Curriculum for disability care workers

MINCE

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

MINCE – Model for Inclusive Community Education

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http://www.mince-project.eu

Contents

Part I

Community Inclusion and severe intellectual disabilities

Inclusive communities are about a society that is strengthened by diversity, inclusion, respect and justice for all people, regardless of their individual abilities.
Throughout history, several steps have been taken to achieve this goal.
People with disabilities have been, to some degree, included and integrated in society.
However, for people with severe intellectual disabilities this remains a considerable challenge.

They still are the invisible citizens, often kept away from the eyes of society and confined to segregated settings.
The MINCE project aims at fostering the inclusion of people with severe intellectual disability by emphasizing the learning process of society in the development of a Model of Inclusive Community Education.

To clarify what our work is, we need firstly to elaborate on the definition of "severe intellectual disabilities". Whom are we referring to? Within the MINCE project, people with severe intellectual disabilities are people whose mental and sensory functions, as well as vocal and speech functions are impaired, and who may have severe physical, psychological and/or sensory or multiple disabilities, coexisting with the mentioned intellectual disabilities. This understanding is important because we are also aiming at another group, people with mild intellectual disabilities, who will act as facilitators and mediators for social inclusion. Those will have also a training course that will enable them to act as mediators for the inclusion of their peers, who have increased support needs. Only 3 to 4 percent of people with an intellectual disability belong to the category of the severely intellectually disabled. Although the number seems low, we are talking about 450 to 600 thousand people in Europe. For most of them, community inclusion is still a long away from being a reality. They live their lives away from community settings, and, when they use them, they do it mostly in a non-inclusive way, e.g. going in groups of people with disabilities to a theatre or a park, taken by professionals working at the service providers. Most of the times, they do not do it by themselves or with a personal assistant, or even with a family member.
We know that one of the key aspects for ensuring inclusive communities is to have organisations and professionals that interact openly with the communities, using community and mainstreamed services.
To evaluate the community inclusion of people with severe intellectual disabilities, we need to use different indicators than the ones we use for other groups (e.g. literacy, education, employment, political participation), since they may not be relevant at all

to the quality of life of a person with a severe intellectual disability.

With this curriculum, we hope to provide some tools and reflections that will help this organisational shift from the inside, e.g. from the way professionals perceive their role in changing community settings and beliefs, creating a path to a more inclusive community.

The MINCE Curriculum for care workers

The MINCE Curriculum for care workers is the result of the Focus Groups' work. These Focus Groups were comprised of care workers and other stakeholders and aimed at identifying the key areas that should be mastered by care workers to act as facilitators for the community inclusion of people with severe intellectual disabilities. The focus group took place in Austria, Bulgaria, Croatia, Germany, Portugal and Slovenia. 65 professionals from different services were involved (e.g. workshops; home services; occupational services; intensive care services) and multidisciplinary knowledge was required (e.g. social workers; psychologists; physiotherapists; occupational therapists and managers).

A set of competences was identified by these professionals as important to promote community inclusion of people with severe intellectual disabilities.

The partnership selected and organised them into a 40 hours and 7 modules' curriculum addressing the following areas:

- Relevant international legislation – the United Nations Convention on the Rights of Persons with Disabilities
- Basic knowledge on Community Inclusion/Inclusive Communities
- Professionalism and Ethics
- Empowerment and Advocacy
- Communication
- Person Centred Planning
- Quality of Life
- Community Inclusion

Each module was then developed according to this structure:

Summary

Session plan with a short summary, duration and any specific tips on how to make the best of the content (how to organise the room, divide participants, etc.) and module objectives.

Core competences

A list of the core competences needed to achieve the objectives.

Knowledge guide

Knowledge that must be acquired/mastered by participants who act as facilitators and promoters of community inclusion.

Exercises and reflective questions

Some exercises to practice the required knowledge and some questions that would help reflect on the different issues.

The exercises are just proposals and you can use any other way to evaluate and validate the training and the acquisition of competences by participants.

Useful learning resources

A list of resources available that can be used to gain knowledge on the module area. MINCE curriculum for care workers should be understood as a tool that can be used to ensure care workers act as promoters of community inclusion, setting up the basic knowledge needed to do so.

This printed version identifies the core competences and the areas that should be addressed during the training, and trainers can then build up the training sessions accordingly to the participant's previous knowledge on the different subjects.

We have also included an auto-evaluation sheet, where participants can score their knowledge before and after the training, in what comes to the core competences identified for each module.

During the project, a more detailed version of the curriculum was used to test this output. This version provided what the partnership agreed was the basic common knowledge that all participants needed to master.

This version of the curriculum is available only online at:

http://en.lebenshilfe-guv.at/english/mince_project

Module 1

Framework

Part II

Module 1 – Framework

Summary and resources

Summary

Module 1 will set up the basics to understand what community inclusion is and how professionals can act as promoters for inclusion.

It will help professionals understand how they can support their clients and work together with the community, using community resources and providing opportunities for inclusion.

Module 1 is targeted to care workers, the ones that provide clients with opportunities to "use" community resources, with heterogeneous levels of schooling.

Recommended time is 4 hours, but this can be adjusted according to the participants.

Objectives

By the end of the training, participants should have a clear idea about:

- What does the United Nations Convention say about the right to live as part of the community
- The 3 pillars to Inclusion
- What is community inclusion and all the variables that can affect it
- How they can act as promoters to inclusion

Resources needed/recommended

Computer, data show, PowerPoint presentations, flipchart, markers, blank sheets, copied handouts of the exercises, and the list of resources.

Core competences

- Good understanding and knowledge of existing legislation and its impact on the lives of people with severe intellectual disabilities
- Understanding and accepting diversity
- Strong knowledge of the community
- Ability to lobby and network

Knowledge and skills

- The United Nation Convention on the Rights of Persons with Disabilities and community inclusion - Article 19
- The 3 pillars of inclusion
- Choice, support and inclusion
- Components of successful community inclusion
    - Belonging
    - Social network
    - Valued social roles
    - Resources
- Barriers to community inclusion
    - Attitudinal barriers
    - Communication barriers
    - Physical barriers
    - Policy barriers
    - Social Barriers

Exercises and reflective questions

Exercise 1

Article 19 of the Convention on the Rights of Persons with Disabilities is about the right to **Live Independently** and **Be Included in the Community**.

To implement it, governments and societies must:

Enable people to _____ _____about how and where they live;

Provide _____ so that people who have a disability can live in the _____;

Ensure that _____ services and systems are available and _____ to people with disabilities on an _____ _____ with others.

Words missing

Make choices /choose	Support	Community
Mainstream	Accessible	Equal basis

Exercise 2

In two groups, discuss about the 3 pillars of community inclusion.

- Do you agree with this model?
- Do all 3 pillars play the same role/have the same importance in the promotion of

community inclusion?

- How and where can professionals play a bigger role?
- Challenge yourself: What are your beliefs about what people with severe intellectual disabilities can achieve?

Exercise 3

Community Inclusion

After filling in the diagram with the components of a successful community inclusion, the participants should try to order them by order of importance. Then, discuss things like:

To promote community inclusion where should you start? (At the individual level? At the organisational level? At the community level? At several levels, simultaneously?)

Exercise 4

Think about someone with severe intellectual disabilities that you know of.

Now, try to answer to these questions:

For this particular individual, what are the main challenges to community inclusion?

What would it be needed to overcome them (identify people, resources, etc.)?

Useful learning resources

http://inclusion-international.org/wp-content/uploads/2010/05/Global-Report-Living-Colour-dr2-2.pdf accessed 25/01/2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf accessed 25/01/2017

http://www.pmldnetwork.org/PMLD%20Definition%20factsheet%20-%20standard.pdf accessed 24/01/2017

http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/Division%20of%20DD/ResidentialDirectorCore/Module5RDCCommunityInclusion.pdf accessed 31/01/2017

https://www.cbm.org/article/downloads/54741/IPCM_Handout_02.pdf accessed 31/01/2017

https://nbacl.nb.ca/module-pages/barriers-to-inclusive-recreation/ accessed 31/01/2017

https://aspirelr.com.au/assets/document/1448239266-csdis003_sample.pdf accessed 31/01/2017

http://www.adcet.edu.au/resource/5154/social-model-of-disability-not-just-for-disabled-academics/ accessed 01/02/2017

http://www.ohcc-ccso.ca/en/inclusive-community-organizations-a-tool-kit accessed 01/02/2017

http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/596941/cis_cbppractice_pdf_0710.pdf accessed 01/02/2017

http://www.inclusive-education.org/sites/default/files/uploads/booklets/IE_Webinar_Booklet_13.pdf accessed 03/03/2017

References

Puumalainen, J. (2011). Participation in community and political life of persons with severe disabilities*. International Journal of Rehabilitation Research*. 34(4):274-81.

Module 2
Professionalism
and Ethics

Module 2 - Professionalism and Ethics

Summary and resources

Summary

Ethics is a fundamental domain in affirming the human and social dimensions of each individual and gains particular relevance when in the interpersonal relationship there are people with disabilities, namely severe disabilities, who need support in decision making or simply in the exercise of basic rights of citizenship.

Module 2 will reflect about the importance of professionalism and ethics in the promotion of community inclusion.

It will help professionals to know new strategies of intervention based in ethical principles and to raise awareness for the limits of their intervention, considering their rights and duties, as well as the client's.

Module 2 is targeted to professionals that work directly with the clients, many times, in tense, conflict and crisis situations. In this sense, this module will empower the professionals with skills to prevent emotional exhaust and burnout syndrome, through strategies that promote their wellbeing and an optimist vision of their professional and personal life.

Recommended time is 6 hours, but it can be adjusted according to the participants.

Objectives

By the end of the training, participants should have a clear idea about:

- The fundamental principles of professional ethic applied to working with persons with severe intellectual disability

- The application of fundamental principles of professional ethic in the role of care worker

- Rights and duties of professionals and clients

- What are professional risks and burnout? How to prevent them?

Resources needed/recommended

Computer, data show, PowerPoint presentations, flipchart, markers, blank sheets, copied handouts of the exercises, and the list of resources.

Core competences

- Respecting the equal rights of all clients, according to the UN Convention on the rights of persons with disabilities;

- Be aware of your own feelings and attitudes to disability;

- Be aware of your own feelings and attitudes towards difficult decisions in the care of people with severe intellectual disability;

- Strong knowledge of professional´s rights and boundaries;

- Show respect for the client's right to make decisions about all aspects of their lives;

- Appreciate that inclusion begins with us and depends on commitment to the development of a fully accessible and inclusive service;

- Ability to identify personal sings of burnout and emotional exhaustion.

Knowledge and skills

- Fundamental principles of professional ethic

- Ethical code – what to address

- Professionals' and clients' rights and duties
    - Professional values and attitudes
    - The role of personal beliefs
    - Managing personal and professional boundaries
    - Confidentiality
    - Privacy and dignity
    - Decision-making and choice

- Professional risks and burnout

Exercises and reflective questions

Exercise 1

In small groups, promote discussion about 2 or more of these case studies.
The analysis should be guided by the following questions:

- What do you do in this situation?

- Did you ever face a similar situation? What did you do? What went well? What went wrong? What could be improved?

- What does the organisation expect from you in this situation?

- What do you expect from the organisation in this situation?

- If you have a colleague in this situation what do you tell him/her?

- If you have a client in this situation what do you tell him/her?

Other relevant questions can be added.

Case 1

John is supporting Clare to volunteer at the local veterinary clinic. Over the last few days you have noticed that Clare has started to ask him personal questions about your girlfriend. She has also started touching your arm when talking to you and holding your hand on occasion. Because of her disability, you believe that it means nothing and it is just her being friendly.

Case 2
Marie is a person who likes a clean house. Marie supports Ben who is 35 to go to the gym. He lives alone in his own apartment. When Marie arrives to pick him up to go to the gym, she noticed that there are pizza boxes and empty beer cans all over the lounge room floor.

Case 3
Carl has been supporting Patrick in the community for several months. Patrick has some inappropriate behavior when he first meets people. Carl has been supporting him to acknowledge people appropriately when he is introduced. During one of his regular visits, he says "hello" to a person in the group, offers his hand and give a hug.

Case 4
Steve is 21 years old and has a girlfriend that his mother does not know about. Steve and his girlfriend had had protected sex relations. He has asked to his personal assistance not to tell his parents.

Case 5
Fred is supporting Sam and met at the supermarket another colleague who also works with Sam. Fred asked his colleague if she has heard about Sam's parents' divorce.

Case 6
Emma is a person with severe intellectual disability. Emma is supported by Susan, her personal assistant. Emma wants to have lunch at the neighbourhood pizzeria but Susan never is available. Susan feels insecure because Emma has difficulty in swallow, drools a lot and is a messy eater.

Case 7
Christine is a mother of a person with severe intellectual disabilities, who is attending at the organisation "Welcome". Christine think that the professionals who support her daughter aren´t competent enough for the job. Christine doesn´t tell them her opinion, because she is afraid. However, she already comments this situation at the supermarket.

Case 8
Paul is a caregiver that works for 25 years in an organisation for adults with intellectual disabilities. Paul says that "I treat individuals I support like my own family".

Case 9

"Help" is an organisation for adults with severe intellectual disabilities. "Help" has a good contact with community resources and promotes several activities with the local partners. Recently, "Help" organized an open seminar to the community about participation and inclusion of people with intellectual disabilities. In this seminar, the clients took part at the beginning with a theatre performance based on fairy tale and at the end they sang kid's songs. All the people cheered a lot.

Case 10

Teresa has been Sonia's personal assistant for the last 5 years. Recently, Sonia was diagnosed with dual diagnosis and sometimes it's very difficult to manage her behavior. In this situation, Sonia became very aggressive towards Teresa. Teresa likes to work with Sonia but she feels tired and afraid. However, when Sonia is stable, she is a lovely person and they have a good and friendly relation. Teresa tried to talk with Sonia mother´s about this situation but her mother underestimated the problem.

Exercise 2

This exercise aims to promote individual or collective reflection on the impact of stress and burnout on professional activity.

- Do you know what your personal signs of stress are? List them here.
- What do you do to relieve your stress? (this question is to create self-awareness)
- What does your organisation do to relive the professionals stress?

Useful learning resources

http://www.assistid.eu/adminbackend/resources/pages/s-clifforddefining-social-inclusionridd.pdf accessed 13/02/2017

https://www.aucd.org/docs/resources/pie_adults_Nov2014_families.pdf accessed 13/02/2017

http://onlinelibrary.wiley.com/doi/10.1111/j.1741-1130.2011.00319.x/abstract accessed 13/02/2017

http://disabilityconnections.org.au/sites/default/files/news/2010/05/317993-upload-00001.pdf accessed 03/03/2017

References

Cooper, Frank (2012), Professional boundaries in social work and social care. A practical guide to understanding, maintaining and managing your professional boundaries, Jessica Kingsley Publishers

Maslach, C. (1993), "Burnout: A multidimensional perspective", in FENACERCI (2011), Roteiro para a Prevenção e Intervenção em Contexto Institucional – Situações de maus-tratos a pessoas com deficiência intelectual e/ou multideficiência, pp. 28

National Association of School psychologists (2010), Principles for professional ethics

NYSACRA (2015), Living the Code of Ethics in Support of People with Disabilities: A Premier

Projeto CODETHOS, Bases Gerais do Código de Ética da CODEMRouget, Deb (2010), "Some Reflections on What Might be Needed to Assist People with Disabilities to Become Authentically Included" in the Community, in More than Community Presence: Social Inclusion for People with Intellectual Disability. Proceedings of the Fourth Annual Roundtable On Intellectual Disability Policy. Bundoora: La Trobe University, pp. 68

Simplican, Stay Clifford; Geraldine Leader; John Kosciulek and Michael Lealy (2014), "Defining social inclusion of people with intellectual and developmental disabilities: an ecological model of social networks and community participation", in Research in Developmental Disabilities 38, Elsevier, pp. 18-29

Wilson, Erin and Elena Jenkin (2010), More than Community Presence: Social Inclusion for People with Intellectual Disability. Proceedings of the Fourth Annual Roundtable On Intellectual Disability Policy. Bundoora: La Trobe University, pp.56

Tetzchner, Stephen von and Karen Jensen (1999), Interacting with people who have severe communication problems: ethical considerations, in International Journal of Disability, Development and Education, Vol. 46, nº 4
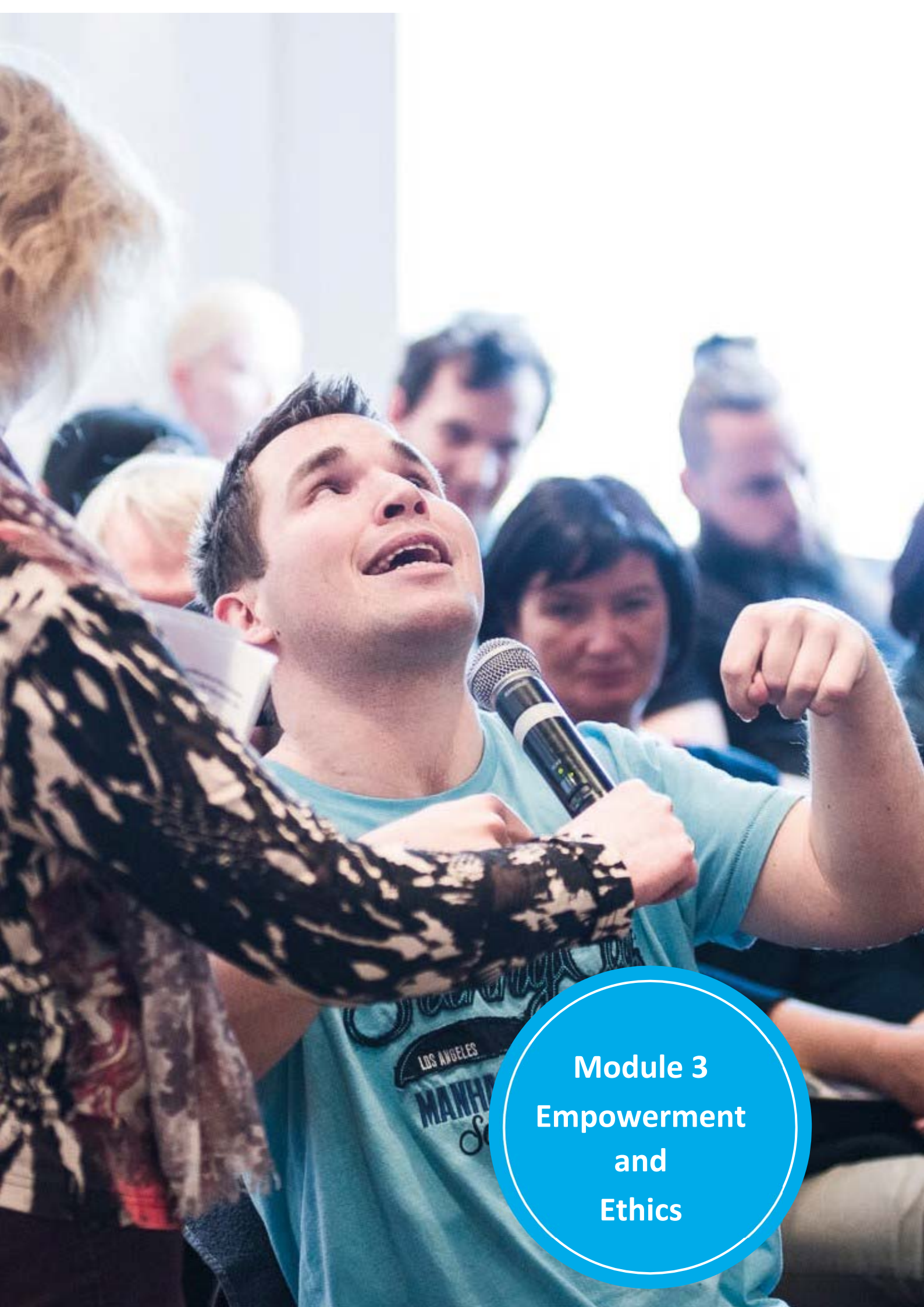
Module 3
Empowerment
and
Ethics

Module 3 Empowerment and Ethics

Summary and resources

Summary

People with severe intellectual disabilities and/or more complex needs of support are still been seen as not able to take control or to decide about their own lives. This belief has not changed much, even with the paradigm changes related with the concept of disability itself. In fact, putting the focus on the relation with the environment and functionality, did not result (in practice) on the real empowerment of people with severe intellectual disabilities, that are still seen as a group that needs to be protected and with little capacity for advocacy and empowerment.
Module 3 will give participants some knowledge about concepts like autonomy, self-determination and self-advocacy, when targeting people with severe intellectual disabilities.
It will also give some clues on how professionals can promote autonomy and independence when working with people with severe intellectual disabilities.
Recommended time is 6 hours, but it can be adjusted according to the participants.

Objectives

By the end of session 1, participants should have a clear idea about:

- The concepts and principles of self-determination, advocacy and self-advocacy

- How they can promote empowerment and advocacy for people with severe intellectual disability

- How to promote autonomy and independence for people with severe intellectual disabilities and how they can act as promoters to inclusion

Resources needed/recommended

Computer, data show, PowerPoint presentations, flipchart, markers, blank sheets, copied handouts of the exercises, and the list of resources.

Core competences

- Good understanding and knowledge of the concepts of empowerment and advocacy.

- Knowledge about how to assess self-determination of people with severe intellectual disabilities.

- Knowledge on how to promote autonomy and independence for people with severe intellectual disabilities.

Knowledge and skills

- Empowerment and advocacy for people with severe intellectual disabilities
  - Key concepts
    - Advocacy and self-advocacy
    - Empowerment
    - Decision making/choice making

- How to promote decision making and self-determination
  - Self-determination
    - Principles
    - Assessing self-determination
  - Decision making/choice making
    - Freedom and opportunities of choice
    - Familiarity with choice options
    - Individual initiative
    - Methods and skills in choice making
  - Barriers to choice making

- How to promote autonomy and independence
  - Strategies for increasing choice making opportunities
    - Choice making formats
    - Choice making skills
- How to promote choice making in daily contexts

Exercises and reflective questions

Exercise 1

Divide participants in small groups.

Having in mind the self-determination principles, discuss on how can professionals promote each of the principles.

Have them discussing the results of each group.

Self-determination principles:

Exercise 2

With the following list of skills needed to make choices, ask participants to order them by difficulty to implement with people with severe intellectual disabilities and advance with ideas how to overcome possible difficulties.

- Freedom and opportunity to choose
- Familiarity with choice options/activities
- Individual initiative to make choices
- Development of skills and methods to select choices

Exercise 3

A. is a 34 year old woman with severe intellectual disability that does not communicate verbally.

She lived with her parents for all her life but they are getting old and worried about A. future.

As a care worker, how can you promote A. abilities to be able to cope with the challenges she will be facing once her parents die? Try to think from an empowerment perspective. Where will you need to act? Which resources will you need? What can the challenges be and how to overcome them? Which skills A. will need to master?

Useful learning resources

https://www.academia.edu/9578980/Self-Determination_for_Those_with_Severe_and_Profound_Intellectual_Disabilities_A_Review_of_the_Literature_Self-Determination_for_Those_with_Severe_and_Profound_Intellectual_Disabilities_A_Review_of_the_Literature?auto=download accessed 20/2/2017

http://www.lynchburg.edu/wp-content/uploads/volume-9-2013/ShinS-Stroup-RentierVL-Promoting-Self-Determination-Cognitive-Disabilities.pdf accessed 20/2/2017

http://www.beachcenter.org/Research/FullArticles/PDF/SD14_Self-determination%20for%20individuals.pdf accessed 17/2/2017

https://prezi.com/lxe7qylaymx4/copy-of-findings-the-impact-of-sdlmi-on-student-self-determination/ accessed 2/2/2017

http://tash.org/wp-content/uploads/2013/10/agran-equity-and-full-participation.pdf accessed 19/2/2017

http://www.crporegon.org/cms/lib010/OR01928264/Centricity/Domain/45/Documents/SD4A_Self-Determination%20and%20Individuals.pdf accessed 15/2/2017

http://www.sciencedirect.com/science/article/pii/S169726001500006X accessed 16/2/2017 accessed 15/2/2017

http://repository.uwyo.edu/cgi/viewcontent.cgi?article=1011&context=coe_facpub accessed 20/2/2017

https://web.auburn.edu/institute/conference/xxvi/documents/presentations/CS21-MegCooper-20160203-ATLI_Copy-POST.pdf accessed 14/2/2017

https://www.youtube.com/watch?v=0MAsTRaR404 accessed 20/2/2017

https://www.youtube.com/watch?v=keEQfgIBLmE accessed 20/2/2017

http://www.platformemg.nl/wp-content/uploads/2012/08/inclusionofpeople.pdf accessed 20/2/2017

http://www.aqvx59.dsl.pipex.com/localplanningforadvocacy.pdf accessed 26/2/2017

http://www.aqvx59.dsl.pipex.com/localplanningforadvocacy.pdf accessed 26/2/2017

http://ngsd.org/sites/default/files/promoting_self-determination_a_practice_guide.pdf accessed 27/2/2017

http://ac.els-cdn.com/S169726001500006X/1-s2.0-S169726001500006X-main.pdf?_tid=75a44a24-0011-11e7-bc90-00000aab0f27&acdnat=1488546244_efddc34aeb7471c8ba88202578108da3 accessed 27/2/2017

http://academics.uky.edu/cohs/rhbphd/Documents%20for%20RHB%20NEWS%20Blog/Kleinert%20ETDD%20artilce.pdf accessed 03/03/2017

http://transitioncoalition.org/blog/webinar/using-the-self-determined-learning-model-of-instruction-to-improve-academic-skills/ accessed 06/03/2017

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Browder, D. M., Cooper, K. J., & Lim, L. (1998). Teaching adults with severe disabilities to express their choice of settings for leisure activities. *Education and Training in Mental Retardation and Developmental Disabilities, 33,*228-238.

Brown, I., & Brown, R. I. (2009). Choice as an aspect of quality of life for people with intellectual disabilities. *Journal of Policy and Practise in Intellectual Disabilities*, 6 (1), 11-18.

Canella, H.I., O'Reilly, M.F., & Lancioni, G.E. (2005). Choice and preference assessment research with people with severe to profound developmental disabilities: A review of the literature. *Research in Developmental Disabilities, 26,* 1-15.

Cole, C. L., & Levinson, T. R. (2002). Effects of within-activity choices on the challenging behavior of children with severe developmental disabilities. *Journal of Positive Behavior Interventions, 4,* 29-37.

Lancioni, G.E., O'Reilly, M.F., & Emerson, E. (1996). A review of choice research with people with severe and profound developmental disabilities. *Research in Developmental Disabilities, 17,* 391-411.

Lohrmann-O'Rourke, S., & Yurman, B. (2001). Naturalistic assessment of and intervention for mounthing behaviours influenced by establishing operations. *Journal of Positive Behavior Interventions, 3,* 19-27.

Mithaug, D.E. (2005). On persistent pursuits of self-interest. *Research and Practice for Persons with Severe Disabilities 30,* 163-167.

Turnbull, A., & Turnbull, R. (2001). Self-determination for individuals with significant cognitive disabilities and their families. *JASH, 26,* 56-62.

Wehmeyer, M.L. (2005). Self-determination and individuals with severe disabilities: Re-examining meanings and misinterpretations. *Research and Practice for Persons with Severe Disabilities 30 (3),* 113-120.

Wehmeyer, M.L. (2007). *Promoting self-determination in students with developmental disabilities*. New York: Guilford Press.

Module 4
Communication

Module 4 – Communication

Summary and resources

Summary

Every person communicates. However, the effectiveness and efficiency of communication depends on several factors, individual and environmental.
When we think about communication with people with severe intellectual disabilities we know that the effectiveness and efficiency can be hindered due to personal factors (e.g. motor constraints, cognitive constraints) but also to the difficulties of interaction with the environment. People with severe intellectual disabilities may develop unconventional and socially inadequate ways of communication, like challenging behaviours. It is important that the persons supporting them understand that these are communication attempts, and that should be addressed as such.
Sometimes, professionals may be the ones voicing the needs and the opinions of the persons they are supporting, so it is vital that they really understand and communicate well with their clients.
Module 4 will provide participants with basic knowledge about communication and its importance when working with people with severe intellectual disabilities.
It will also explore how it relates with community inclusion and how professionals can improve communication for people with severe intellectual disabilities.
Recommended time is 6 hours, but it can be adjusted according to the participants.

Objectives

By the end of the training participants should have a clear idea about:

- Communication and its components
- Augmentative and alternative communication
- How to assess communication
- How to develop and implement communication with persons with severe intellectual disabilities
- The importance of communication to community inclusion

Resources needed/recommended

Computer, data show, PowerPoint presentations, flipchart, markers, blank sheets, copied handouts of the exercises, and the list of resources

Core competences

- Good understanding of communication components and their application

- Ability to explain the importance and impact of non-verbal and verbal communication within all aspects of care

- To be able to interact with clients with augmentative and alternative communication tools

- Knowledge on how to assess communication needs of people with severe intellectual disabilities

- Good understanding of professionals´ role in the promotion of a communication-friendly environment

Knowledge and skills

- What is communication
  - Communication components
    - Receptive and expressive language
    - Pre-intentional communication
    - Intentional and functional communication
    - Reading
    - Writing
    - Sensory and motor factors
- Augmentative and alternative communication (AAC)
  - Selecting the best AAC
- How to assess communication
- Developing communication tools
  - How to promote clarity in adult communication
  - Personal dictionary
- Community inclusion and communication
  - How to promote a communication-friendly environment
  - Intervention strategies

Exercises and reflective questions

Exercise 1

Show the video available at https://www.youtube.com/watch?v=Hp4PW17U_h8
Promote a discussion about communication components that participants can identify and the way the professionals react to communication intents.

Exercise 2

Adapted from https://www.iidc.indiana.edu/pages/Communicative-Functions-or-Purposes-of-Communication

1. Mark with an (I) the sentences that refer to intentional **communication behaviours** and with an (N) the ones that refer to non-intentional communication

_____ Jake sees that the teacher has a new toy on the table. He goes to the table, looks briefly at her, she says "try it" and he grabs it.

_____Tim sees the new toy on the table and goes and grabs it.

_____Jake takes his teacher by the hand, walks to the cupboard, and points upward. (the teacher knows his favourite toy is kept in that cupboard).

_____Tim wanders around the room and goes over to tug at the handles of the cabinet; he does nothing to indicate he needs help; he is determined to meet his own need of getting a specific toy.

_____Jake gives a "break" card to his teacher to request some down time.

_____Tim screams and throws things after an intense morning; his teacher thinks he needs a break and directs him to a quiet corner of the room.

2. Mark with and (I) the sentences that refer to intentional **means of communication** and with an (N) the ones that refer to non-intentional communication

_____Signs "help" as he looks toward aide.

_____Signs "help" when no one is in the room; does not look around for a person.

_____Gives picture card to teacher in order to get popcorn.

_____Flips picture card in repetitive manner, discards it, and reaches for popcorn.

_____Presses button of electronic communication device with voice output to request puzzle. Looks toward the teacher and walks to help himself since no indication was giventhat this was not OK.

_____Presses button repeatedly on an electronic communication device and fixates on the action. After playing with it, he tires, and gets up to go get something else.

Exercise 3

Ask participants to think about a specific person with severe intellectual disabilities and communication difficulties that they know.

They should prepare a personal dictionary for that person for at least 3 different environments identifying functions and means of communication behaviours.

After that, promote discussion about what was easy and what was difficult, when doing the personal dictionary.

Exercise 4

Using the video from https://www.youtube.com/watch?v=9YrXmG6qO9E ask participants to discuss about what they have seen and how they think that communication issues and challenging behaviours can be an issue to community inclusion and independent living. Ask participants to reflect about the difficulties that the lack of effective communication can have on community inclusion and what strategies they could use to overcome the difficulties.

Useful learning resources

https://www.youtube.com/watch?v=Hp4PW17U_h8 accessed 20/2/2017

https://www.youtube.com/watch?v=tQTx26ELkSs accessed 20/2/2017

https://www.youtube.com/watch?v=Er-xbMSgCH0 accessed 20/2/2017

https://www.helpguide.org/articles/relationships/nonverbal-communication.htm accessed 09/03/2017

http://www.inclusionoutreach.ca/content/cs/Communication/Visual_Schedules_Tangble%20Cues_Calendar_Systems/Visual%20Schedules_Calendar%20Systems_Tanglible%20Cues.pdf accessed 10/3/2017

http://www.pisp.ca/strategies/documents/talkingswitchescommunityday.pdf accessed 10/3/2017

https://www.communicationmatrix.org/Error/NotFound?aspxerrorpath=/en/ accessed 10/3/2017

https://www.setbc.org/Download/LearningCentre/Communication/AAC_Guide_V4_Revise_2008.pdf accessed 10/3/2017

http://www.fragilex.org.nz/__data/assets/pdf_file/0018/22257/VISUAL_STRATEGIES.pdf accessed 12/3/2017

http://www.pisp.ca/strategies/documents/LanguageComprehensionChecklist.pdf accessed 13/3/2017

https://www.iidc.indiana.edu/pages/Communicative-Functions-or-Purposes-of-Communication accessed 14/3/2017

https://www.youtube.com/watch?v=9YrXmG6qO9E accessed 14/3/2017

References

Hogdon, L. (2011) Visual Strategies for Improving Communication – Practical supports for autism spectrum disorders Quirk Roberts Publishing

Module 5
Person Centred
Planning

Module 5 – Person Centred Planning

Summary and resources

Summary

The concept of Person Centred Planning (PCP) values autonomy, respect, relationships, inclusion, quality of life, and self-determination for people with intellectual disabilities.

PCP is in alignment with current cultural practice as we have been shifting from a treatment paradigm that focuses on health and safety to a paradigm that embraces self-determination and decision-making.

Module 5 will introduce the concept of Person-Centred Approach and the basis of person thinking and planning, reflecting on person centred approaches in the context of inclusion, rights and self-determination of people with severe intellectual disabilities.

Module 5 is targeted not only for care workers but also to managers, board members, parents/relatives and people with disabilities themselves.

This module will empower professionals to become person-centred planning facilitators.

Recommended time is 6 hours, but it can be adjusted according to the participants.

Objectives

By the end of the training, participants should have a clear idea about the:

- Fundamental basics of person centred thinking and planning

- Principles and values of person centred thinking

- Tools to develop person centred thinking

- Person centred thinking planning and review

Resources needed/recommended

Computer, data projector, internet connection, PowerPoint presentations, flipchart, markers, blank sheets, copies to participants of the exercises, the list of resources.

Core competences

- Good understanding and knowledge of fundamental basics of person centred thinking and planning.

- Demonstrate an understanding of the differences between traditional planning and person centred planning, and the benefits of using them.
- Knowledge about core values and purpose of person centred planning to the Individual Plan development process.
- Good understanding and using a range of person centred thinking tools (namely PATH and MAP).
- Developing person centred approaches and knowing person centred planning and review.

Knowledge and skills

- Fundamental basics of person centred thinking and planning
  - The concept of Person Centred Planning
  - The difference between Person Centred Planning and Traditional Planning
  - Person Centred Principles
  - The Impact of Person Centred Planning
  - Barriers to the implementation of Person Centred Planning
  - Person Centred Planning Tools
  - Planning Alternative Tomorrows with Hope (PATH)
  - Making Action Plans (MAP)
  - Personal Future Planning
  - Essential Lifestyles Planning
  - Other Tools and Resources
    - One Page Profile
- Person Centred Action Plan
- Person Centred Review Process

Exercises and reflective questions

Exercise 1

Watch a short video entitled "Definitions – What is meant by person-centred approaches, thinking and planning?"
https://www.youtube.com/watch?v=tvANuym5VXY

Promote a debate between the participants.

Exercise 2

Working in pairs, participants should identify the differences between traditional planning and person centred, filling in the table below with their opinions.

Data	Traditional Planning	Person Centred Planning
Human resources	Doctors, psychologists, nurses, occupational therapists	
Scope of intervention		Focuses on the person´s skills and uses their likes, interests as the basis of the plan
Community inclusion	Looks at the person in need of services as someone who has to get "ready" for community	
Personal Plan	The plan is designed to fit the person into a particular program, even if that program is not exactly what the person needs	
Follow-up meetings		Meetings are scheduled to meet the time and place needs of the person served
Milestone	Goals and objectives are defined around daily living, economic self-sufficiency and community integration	

Exercise 3

How do you think a person centred approach makes a difference to individuals and their families?
Give participants one example to get them started. e.g. "Rather than receiving traditional services, the person or the carer may be given a personal budget or direct payment to buy their own support."

Exercise 4

Working in pairs, participants should try to answer the following questions to help them summarise what they have learned in this module.

- Give an example of the principles on which person centred thinking is based.
- How does a person centred approach make a difference to families?
- What are the aims of MAP and PATH?
- What are the main components of a person centred plan?
- What is the person-centred information generated at a review used for?

Useful learning resources

Planning alternative tomorrows with hope

http://personcentredplanning.eu/index.php/knowledge-home/112-koc/training-pack-in-person-centred-approaches/module-overview/module-5-map-and-path

http://helensandersonassociates.co.uk/person-centred-practice/paths/

http://www.pisp.ca/strategies/strategies61.pdf

http://inclusive-solutions.com/person-centred-planning/

http://www.inclusion.com/path.html

http://inclusive-solutions.com/person-centred-planning/

Making Action Plans

http://helensandersonassociates.co.uk/person-centred-practice/maps/

http://www.inclusion.com/maps.html

http://personcentredplanning.eu/index.php/knowledge-home/112-koc/training-pack-in-person-centred-approaches/module-overview/module-5-map-and-pathhttp://helensandersonassociates.co.uk/reading-room/how/person-centred-planning/map.aspxhttp://www.oldham.gov.uk/downloads/file/3779/send_guidance_person_centred_planning_toolkit

Personal future planning

http://www.tsbvi.edu/attachments/other/pcp-manual.pdf

http://www.personcentrededplanning.org/

http://www.ct.gov/brs/lib/brs/pdfs/guidepostdocs/SELFAdvocacyAndPersonalFuturePlanning.pdf

Essential lifestyles planning

http://www.personcentrededplanning.org/

http://www.pcp-in-hampshire.org.uk/

http://tlcpcp.com/

One page profile

http://helensandersonassociates.co.uk/person-centred-practice/one-page-profiles/

http://personcentredplanning.eu/index.php/knowledge-home/353-koc/tools-and-methods/one-page-profile

References

O'Brien, John, Pearpoint, Jack & Kahn, Lynda (2010): The PATH & MAPS Handbook. Person-Centred Ways to Build Community. Toronto: Inclusion Press.

O'Brien, John, Connie Lyle; Mount, Beth; O'Brien, John & Rosen, Fredda (2002): Pathfinders. It's never too late. In: O'Brien, John / O'Brien, Connie Lyle (Hrsg.) (2002): Implementing Person Centred Planning. Voices of Experience. Toronto: Inclusion Press, 255-274.

Sanderson, Helen (2000), Person Centred Planning: Key Features and Approaches, Joseph Rowntree Foundation.

Module 6
Quality of life

Module 6 – Quality of life

Summary and resources

Summary

Since the last two decades, a significant progress has been made in the operationalization of Quality of Life (QOL) models for people with intellectual disability. However, for people with severe intellectual disabilities, the level of QOL is extremely difficult to assess because of the person´s inability to speak and the difficult interpretation of his/her behaviour.

People with severe intellectual disabilities can lead a meaningful life but require a high level of support in several activities of daily living. The care workers must be trained in order to promote independence, social participation and well-being of people with severe intellectual disabilities, all of which are key factors to ensure a better quality of life.

Module 6 will introduce the concept of Quality of Life and present some guidelines to assess QOL of people with severe intellectual disabilities. It will also explore the domains of health, wellness, rights and social inclusion as dimensions of quality of life.

Recommended time is 6 hours, but it can be adjusted according to the participants.

Objectives

By the end of the training, participants should have a clear idea about the:

- Concept and principles of Quality of Life
- Quality of Life Models
- Contribution of UN Convention to promote QOL
- Tools and resources to assess QOL of people with severe intellectual disabilities
- Importance of health, sport, culture and leisure as indicators of QOL

Resources needed/recommended

Computer, data projector, PowerPoint presentations, flipchart, markers, blank sheets, copies to participants of the exercises, the list of resources.

Core competences

- Good understanding and knowledge of the concepts of quality of life
- Knowledge about factors and indicators of quality of life
- Knowledge on how to promote health and well-being of people with severe intellectual disabilities
- Ability to identity tools and resources to assess quality of life
- Demonstrate an understanding of the importance of sport, culture and leisure as indicators of quality of life

Knowledge and skills

- The concept of Quality of Life
    - Introduction to Quality of Life Models
- UN Convention and Quality of Life
- Quality of life in persons with intellectual disabilities
    - How to assess QOL of people with severe intellectual disabilities
- Health and Well-being
    - Barriers to health promotion for persons with severe intellectual disabilities
    - Sports, culture and leisure

Exercises and reflective questions

Exercise 1

According to the definition and principles of the Quality of Life concept, complete the following sentences with missing words.

The QOL concept reflects the following five principles:

1) Universality: composed of the _____ _____ and _____ for all people;

2) Experienced when a _____ _____ are met and when the _____ has the _____ to make his/her own choices;

3) Has _____ and _____ components;

4) Based in individual _____ and personal _____;

5) Is a _____ construct composed by several domains.

Missing words:

choices	multidimensional	opportunity	individual
individual	relationships	subjective	same factors
needs	objective	environment	person´s needs

Exercise 2

The San Martín Scale has been tested and adapted as a key instrument to assess QOL of persons with significant disabilities who require extensive and general support from the perspective of an external observer who knows the individual well. This tool allows the assessment of the eight domains of the model proposed Schalok and Verdugo.

Factors	Domains	Indicators
Independence	Personal Development	Self-improvement; learning skills and motivational abilities
	Self-determination	Autonomy; goals, opinions and personal preferences; decisions and choices
Social Participation	Interpersonal Relationships	Family relationships; social relationships; communication
	Social Inclusion	Integration; participation; support
	Rights	Knowledge of rights; intimacy; privacy; confidentiality; respect
Well-being	Emotional Well-being	Satisfaction with life; concept of self; absence of stress, negative feelings or behaviour problems; basic safety; emotional communication
	Physical Well-being	
	Material Well-being	

Based on the domains and indicators above follow the link to know and test the San Martín Scale:

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_English_(Verdugo_Gomez_et_al_2014).pdf

Useful learning resources

Quality of Life Models

http://www.who.int/classifications/icf/en/

https://www.nwwcommittee.org/pdf/the-intellectual-disability-construct.pdf

https://aaidd.org/docs/defaultsource/sisdocs/aaiddfaqonid_template.pdf?sfvrsn=2

Tools to assess Quality of Life

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_English_(Verdugo_Gomez_et_al_2014).pdf

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_Borrador.pdf

http://www.who.int/healthinfo/survey/whoQOL-qualityoflife/en/ accessed 03/03/2017

http://www.hsri.org/files/uploads/publications/pn-3_QOL.pdf assessed 30/03/2017

http://www.cadr.org.au/images/files/day2/Christine_Bigby.pdf accessed 30/03/2017

http://www.crpg.pt accessed 03/03/2017

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_English_(Verdugo_Gomez_et_al_2014).pdf accessed 02/04/207

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_Borrador.pdf accessed 02/04/207

https://www.mencap.org.uk/sites/default/files/201606/Raising_our_Sights_report.pdfhttp://hwww.multiplus.be/informatiedocs/quality%20enhancing%20interventions.pdf accessed 02/04/2017

http://onlinelibrary.wiley.com/doi/10.1111/jar.12291/pdf accessed 02/04/2017

http://www.tvcc.on.ca/sites/default/files/files/TVCCFactsToGo_2015_V11_I1_SeverprofoundDisability.pdf accessed 10/04/2017

http://www.who.int/topics/health_promotion/en/ accessed in 10/04/2017

http://www.who.int/healthinfo/survey/whoQOL-qualityoflife/en/ accessed 03/03/2017

http://www.hsri.org/files/uploads/publications/pn-3_QOL.pdf assessed 30/03/2017

http://www.cadr.org.au/images/files/day2/Christine_Bigby.pdf accessed 30/03/2017

http://www.crpg.pt accessed 03/03/2017

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_English_(Verdugo_Gomez_et_al_2014).pdf accessed 02/04/207

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_Borrador.pdf accessed 02/04/207

https://www.mencap.org.uk/sites/default/files/201606/Raising_our_Sights_report.pdfhttp://hwww.multiplus.be/informatiedocs/quality%20enhancing%20interventions.pdf accessed 02/04/2017

http://onlinelibrary.wiley.com/doi/10.1111/jar.12291/pdf accessed 02/04/2017

http://www.tvcc.on.ca/sites/default/files/files/TVCCFactsToGo_2015_V11_I1_SeverprofoundDisability.pdf accessed 10/04/2017

http://www.who.int/topics/health_promotion/en/ accessed in 10/04/2017

http://www.who.int/healthinfo/survey/whoQOL-qualityoflife/en/accessed 03/03/2017

http://www.hsri.org/files/uploads/publications/pn-3_QOL.pdf accessed 30/03/2017

http://www.cadr.org.au/images/files/day2/Christine_Bigby.pdf accessed 30/03/2017

http://www.crpg.pt accessed 03/03/2017

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_English_(Verdugo_Gomez_et_al_2014).pdf accessed 02/04/207

http://sid.usal.es/idocs/F8/FDO26729/San_Martin_Scale_Borrador.pdf accessed 02/04/207

https://www.mencap.org.uk/sites/default/files/201606/Raising_our_Sights_report.pdfhttp://hwww.multiplus.be/informatiedocs/quality%20enhancing%20interventions.pdf accessed 02/04/2017

http://onlinelibrary.wiley.com/doi/10.1111/jar.12291/pdf accessed 02/04/2017

http://www.tvcc.on.ca/sites/default/files/files/TVCCFactsToGo_2015_V11_I1_SeverprofoundDisability.pdf accessed in 10/04/2017

http://www.who.int/topics/health_promotion/en/ accessed in 10/04/2017

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Claes, C., Vandenbusshce, H., Lombardi, M. (2016): Human Rights and Quality-of-Life Domains: Identifying cross-cultural indicators, 172-173, in Schalock, R., Keith, K. (2016): Cross-Cultural Quality of Life: Enhancing the Lives of People with Intellectual Disability, American Association on Intellectual and Developmental Disabilities, Second Edition.

Cummins, R. (2005), Moving from the quality of life concept to a theory. Journal of Intellectual Disability Research, 49, 699-706.

Karr, V. (2011), A life of quality: informing the UN Convention on the Rights of Persons with Disabilities. Journal of Disability Policy Studies 22, 66-82.

Morisse, F., Vandemaele, E., Claes, C., & Vandevelde, S. (2013), Quality of Life in Persons with Intellectual Disabilites and Mental Health Problems: An Explorative Study, The Scientific World Journal, volume 3, Hindawi Publishing Corporation.

Schalock, R., Keith, K., Verdugo, M., & Gomez, L. (2010), Quality of life model development and use in the field of intellectual disability. In R. Kober (Ed.), Quality of life: Theory and implementation, pp. 17-32. New York: Sage.

Schalock, R., Keith, K. (2016): Cross-Cultural Quality of Life: Enhancing the Lives of People with Intellectual Disability, American Association on Intellectual and Developmental Disabilities, Second Edition.Verdugo, M. A., Goméz, L. E., & Arias, B. (2007), La Escala Integral de Calidad de Vida. Desarrollo y estudio preliminar de sus propiedades psicome´tricas [The Integral quality of life scale: Development and preliminary study of its psychometric properties]. Siglo Cero, 38, 37–56.

Verdugo, M., Goméz, L., Arias, B., Navas, P., & Schalock, L. (2013), Measuring quality of life in people with intellectual and multiple disabilities: Validation of the San Martín scale, Research in Developmental Disabilities, Elsevier Lda.

Verdugo, M., Sánchez, L., Martinéz, B., Dominguéz, M., Encharte, E., Fernandéz, S., & Hierro, I. (2014), Escala San Martin – evaluación de la calidad de vida de personas com discapacidades significativas. Salamanca: Universidade de Salamanca.

Module 7
Community
Inclusion

Module 7 – Community Inclusion

Summary and resources

Summary

Even before we talk about inclusive communities we need to define what we understand by community within MINCE. Although the word and concept are used a lot nowadays and in several different contexts (e.g. European Community, LGBT community, deaf community, virtual community, community policing, just to mention a few), within MINCE we will embrace MacQueen et al. (2001) definition that establishes a community as *"a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations"*.

This definition highlights 3 elements: activity, identity and a spatial component, being the last one the territory where social processes take place. When thinking about people with severe intellectual disabilities living in inclusive communities we will be referring to people that can use community services and settings, that are seen by the other members of the community as having value, that influence service delivery and also policies and planning at local level, and have established relations with other members of the community.

Module 7 will somehow wrap up all of the things that we have talked about on the previous modules, and will also provide some theoretical concepts and how to promote inclusive communities, focusing on the role the professionals can play in this issue.

Recommended time is 6 hours, but it can be adjusted according to the participants.

Objectives

By the end of the training, participants should have a clear idea about the:

- Inclusive Communities
- Citizenship for people with severe intellectual disabilities
- How can disabled people organisations promote community inclusion
- Challenges and barriers to participation and social inclusion

Resources needed/recommended

Computer, data show, PowerPoint presentations, flipchart, markers, blank sheets, copied handouts of the exercises, and the list of resources

Core competences

- Good understanding of the meaning of inclusive communities

- Recognizing factors that promote inclusive communities

- Building respectful, reciprocal relationships through a shared understanding with people with severe intellectual disabilities and community involvement.

- Connecting people with severe intellectual disabilities to community resources, and taking advantage of opportunities for appropriate, positive collaborations with other people and community services.

- Collaborating and working with community resources (such as: leisure, sports and culture facilities).

- Knowledge on how to manage the challenges and barriers to community inclusion.

Knowledge and skills

- What's a community?

- Citizenship and Inclusion
    - Social exclusion
    - Social Inclusion
    - Community inclusion

- The UN Convention and community inclusion

- How to create and promote inclusive communities

- Challenges and barriers to community inclusion
    - Physical Access
    - Social Access
    - Intellectual Access

Exercises and reflective questions

Exercise 1

Show this sentence to participants:

"Some studies have shown that the quality of contact with the community is closely related with how effective the contact is to promote inclusion (McManus, Feyes and Saucier, 2011), and that sometimes contact may in fact reinforce negative stereotypes. (Siperstein, Norris and Mohler, 2007)".

Promote discussion about the content. Do they agree with it? How can contact reinforce negative stereotypes? And how can professionals act to promote inclusion and avoid this?

45

Exercise 2

Living Conditions	• Institution/Group home • Family home • Independent living
Access	• Goods and services • Transportation • Culture and leisure
Attitudes	• Community • Paid staff • Families and self

Looking at the different aspects that can influence community inclusion, how can professionals act? And what are the specific issues they have to consider when thinking about people with severe intellectual disabilities?

Ask participants to list at least one way for each aspect. For example, how can living conditions at a group home influence community inclusion? And what must be in place to allow people with severe intellectual disabilities to live independently? Or how can the level of access to goods and services affect community inclusion? And what role professionals have for each of the aspects?

Useful learning resources

http://www.epr.eu/images/EPR/documents/Studies/EPR_Study_Mainstreaming_Services_2015_Final.pdf accessed 20/2/2017

https://www.kent.ac.uk/tizard/research/research_projects/beadlebrown_2005_care_standards_report_final.pdf accessed 20/2/2017

https://www.youtube.com/watch?v=bCsatqWgXV8 accessed 20/2/2017*

https://www.youtube.com/watch?v=9YrXmG6qO9E accessed 20/2/2017

https://www.youtube.com/watch?v=_vT68mZYwTc accessed 20/2/2017

https://www.youtube.com/watch?v=lRaWjCzq3nc accessed 20/2/2017

https://www.youtube.com/watch?v=UQc7geMXDJU accessed 21/3/2017

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Simplican, S. C., Leader, G., Kosciulek, J. and Leahy, M. (2015*)* Defining social inclusion of people with intellectual and developmental disabilities: and ecological model of social networks and community participation. *Research in Developmental Disabilities, 38,* 18-29.

McManus,J. L., Feyes, K. J., and Saucier, D. A. (2011). Contact and knowledge as predictors of attitudes towards individuals with intellectual disabilities*. Journal of Social and Personal Relationships*, 28 (5), 579-590

Siperstein, G., Norris, J., and Mohler, A. (2007). *Social acceptance and attitude change: Fifty years of research.* In J. W. Jacobson, J. A. Mulick and J. Rojahn (Eds.), Handbook of intellectual and developmental disabilities. New York: Springer

Smith, R.B., Morgan, M., and Davidson, J. (2005). *Does the daily choice making of adults with intellectual disability meet the normalisation principle?* Journal of Intellectual Deviation and Disabilities, 30(4), 226-235

Hewitt, A. (2014). *Embracing Complexity: Community Inclusion, Participation and Citizenship.* Presidential Address: American Association of Intellectual and Developmental Disabilities 138th Annual Meeting, Orlando, Florida.

Howe, J., Horner, R. H. and Newton, J. S. (1998) Comparison of supported living and traditional residential services in the state of Oregon. Mental Retardation, 36(1), 1-11.

Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Jarbrink, K., Knapp, M., Netten, A. and Walsh, P. N. (2001) Quality and costs of

supported living residences and group homes in the United Kingdom. American Journal on Mental Retardation, 106(5), 401-15.

Mansell, J. (1995) Staffing and staff performance in services for people with severe or profound learning disability and serious challenging behaviour. Journal of Intellectual Disability Research, 39, 3-14.

Mansell, J. (2006) Deinstitutionalisation and community living: progress, problems and priorities. Journal of Intellectual and Developmental Disability, 31(2), 65-76.

Mansell, J., Beadle-Brown, J., Ashman, B. and Ockendon, J. (2005) Person-centred active support: a multi-media training resource for staff to enable participation, inclusion and choice for people with learning disabilities. Brighton: Pavilion.

Self-evaluation

In order for you to understand the impact of the training in the level of knowledge of each of the core competences, please ask participants to classify their level of knowledge before and after the training.

They should fil column 1 before the course and column 2 after each module. If they want, they can use the space at the bottom of the evaluation sheet to comment on the training.

Self-evaluation sheet

Score your knowledge before and after the training from 1 to 8, being one the lower score and 8 the maximum score.

Module	Core competences	1 Before training	2 After training
1	Good understanding and knowledge of existing legislation and its impact on the lives of people with severe intellectual disabilities		
	Understanding and accepting diversity		
	Strong knowledge of the community		
	Ability to lobby and network		
2	Respecting the equal rights of all clients, according to the UN Convention on the rights of persons with disabilities		
	Be aware of your own feelings and attitudes to disability		
	Be aware of your own feelings and attitudes towards difficult decisions in the care of people with severe intellectual disability		
	Strong knowledge of professional´s rights and boundaries		
	Show respect for the client's right to make decisions about all aspects of their lives;		
	Appreciate that inclusion begins with us and depends on commitment to the development of a fully accessible and inclusive service;		
	Ability to identify personal signs of burnout and emotional exhaustion		
3	Good understanding and knowledge of the concepts of empowerment and advocacy		
	Knowledge about how to assess self-determination of people with severe intellectual disabilities		
	Knowledge on how to promote autonomy and independence for people with severe intellectual disabilities		

Module	Core competences	1 Before training	2 After training
4	Good understanding of communication components and their application		
	Ability to explain the importance and impact of non-verbal and verbal communication within all aspects of care		
	To be able to interact with clients with augmentative and alternative communication tools		
	Knowledge on how to assess communication needs of people with severe intellectual disabilities		
	Good understanding of professionals´ role in the promotion of a communication-friendly environment		
5	Good understanding and knowledge of fundamental basics of person centred thinking and planning.		
	Demonstrate an understanding of the differences between traditional planning and person centred planning, and the benefits of using them		
	Knowledge about core values and purpose of person centred planning to the Individual Plan development process		
	Good understanding and using a range of person centred thinking tools (namely PATH and MAP)		
	Developing person centred approaches and knowing person centred planning and review.		
6	Good understanding and knowledge of the concepts of quality of life		
	Knowledge about factors and indicators of quality of life		
	Knowledge on how to promote health and well-being of people with severe intellectual disabilities		
	Ability to identity tools and resources to assess quality of life		
	Demonstrate an understanding of the importance of sport, culture and leisure as indicators of quality of life		

Module	Core competences	1 Before training	2 After training
7	Good understanding of the meaning of inclusive communities		
	Recognizing factors that promote inclusive communities		
	Building respectful, reciprocal relationships through a shared understanding with people with severe intellectual disabilities and community involvement.		
	Collaborating and working with community resources (such as: leisure, sports and culture facilities).		
	Knowledge on how to manage the challenges and barriers to community inclusion.		
	Connecting people with severe intellectual disabilities to community resources, and taking advantage of opportunities for appropriate, positive collaborations with other people and community services.		

Comments/Observations