). A paradigm shift away from institutionalised support to community-oriented support is underway and "professionally, there is a shift from general services to individualised supports, an emphasis on self-determination and self-direction, and an expressed need for evidence-based practises" (Schalock/Verdugo 2012).

At the latest since the adoption of the UNCRPD, the

legal basis for inclusion, changes have been made within organisations, shifting their focus on the inclusion of their clients. This requires a new understanding of the roles that no longer only focuses on people with disabilities but also takes into account the social environment and the possibilities therein and integrates society as such into the process of inclusion.

Inclusion has two dimensions that are closely related. On the one hand, its normative dimension is reflected in the UNCRPD: people with disabilities have the right to participate and society must not only cope with the diversity this entails but give its own dignity and autonomy to people with disabilities. On the other hand, there is the operational dimension of inclusion, the structured care system which offers person-centred and community-oriented support. In this case the tasks for disability care organisations have to be expanded. In addition to the person-centred work they have already realized during the past years – or are currently realizing – they have to focus on the community and its services. They also have to be “service providers of local employers, administrations, and clubs etc. to assist them in opening up their organisations to people with disabilities” (Speck 2013). Tasks and competencies can easily be derived from this dimension and are already well developed for people with learning difficulties or minor disabilities. Focusing on the MINCE target group (people with severe intellectual disabilities), there still is a lack that needs to be dealt with. Consequences immediately ensue on both the organisational and the employee level. The employee level was taken into account in developing the MINCE Curriculum for care workers, in which those new

Disability care organisations also have to be “service providers of local employers, administrations, clubs etc. to assist them in opening up their organisations to people with disabilities” (Speck 2013).

“In the context of inclusion, the success of the institution will be measured in how it manages to return responsibility to society and/ or to the concrete social space [the closer community] and to leave it there” (Speck 2013).

dimensions and challenges are included¹ and summed up in these guidelines under the section 4.2. The first part of this guideline focuses on the organisational level, although the employees play an essential role in the implementation of the presented ideas and examples.

From the perspective of disability care organisations one can say that “in the context of inclusion, the success of the institution will be measured in how it manages to return responsibility to society and / or to the concrete social space [the closer community] and to leave it there” (Speck 2013).

In this sense, one of the main tasks of disability care organisations in future will be to contribute to the development of an inclusive culture in an inclusive society in which social services open up for people with disabilities, and, on the other hand, specialised offers for people with disabilities interlock with community-oriented offers (cf. Theunissen 2006).

How can disability care organisations best provide existing and new offers for the community and what support can they offer the community to make their services accessible to people with severe intellectual disabilities? How can disability care organisations contribute to the development of inclusive cultures?

5.2. Community Networking by Disability Care Organisations

Since the initial task of disability care organisations is the care and support for people with disabilities, they are not, per se, experts in promoting the social inclusion

¹ For further information and downloads, please, go to the MINCE Webpage: www.mince-project.eu

of people with severe intellectual disabilities. Disability care organisations and people working for them are agents in the process of social inclusion. But inclusion takes place as a reciprocal process between the individual and society and can only be successful in this interplay. There is thus a strong need of cooperation and networking among the closer community in order to realise inclusion, which takes longer and has to be seen as a long-term process. How can disability care organisations build a sustainable network in and with the community?

- Find common interests and opportunities within the community
- Take part in community projects and events
- Offer workshops for awareness raising
- Cooperate with institutions in the community on the accessibility of architectural structures and opportunities
- Offer training courses for professionals and public agents in terms of the social inclusion of people with severe intellectual disabilities
- Organise information meetings in the community
- Work with institutions to change their available support for people with severe intellectual disabilities
- Involve volunteers in your daily work
- Cooperate with educational institutions like schools, adult education centres, universities in terms of projects but also traineeships
- Train people with severe intellectual disabilities and people from the community in joint sessions in terms of communication

- Organise open door days or open workshops/ studios in your organisation
- Visit the events, places and organisations in the community that are commonly used (libraries, parks, gyms,...).
- Create a network with organisations that have similar goals like you in your daily work (e.g., arts, cooking, gardening,...) and organise webpages, monthly meetings, group of regulars, and so on.
- Make sure that you and people with severe intellectual disabilities organise events together with other community actors
- Establish collaborative projects
- Elect representatives of people with severe intellectual disabilities who mark presence in municipal assemblies, community discussion forums, etc.
- Communicate with local authorities, community services and entrepreneurs in order to develop means that allow the creation of jobs, internships, social and community participation
- Change your daily routines and working models – many activities are also feasible to be carried out outside of your organisation

Good practice example



Good Practise

Implementing organisation: Cerci Espinho

<https://www.cerciespinho.org.pt/index.php>

Actions to raise awareness and inclusion

Use of community resources and open the organisation to the community

Cerci Espinho has been implementing this practise since 2010. The good practice example materialises in two actions:

- Guided visits to the organisation on normal working days.
- Activities performed in community contexts.

Involved are clients with disabilities, including severe disabilities, and entities and/or people from the community (school children, seniors of IPSS – Instituições Particulares de Solidariedade Social, the staff of various organisations, politicians and decision-makers, companies, representatives of public entities). The resources are all the places where the activity is implemented (they can be within the organisation or in the community – e.g., in cafés/restaurants, museums, fairs, parties, and social, cultural and sport events).

The basic methodology is the interaction between the general public and people with disabilities (learning disabilities as well as severe intellectual disabilities), both in the context of the organisation and in the most varied contexts in the community. This interaction is characterised by the transmission of information about the specificities of people with disabilities and the existing and necessary activities in an interactive and face-to-face context in the different activities.

The activities in the community contexts are carried out taking into account both the interests of the clients and the objectives of a given activity. Interaction and public visibility of people with disabilities in different contexts is the fundamental strategy to promote the positive public image of people with disabilities as well as public awareness of this reality.

Both actions can be implemented in any organisation as long as it has the human resources, and its employees are aware of the importance of sharing the realities of people with (severe intellectual) disabilities with the community.

5.3. Participation in District and Regional Development by Disability Care Organisations

Disability care organisations are part of the local environment and therefore take responsibility in actively participating in these surroundings and in developing the local area. Disability care organisations can contribute to the development of an inclusive culture in a community through various measures and activities. They can play an active role in the so-called community connecting process. The New Paths to InclUision Network points out the necessity of developing strategies for connecting communities and building partnerships and offers 12 “principles of successful networking and partnerships” on which actors of the disability care organisations and the community can work together:

12 principles of successful networking and partnerships (New Paths to Inclusion Network)

1. a shared vision on inclusion
2. a clear focus on important needs
3. good communication
4. always be courteous and diplomatic
5. trust and transparency
6. a win-win situation for all partners
7. use the strengths of each partner
8. coordination and co-operation, common resources, creating new opportunities

9. common problem solving
10. respect the right to disagree, act on a consensus base
11. network and build personal relationships
12. celebrate success

(New Paths to Inclusion Network)

When taking into account these principles, both disability care organisations and the organisations in the community are able to enforce their cooperation.

Participation always refers to the whole community. A lot of people live together in different forms. People share different services, offers and public areas. They have the opportunity to become effective in the design of an inclusive community apart from the legal obligation for political decision-makers to realise inclusion.

To create the best conditions for further cooperation, disability care organisations can set the following measures:

- Train the staff of disability care organisations in communication skills with the public
- Initiate events or projects to provide inclusive experiences to a wider audience
- Identify community locations where people engage in activities that also match the interest of people with severe intellectual disabilities and visit those places regularly
- Work on relationships between people with severe intellectual disabilities and the community to facilitate communication between them
- Produce useful products and offer necessary services to the community

- Be active in the social environments, contribute to the social environment, and get in touch with the people there
- Give the professional staff more flexibility in time resources, human resources and autonomous decision-making in terms of community-oriented work
- Share your material resources (e.g. rooms, cars, gardens) with the community

Good practice example



Good Practice

Implementing organisation: Lebenshilfen Soziale Dienste GmbH

<http://lebenshilfen-sd.at/>

Inclusive events

Useful products for the community

Plants Festival in Gratkorn

Since 2016, Lebenshilfe Gratkorn has been organising and hosting a plants festival in spring. A variety of young plants (basil, tomatoes, pumpkins, zucchini, sun flowers, and much more) are grown and nursed in a workshop by people with severe intellectual disabilities. Other disability care organisations who also engage in the same activity of nursing young plants are invited to contribute to the festival. Invitation cards and posters are distributed in Gratkorn and its surroundings. In addition, there is a buffet offering cake and coffee, which invites visitors to stay and communicate. The plants festival was a big success in its first run where many people from the community came and bought plants for their gardens. People of the community asked the workshop to repeat the festival the following years, and so Gratkorn now



plans to put on an annual plant festival.

Good practice example



Good practice

Implementing organisation: AKTYWNI – Stowarzyszenie Wspierania Aktywności Niepełnosprawnych Intelktualnie (ACTIVE – Association Supporting the Activity of People with Intellectual Disabilities <http://www.bazadobrychpraktyk.org.pl/practice/view/204>)
Cooperation with other community organisations, here: social welfare centres

The project was designed to support families with children with intellectual disabilities in cooperation with social welfare centres in different municipalities of the province of Podlasie. It was a collaboration with the Specjalny Ośrodek Szkolno - Wychowawczy im. W. Kikolskiego w Białymstoku (Special Education Centre Kikolskie in Białystok). The project was funded with the centre's own resources, national funding for the rehabilitation of people with disabilities (PFRON), and sponsors.

The target group included people with different levels of intellectual disability but also with severe intellectual disabilities as well as their families. Families were selected from the poorest backgrounds who had no professional support in dealing with their child's disability and the problems of everyday life. The project's basic data:

- 20 families were selected
- We diagnosed the needs and possibilities of the families' respective social activity.
- We designed an individual programme for each family.

- Psychological and therapeutically help was provided for all of the project's beneficiaries.
- Integration workshops were conducted that featured elements of handicrafts and the overall idea of promoting the integration of people with disabilities in the community.
- Support groups for family members were conducted.
- We provided information about the project and let people know that we are ready to give advice.
- A training programme for all families including an excursion to the museum in the village of Wach.


These activities led to the following results:

- Participants increased their social competencies and communication skills.
- The social ties among project participants became closer.
- Participants' practical skills (wickerwork, embroidery, sewing, cooking, needlework, etc.) increased.
- Negative stereotypes among adults caring for people with disabilities were minimised.
- Parents increased their awareness in terms of the activities and socialisation of children with (severe) intellectual disabilities.

The elements that supported the good practise performance were on the one hand that trainers supported families in their social environment (240 hours of intervention) and on the other hand that four "supervisors" were selected among the beneficiaries, who conse-

quently carried out practical activities in the field.

We strongly predict that the project influences the social inclusion and social participation of families who raise children with intellectual disabilities. Another impact will be that the citizens of the Podlaskie province increase their awareness about the inclusion of people with disabilities. The project will be continued in the future depending on the needs of beneficiaries: The Regional Operational Programme for the Małopolska voivodeship has secured further family support for the period between 2014 and 2020, as well as social prevention programmes for families with children with intellectual disabilities.

A photograph of a man with short, light-colored hair, wearing a brown and white patterned sweater, speaking into a black microphone. He is looking slightly to his right. In the background, a crowd of people is visible, some smiling. A blue circular graphic is overlaid on the bottom left of the image, containing white text.

**Measures
Related to
Personal or
Individual Matters**

6. Measures Related to Personal or Individual Matters

As mentioned above, one key strategy on the way to social inclusion is a person-centred approach. This approach targets people with severe intellectual disabilities and will be discussed in detail in 6.1. Furthermore, there are other groups that require attention in the process of social inclusion, namely the agents of inclusion. They include:

- disability care workers (discussed in 6.2),
- people with minor disabilities as peers (2.3).

Both person-centred and community-oriented approaches are closely linked. The following statements always relate to both approaches since the application of the one finds its ultimate logic in tandem with the other.

6.1. Person-centred Measures/Support of the Relationship with Community Members

“Person-centred planning means adjusting the support services to the needs and interests of the individual to gear and develop – participatory – individual support arrangements which are as close as possible to the personal claims to a ‘good life’. So, it is no longer a question of which person ‘suits’ which service, but how to implement their own life plans” (Seifert 2012). Many disability care organisations already do their work on the basis of person-centred planning and community-orientation. In most cases the success depends on the motivation and commitment of various people and groups in the disability care organisation itself but also outside of the organisations, in the community (cf. Sei-

“... it is no longer a question of which person ‘suits’ which service but how to implement their own life plans” (Seifert 2012).

fert 2012). For all people with (severe) intellectual disabilities the “degrees of involvement in communities” contain the variables of “presence, encounter, and participation” (Simplican et al. 2014). Each of the three has its own importance and value in the process of social inclusion and participation in the community. For the disability care organisations and their staff, it is about supporting their clients in attaining public or social presence and participation in the community. The particular interests, where being present, where having encounters or where fully participating in the community may vary for each client and for each subject area is to be detected and developed through the application of person-centred methods². Cooperation between all concerned parties is necessary for a successful implementation of the planned activities of people with severe intellectual disabilities in the community. Only the motivation of all actors both inside and outside of the disability care organisations leads to settings and situations where presence, encounter and participation may take place. Below are some suggestions on how to focus on the person’s aims and interests in order to find out how and where to build relationships and connections with the community:

- Find out the preferences of the client with severe intellectual disabilities.
- Find places and situations where the person with severe intellectual disabilities can pursue his or her preferences in the community.
- Appreciate different ways of communication.

² The MINCE Curriculum for disability care workers offers basics, principles, and tools for Person-Centred Planning in Module 5. The curriculum is available via the project website www.mince-project.eu.

- Offer the possibility of practical trainings in real life.
- Provide proper leisure activities.
- Prepare people with severe intellectual disabilities by often visiting places in the community (shops, parks, coffee shops, markets, libraries, ...) and by thereby gradually including them in events and everyday community life (from presence to encounter to participation). At the same time, people in the community get used to meeting people with severe intellectual disabilities.
- Find people from the community who are motivated to contribute to new relationships by being part of the “Circle of Support”³.
- Establish personal networks that allow the person with severe intellectual disabilities to make his or her own decisions with the support of the network.

Good Practice

Implementing organisation: CERCIGUI

<http://cercigui.pt/>

Inclusion in leisure activities

Project: Plataforma Madre Teresa de Calcutá

Activity developed since 2012. Currently bi-weekly meetings are held and activities are scheduled for the whole year. The work is done only with volunteers, technicians of the Institution and leaders of the CNE (National Scouts Corp).

The Madre Teresa de Calcutta Platform is a national pilot project that seeks inclusion in scouting of people

Good practice example



³ <http://trainingpack.personcentredplanning.eu/index.php/de/circles>

with disabilities or with special educational needs. This project has two basic objectives: first to bring Scouting, its ideals and its educational methodologies to young people with disabilities, trying to achieve a possible and desirable future integration in the group closest to their community; second, to offer young scouts a unique opportunity for knowledge, sharing and creating affective bonds with the reality of clients with disabilities. Thirteen people with moderate and severe intellectual disabilities are part of this project.

The following elements supported the implementation of the project:

- Group dynamics
- Informative lectures
- Meetings
- Presentations
- Q&A sessions
- Different materials provided by the CNE
- Several inclusive projects take place throughout the year, namely:
 - Rover Ibérico – inclusion +
 - National exchanges
 - Participation in community activities
 - Community festivals
 - Camping trips

The plan is to continue with the project, always keeping in mind the availability of the National Scouting Corp and CERCIGUI volunteers as well as any other entities that wish to be involved.

The project is open to all people with disabilities, not only to CERCIGUI clients. This practice can be adopted by other nuclei of the National Scouting Corp, involving

people with disabilities in their area of intervention as well as similar institutions.

Good Practice

Implementing organisation: CUDV Črna na Koroškem
<http://www.cudvcrna.si>

Offering the possibility of practical training in real life

Project: VOSIDIS – Specialized vocational training for people with severe and profound intellectual disabilities.

VOSIDIS was a project funded by the European Commission in the framework of the Leonardo da Vinci project, which resulted in a pilot training program.

Partners in the VOSIDIS project were Alianta, a project consulting from Slovenia, the Bulgarian Association of People with Intellectual Disabilities, and FENACERCI – National Federation of Social Cooperatives from Portugal.

In the short term the project's impact was aimed at improving skills and competencies of people with severe and profound intellectual disabilities, who were included in the training and working process, and of their trainers. In the long term this was aimed at including a visible number from the target group into working processes, thus making an impact on their inclusion in society. The training for trainers took place in 2009 in Slovenia, Portugal and Bulgaria, where all in all 30 learners attended. The pilot program implementation took place in Črna, 9 people were enrolled. The target group were people with severe and profound intellectual disability from Slovenia who used the services of CUDV Črna / reside in Črna na Koroškem and were aged 16+.

Specific methodologies and supporting materials were

Good practice example



developed during the project course, resulting in a Guide for the vocational training of people with severe intellectual disabilities. The final conference and professional consultation in 2010 brought together many organisations, experts and people with intellectual disabilities from Slovenia and abroad. Further development is currently taking place in CUDV Črna na Koroškem. Others who offer services for people with severe intellectual disabilities and/or offer vocational trainings and/or support and develop inclusive working environments and/or make policy decisions can adapt the Guide to their needs. The Guide offers recommendations for this.

Good practice

Implementing organisation: Lebenshilfen Soziale Dienste GmbH

<http://lebenshilfen-sd.at/>

Finding the client's preferences

Find places and situations where the person can pursue his or her preferences in the community

Sam⁴ is a 38-year-old man with severe intellectual disabilities and is a client at a day-care centre in Graz. He really likes dogs, and his most important wish for the future is to work with dogs. This was determined through the methodology of person-centred planning and gave the disability care workers an idea for concrete further action. Together with Sam and his circle of supporters they searched for a possibility to offer Sam more opportunities to get in contact with dogs. They soon found a solution: Now, Sam joins a dog-therapist once a week for dog obedience training.

Good practice example



⁴ Name changed.

6.2. Staff Training Measures for Disability Care Workers and Supporters



Disability care workers are an important group in terms of the social inclusion of people with severe intellectual disabilities, since they act as agents and facilitators of inclusion. Their vocational training has prepared them for the daily assistance of people with severe intellectual disabilities, and so they know about aid and support measures. But there is a lack of skills and knowledge for taking concrete steps toward the inclusion of people with severe intellectual disabilities, though this is a professional and ethical demand for the caregiving personnel. In most cases, there are procedural insufficiencies in accompanying people with severe intellectual disabilities into the community and in supervising the steps of inclusion. The care workers are the first ones facing challenges and barriers within this process. And they are also the first ones to react to these challenges and barriers. In order to react in a suitable way to whatever challenges they face in the process of social inclusion, they must be prepared and trained. They have to be aware of the issue of what social inclusion means for the target group of people with severe intellectual disabilities and the community itself. To this effect, they need to gain additional skills and competencies in terms of interacting with people from the community. The list below gives some recommendations targeting the staff's desired skills and competencies for the new and changed demands from an organisation in terms of the social inclusion of people with severe intellectual disabilities and the respec-

tive support of their staff:

- Provide available resources for the professionals and do not only rely on their enthusiasm and/or creativity.
- Provide appropriate training for the staff who work in inclusion settings to give them the opportunity to gain the best competencies for the process.
- Motivate staff in terms of inclusion, person-centred planning and community-orientation.
- Address the need for staff confidence and development and provide powerful arguments for the importance of empowering staff in order to empower people with severe intellectual disabilities.
- Give your staff a voice.

The MINCE Curriculum for disability care workers provides seven training modules that target the main skills that disability care workers shall have in order to promote the social inclusion of people with severe intellectual disabilities into the community⁵:

- Framework on Community Inclusion
- Professionalism and Ethics
- Empowerment and Advocacy
- Communication
- Person-centred Planning
- Quality of Life
- Community Inclusion

⁵ The training is not a basic education for the disability field but has to be seen as an additional programme for people already working in the field.

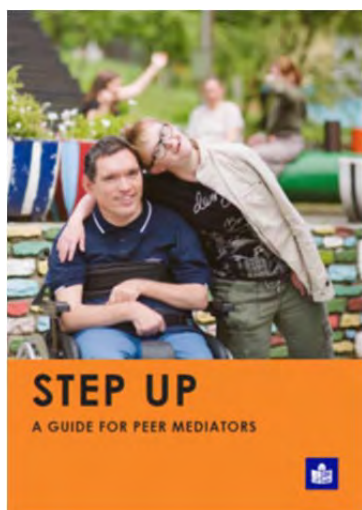
6.3. Peer-Mediation: People with Minor Disabilities as Peers



People with minor intellectual disabilities or learning difficulties are able to act as peers for people with severe intellectual disabilities. Due to their own experiences, e.g., with regard to institutional assistance, everyday barriers, or everyday discrimination, people with disabilities can empathise very well with other people with disabilities in various situations. These experiences are addressed in the MINCE Curriculum for Peer Mediation⁶ and in the MINCE Guidelines for Peer Mediation in easy-to-read language, the so-called STEP UP Guide for Peer Mediators⁷. The training for peer-mediation offers people with disabilities the opportunity to gain new skills and competences in terms of representing and advocating for people with severe intellectual disabilities but also for themselves with regard to inclusion. The peers ensure that the needs of the target group – people with severe intellectual disabilities – are adequately taken into consideration. So the training addresses a new dimension of (self-)advocacy. The trainees gain competences and skills to take on a mediatory role between the interests and needs of people with severe intellectual disabilities and society. The role of the peers is to build a bridge between the people with severe intellectual disabilities and the community. In this role, they are able to support both people with severe intellectual disabilities and community members

⁶ For further information and downloads, please go to the MINCE website: www.mince-project.eu

⁷ The STEP UP Guide for Peer Mediators can be downloaded from the MINCE website. The book is also available as an audiobook on the website: www.mince-project.eu



in creating settings that promote the social inclusion and participation of people with severe intellectual disabilities.

Contents of the training are:

- Essence and principles of peer-mediation
- Representations of one's own interests and interests of people with severe intellectual disabilities
- Communication and active listening
- Public and private information
- Making decisions – for oneself, for other people
- Community and participation
- Evaluation

In terms of content, the STEP UP Guide follows the same structure and serves as a textbook for the training and on the other hand as a learning diary and toolkit for peers when they are active in their new role.



Summary

7. Summary

While the previous chapters gave us the opportunity to explore the project's themes in depth, this summary provides some general ideas that may be important for disability care organisations in their endeavour to attain the participation of people with severe intellectual disabilities in the community.

- **Social inclusion as a vivid and comprehensive idea within the care organisation**

Social inclusion as a guiding principle of the UNCRPD should serve as a mission statement for care organisations. Moreover, social inclusion must be taken into consideration whenever services and offers are created or adapted. Social inclusion should have a significant influence on the development of a new culture of conversation between care organisations and the community. This requires ongoing reflection on all levels, in all functions and roles within the organisations.

- **Inclusion and its operational character for disability care organisations**

Because people with disabilities have the right to participate and live in society with dignity and autonomy, the tasks of disability care organisations must be extended toward the community and its services. There is a need to assist the community to ensure that it is open and accessible for people with (severe) intellectual disabilities.

- **Community education creates learning opportunities**

Community education creates learning opportunities for individuals as well as different public authorities, service providers and other services in the community. Understanding differences, recognising different living environments and their impact, and recognising commonalities require commitment to human rights, diversity concepts, and reflection. Disability care organisations can play a vital role in terms of community education.

- **Individual access and encounters are core elements of accessibility for people with severe intellectual disability**

People with severe intellectual disability may find it difficult to communicate and act in a way that is commonly accepted by society. Therefore, suitable pedagogical assistance and respectful relationships with members of the community are necessary. Positive interaction between people with severe intellectual disabilities and members of the community require the assistance of an accompanying person, a “mediator” with additional skills and tools. The MINCE project developed a curriculum to provide development measures for care workers.

- **Community Networking**

Disability care organisation and the people working there are promoters of social inclusion. But inclusion can only be realised as a reciprocal process between the individual and the society or community members. The role of disability care organisations in this process is to foster cooperation and networking within the community and to build up a sustainable network with the community.

- **Individual involvement in the community**

The progress of involvement and participation in the community for individuals depends on many factors like the motivation of the person, his/her family, the interaction of individuals or groups with disability care organisations, and also the members of the community. For the disability care organisations and the care workers there are three important steps to support inclusion: Presence in the community, encounters with the community and active participation in the community (Simplican et al. 2014).

Realising these steps of inclusion requires the cooperation of all involved parties as well as empathy and awareness of the client in order to respect his/her wishes and limits.

- **Peer Mediation**

Because of their own experiences, e.g., with regard to institutional assistance, everyday barriers, or everyday discrimination, people with disabilities can empathise very well with other people with disabilities in various situations. On the basis of this idea, the MINCE peer mediation model for social inclusion was developed. Training for peer mediation offers people with disabilities the opportunity to gain new skills and competences in terms of representing and advocating for people with severe intellectual disabilities, but also for themselves, with regard to inclusion.

People with minor intellectual disabilities or learning difficulties are able to act as peers for people with severe intellectual disabilities.

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