



Education and Culture DG

Lifelong Learning Programme

**VOSIDIS**  
**Specialised vocational training**  
**for people with severe and profound**  
**intellectual disabilities**

**COUNTRY OVERVIEW AND**  
**ASSESSMENT OF THE NEEDS OF**  
**PEOPLE WITH SEVERE AND**  
**PROFOUND INTELLECTUAL**  
**DISABILITIES IN RELATION TO**  
**SPECIALISED WORKING SKILLS**  
**TRAINING**  
**in Slovenia, Bulgaria and Portugal**

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## 1. INTRODUCTION

### 1.1 BACKGROUND OF THE PROJECT

The project is based on the research on local needs for establishing education, care and occupational engagement policies and improving the welfare of PSPID in Slovenia, Bulgaria and Portugal.

The goal of the project is to ensure that PSPID who are in need of temporary alternative care have access to social services, to prepare them for maximum possible independence and to enhance their working skills and social adaptation by improving work motivation as a result of the establishment of occupational training programmes in each country.

### 1.2 GENERAL OBJECTIVE OF THE PROJECT

In European countries, many initiatives are undertaken to promote the inclusion of people with disabilities into working processes. Even though several innovative solutions have been successfully implemented, most of them are directed towards people with physical or moderate intellectual disabilities, while people with severe and profound intellectual disabilities are being left behind in terms of specialised working skills training. Therefore, the main aim of our project is to enable the inclusion of people with severe and profound intellectual disabilities into **working skills training**, thus giving them the opportunity to participate in the working process. Given the situation described above, the general objective of the project is to develop work-related skills and competences of people with severe and profound intellectual disabilities (PSPID) by providing them with specialised training as well as to enable their inclusion into the working process according to their specific needs.

With agreement of the three partner organisations, the term “working skills training” is used in this document instead of vocational training, since it was found to be more appropriate to the situation of PSPID and since the original term has different connotations in partner countries.

The general objective will be achieved by setting 6 specific objectives of the project:

1. To upgrade and transfer the most suitable approach and methodology to work with PSPID (according to their needs): on the basis of the SWOT analysis of PSPID and existing



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approaches to work with people with intellectual disabilities, and with the participation of all partners, the most appropriate methodology will be developed and transferred to all participating countries.

2. To provide possibilities for the development of skills and competences for trainers who will work with PSPID: PSPID are a very demanding target group that requires individual approaches. We want to give the trainers the opportunity to gain and employ the latest knowledge and approaches in this field, exchange the know-how between partners and therefore enable them to work with PSPID in the most appropriate way.

3. To develop work-related skills and competences of PSPID to function in the working environment: so far, there have only been limited attempts to ensure lifelong learning of PSPID. With this project, our aim is to include them in the process, develop their skills and competences according to their work abilities and give them the opportunity to become actively involved in the working process.

4. To develop workplaces and establish a working environment specialised for PSPID at the applicant's premises: according to the analysis of their needs, abilities and work interest, a simple production line will be established for the inclusion of PSPID in a gifts production programme.

5. To motivate PSPID for their inclusion in the working environment and to encourage the development of their social competences.

6. To combat discrimination and prejudice towards people with intellectual disabilities and raise consciousness of their abilities in the general public.

The impact on project target groups:

The primary target group of the project are **people with severe and profound intellectual disabilities – PSPID**. The implementation of training will contribute to the improvement of work-related skills and abilities of the target group, thus fostering their inclusion in the work process of a gifts production programme. These products will have special added value because of the specifics of their making. An additional positive impact will be better inclusion of PSPID in the environment, improvement in their independence, psychophysical abilities and development of their potentials.



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The second target group are **trainers of PSPID**, directly, those who will participate in the process of development of the training modules, and indirectly, all trainers in partner organisations. The impact on trainers will include gaining new knowledge and methodology and broadening the aspects of their work. In the scope of the project, the training methodology will be presented to all pedagogical staff in all three partner organisations, and will be later available to all the trainers for their use in daily work with PSPID (61 in Slovenia, 58 in Bulgaria, 100 in Portugal). This will lead to improved approaches in working with PSPID, which will also contribute to better relations between trainers and their wards.

Another target group that must be included are **parents and relatives of PSPID**. They will participate when developing individual working plans for PSPID who will be included in the process. A positive impact will be seen in the improved relationships between wards and their relatives, which will increase the quality of life for the whole family.

As one of our objectives is combating prejudices against people with intellectual disabilities, the **general public** will be included in dissemination activities. Information will be made available to the interested public through websites, publications, exhibitions of project results and the promotional brochure. Since the best way of fighting prejudice in public is showing them what people with intellectual disabilities are capable of doing, these activities will contribute to better acceptance of diversity in the society.

### 1.3 NEEDS ASSESSMENT

#### 1.3.1 Assessment objectives

It is crucial that the VOSIDIS project is implemented as planned and that project objectives are achieved. Although project implementation can be monitored through regular project progress reports, a more comprehensive and objective assessment is deemed necessary to validate project objectives and expected results.

The Assessment intends to measure success and challenges for project partners (CUDV, Alianta, BAPID, FENACERCI). Any gaps, mistakes and lessons learned will be used to establish a body of knowledge for EU and partner countries upon which decisions could be made for future development of the project programmes and application to other countries and domains.

The main objective is to assess the actual situation of PSPID in the three countries included in the project and its impact on beneficiaries, stakeholders, the general public and policies of care, education and work - occupational engagement of PSPID. The impacts and outcomes should be assessed in relation to the set goals and objectives of the project.



The specific objectives of the Needs assessment are:

1. To assess the tangible and non-tangible impacts (positive and negative) of the situation in each country on its intended beneficiaries, that is: PSPID in Slovenia, Bulgaria, Portugal; the staff working with PSPID; parents and relatives; and local authorities (national and regional social and educational departments, municipalities, NGOs....);
2. To assess the effectiveness of the project (i.e. the extent to which the stated objectives and output have been achieved or can be achieved);
3. To assess sustainability of project services in the long term (i.e. the likelihood of the project continuing after support from EU is withdrawn). What factors are likely to affect its sustainability?
4. To assess the relevance of the project (i.e. appropriateness of the project in relation to the current needs for care, education, working skills training and work occupation, and situation of PSPID aged between 16 and 26 locally (in Slovenia, Bulgaria, Portugal). Are the services of the project relevant for the current target group or beneficiaries and what other groups would they be relevant for in the future?
5. To determine ways to improve the project design, with special focus on the content and delivery of individual care to PSPID and the staff. What successes and challenges are encountered in the implementation of the processes, approaches and systems employed by the three countries? How could these successes be applied to other domains and what is the best way to do it?

### **1.3.2 Assessment methods and scope of work**

- *Composing dates*
- *Organisation of work*
- *Time framework*

The work on the Needs assessment of the Leonardo project in Slovenia, Bulgaria and Portugal was in compliance with the time frame of the team meeting in Slovenia (10-12 December 2008) for Needs assessment and analysis of the conditions concerning project target groups. Based on the proposal of Portugal, the framework of Country overview presentations for the three countries was unified according to the BAPID structure presented at the team meeting.

The following actions were planned:



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Preparatory work: elaboration of the Needs assessment methodology, Contents and Assessment tools.

Work on the spot aimed at:

- Staff engaged with PSPID;
- Parents and relatives;
- Social protection departments for children, youth and adults – MLSP;
- Regional inspectorate departments (RID) - Ministry of Education;
- NGOs working in the same area...

The overall work on data collection for the Assessment was carried out in the period from October 2008 to March 2009.

The following tools had been elaborated for the purpose of the Assessment (please see Annex 1):

- Unified text used as preamble at the beginning of Evaluation Questionnaire – short presentation of the project (written by the lead organisation);
- SWOT and Transversal analysis methodology;
- Evaluation Questionnaire to all target groups.

The proposed design of the Needs assessment is consistent with the time frame of the project and the capacity of the three NGOs, and does not claim to offer global international research work. This is a pilot research with the main goal of reaffirming the appropriateness of project objectives and confronting potential obstacles based on the experience of the three NGOs and target groups.

The Assessment document begins with country overviews in order to present the current situation concerning PSPID in each country.



## 2. COUNTRY OVERVIEW AND BACKGROUND CONCERNING TRAINING AND EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH INTELLECTUAL DISABILITIES

### 2.1 TARGET GROUPS

#### 2.1.1 Slovenia

No official systemised statistical data are available on the percentage of people with disabilities within the whole population or the prevalence of intellectual disabilities.

The approximate number of people with intellectual disabilities in Slovenia was estimated with the combination of known data, WHO estimated data and by considering Mr. Djoredzevic's opinion (the percentage of people with intellectual disabilities moves from 0.9 to 5% of the entire population). 2.5% of the entire Slovenian population (2,000,000 people) were included in our estimates.

	Level of intellectual disability	Total number of people with intellectual disabilities	Percentage of particular level in relation to the total number of people with intellectual disabilities	Number of people with intellectual disabilities per 100,000 inhabitants
Slovenia	Mild	4,500	85%	2,125
	Moderate	3,500	7%	175
	Severe	2,500	5%	125
	Profound	1,500	3%	75
	<b>TOGETHER</b>	<b>50,000</b>	<b>100%</b>	<b>2,500</b>

Data are available only for children and adults who are entitled to community-based or other institutionalised type of social services.

People with intellectual disabilities in Slovenia can be placed in different institutions operating under the framework of the Ministry of Labour, Family and Social affairs or the Ministry of Education and Sport.

- There are 10 special social institutions for people with physical and intellectual disabilities, 5 of which are Centres for training, work and social care, where people with intellectual disabilities receive training for life and work. Adults with intellectual disabilities



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are employed in sheltered workshops, where they work under special conditions. Most of them use residential care services.

- There are 30 departments of training and education, which operate within the framework of primary schools with adapted programmes.
  - 18 independent sheltered workshops are established at 61 locations – 5 of them as units of social care institutions at 10 locations and 9 of them with concession (licence to operate) at 21 locations.
  - 17 organisations have the capability to take in adults on basis of residential care at multiple locations (social care institutions, residential communities).

The direct beneficiaries of the project results will be:

- People with severe and profound intellectual disabilities who are clients in 5 Centres for training, work and social care and sheltered workshops;
- Professional teams working with people with severe and profound intellectual disabilities who are clients in 5 Centres for training, work and social care and sheltered workshops;
- Parents and relatives of people with severe and profound intellectual disabilities;
- Association Sožitje (Hand in hand or living together);
- Local, regional and national authorities responsible for defining and implementing policies for people with severe and profound intellectual disabilities.

### 2.1.2 Bulgaria

No official systemised statistical data are available on the percentage of people with disabilities within the whole population or the prevalence of intellectual disabilities.

However, there are several sources that could provide some information. According to the latest data provided by the National Statistical Institute **as of 1 March 2001**, the number of people assessed as having a disability (both physical and intellectual) is 224,550, 2204 of which are children up to 16 years of age.



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People with intellectual disabilities in Bulgaria registered within the dispensaries  
(Source: National Centre for Health Information, 2002)

	Level of intellectual disability	Total number of people	Number per 100,000 population
<b>Bulgaria</b>	Mild	30,285	386
	Moderate	13,719	175
	Severe and profound	4,851	62
	<b>Total (all levels)</b>	49,173	627

According to the data of the National Centre for Health Information, 6048 people with severe and profound intellectual disabilities above 16 years of age were registered in 2007.

However, according to the World Health Organization, around 0,3% of a country population worldwide has moderate, severe and profound intellectual disabilities - in Bulgaria, that would amount to approximately 22,500 people.

Additional data are available for children and adults who are entitled to community-based or institutionalised type of social services. According to the Ministry of Labour and Social Policy, there are 27 institutions for adults with intellectual disabilities, which hosted 2094 residents in October 2008. Moreover, 21 residential institutions specifically for children with intellectual disabilities were accommodating 1121 children. Although there is a national strategy to reduce the number of children in institutions, the number of children under the age of three placed in social care homes has in fact increased.

Several types of community-based social services target people with intellectual disabilities:

- 53 day care centres for children with disabilities with capacity for 1631 clients;
- 39 day activity centres for adults with disabilities with capacity for 997 clients;
- 69 sheltered homes for adults with capacity for 572 clients, and
- 1 small group home for children with disabilities with capacity for 8 clients.

The direct beneficiaries of the project results will be:

- People with severe and profound intellectual disabilities who are clients in 11 community-based social services managed by local BAPID member organisations;
- Professional teams working with people with severe and profound intellectual disabilities who are clients in 11 community-based social services managed by local BAPID member organisations;

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- Parents and relatives of people with severe and profound intellectual disabilities;
  - BAPID network of 54 parent NGOs;
  - Local, regional and national authorities responsible for elaboration and implementation of policies for people with severe and profound intellectual disabilities.

*Sources: National Statistical Institute, Rights of people with intellectual disabilities: Access to education and employment, OSI 2005; Ministry of Labour and Social Affairs*

### 2.1.3 Portugal

Reliable statistical information refers to 2001, the year of the last national census. According to the census, we had 636,059 people with disabilities, 70,994 of which had an intellectual disability. No information is available regarding the level of intellectual disability. It should be noted that the findings in this survey on incidence of disability in the population are below the estimate established in the EU and the National Survey on Disability and Disadvantages (INIDD). This study, undertaken in 1994 by SNRIPD in collaboration with the NSA and the Department of Statistics of Labour, Employment and Vocational Training (DETEFP), concluded that there were 905,488 disabled people in Portugal, or 9.16% of the population, which reflects a value close to those of other EU countries. In terms of the type of disability, according to the 2001 census, it was found that 70,994 people had intellectual disabilities, which means an incidence rate of around 0.68% with increased expression in the age group of 15 to 59 years. In relation to the level of disability, no level of disability had been determined for more than 40% of population with intellectual disabilities residing in Portugal in 2001.

	<b>Total</b>	<b>With ID</b>	<b>Percentage</b>
Number of people with disabilities from 20 to 65 years	365,042	48,656	13%
Number of people with no determined level of disability (to determine pensions)	341,133	30,397	8.9%
Number of people with up to 30% disability degree (to determine pensions)	56,103	6,106	10.9%

Data source: Censos 2001, INE



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Regarding the information about the number and type of community-based social services targeting people with intellectual disabilities at a national level, we did not find any systemised data. FENACERCI associated organisations include:

- 29 early intervention teams;
- 41 working skills training centres;
- 47 occupational activity centres;
- 33 residential units;
- 41 special education structures, which provide support for children and youngsters included in the mainstream school system;
- 7 sheltered employment structures;
- 11 home support structures, which provide support not only to people with disabilities but also to elderly people.

Unfortunately, no updated information is available regarding the number of people using the different services. Our associations provide services for almost 8000 people with intellectual and multiple disabilities and their families.

The direct beneficiaries of the project results will be:

- People with severe and profound intellectual disabilities who are clients in 47 Occupational Activities Centres referred above;
- Professionals working with people with severe and profound intellectual disabilities who are clients in the 47 Occupational Activity Centres of FENACERCI members organisations;
- Families of the clients attending the Occupational Activity Centres.

## **2.2 DEFINITIONS**

### **2.2.1 Slovenia**

People with intellectual disabilities are classified among a broader group of people with special needs. All people with special needs require differential and individualised learning methods as well as adjusted methods and ways of employment, work and life.

According to the Placement of Children with Special Needs Act, children and youth with intellectual disabilities, blind and week-sighted, deaf and partially deaf, children and youth with speech and motor disorders, children and youth with emotional and behavioural disorders, children with illness of long duration and children who are in need of special forms of education are in general considered as people with special needs.



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Intellectual disabilities represent an important limitation regarding a person's general intellectual functioning. They are considered as general under average intellectual functioning, which emerges in the developmental period and is connected to inadequate adaptive behaviour regarding self-dependence, communication, socialisation and understanding.

Placement of children with special needs in Slovenia is based on the Placement of Children with Special Needs Act.

With regard to Regulations of organisation and work method of commission for placement of children with special needs and the criteria for definition of type and stage of deficit, hindrance or disorders of children with special needs, in terms of intellectual disabilities, we distinguish:

- Children (people) with mild intellectual disabilities;
- Children (people) with moderate intellectual disabilities;
- Children (people) with severe intellectual disabilities;
- Children (people) with profound intellectual disabilities.

### **2.2.2 Bulgaria**

The new Law for Integration of People with Disabilities defines disability as "each loss or impairment in anatomic structure, physiology or mental activity of an individual".

The revoked Law for the Protection of Disabled People defined a person with disabilities as "every person, regardless of his age, with a physical, sensory or mental disorder which encumbers his social integration and participation in the social life, his abilities of communication and education or his labour performance".

In August 2002, the Ministry of Education issued Decree №6 for the education of children with special educational needs and/or chronic illnesses that replaced the earlier instruction.

It generally relies on the definitions in the International Classification of Diseases and Related Health Problems - Tenth Revision (ICD-10). According to ICD-10, "mental retardation" is defined as a "complex disturbance in the cognitive, speech, motor and social skills, which leads to deviations in adaptive behaviours". This definition sets out four levels of intellectual disability: mild, moderate, severe and profound.



### 2.2.3 Portugal



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Article 2 of Law 9/89, the Law on the Prevention and the Rehabilitation and Integration of People with Disabilities, defines the concept of a person with a disability as someone who “by reason of loss or failure, congenital or acquired, of psychological, intellectual, physiological or anatomical structure or function, likely to result in capacity restrictions, can be seen in situations of disadvantage for the exercise of activities considered normal given the age, sex and dominant socio-cultural factors.”

Article 9 states that Special Education “is a form of education that takes place at all levels of public education, private and cooperative and seeks the full development of the person with special educational needs as well as the preparation for full integration into working life through actions for students, families, educators, educational institutions and communities” and that “without prejudice of the preceding paragraph, necessary measures shall be taken for the gradual integration of special education students in the normal system of education.”

Article 10 of this law refers to vocational rehabilitation and states that “vocational rehabilitation is to enable the disabled person the exercise of an occupation and includes a number of specific interventions in the field of orientation and training, as well as measures to enable their integration in the normal labour market or other alternative means of employment.”

For the last 4 years, Portugal has been trying to implement the ICF (International Classification of Functioning, Disability and Health) as the instrument to classify and determine the intervention in people with disabilities. So, although we still use the medical model to determine the level of intellectual disability, professionals tend to use an intervention approach centred on the level of functionality. They use an adaptive behaviour scale (ABS) or the ICF to assess the level of functionality and level of personal independency and social skills, designing an intervention plan aiming at enhancing the social inclusion.



## 2.3 LEGAL AND ADMINISTRATIVE FRAMEWORK

### 2.3.1 Slovenia

According to the constitution of the Republic of Slovenia, equal human rights and basic freedoms irrespective of nationality, race, sex, language, religion, political or other beliefs, material well-being, birth, education, social situation or level of invalidity are granted to everyone. We are all equal in front of the law.

Basic human rights also include the right to education and the right to work.

Training and education of people with moderate, severe and profound intellectual disabilities is conducted in accordance with the Placement of Children with Special Needs Act and regulations managing the area of preschool education, elementary school education, working skills training, professional education and general secondary education.

According to the Placement of Children with Special Needs Act, children and youth with intellectual disabilities, blind and week-sighted, deaf and partially deaf, children and youth with speech and motor disorders, children and youth with emotional and behavioural disorders, children with illness of long duration and children who are in need of special forms of education are in general considered as people with special needs.

The Act also defines principles and aims of training and education of people with special needs:

- Equal possibilities for all with simultaneous consideration of diversity of people with special needs;
- Preserving balance among different views of one's physical and mental development;
- Inclusion of parents in the process of training and education;
- Assurance of proper conditions to implement optimal development of an individual;
- Timely placement of children and youth into a proper programme of training and education;
- Organisation of training and education as near to the place of residence as possible;
- Integrity and complexness of training and education;
- Interdisciplinarity.

*Sources:*

- Rebronja V.: *Zbir določb pravic, obveznosti ter nekaterih olajšav v slovenski zakonodaji, kjer se obravnavajo osebe z motnjami v duševnem razvoju, oz. njihovi zastopniki. Zveza Sožitje. Ljubljana, april 2008 (Collection of rights, obligations and some reliefs in Slovene legislation regarding treatment of people with intellectual disabilities or their representatives – Association Sožitje (Hand in hand) Ljubljana).*



### **2.3.2 Bulgaria**

Bulgaria has ratified most international instruments that pertain to people with disabilities, but has not signed Protocol №12 to the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR). While the Constitution does not ensure protection against discrimination on the grounds of disability, supplemental anti-discrimination legislation, in particular, the Protection against Discrimination Act does include disability as a protected ground. An independent body charged with addressing cases of discrimination, the Commission for Protection against Discrimination, is provided for in new legislation.

New legislation for Integration of People with Disabilities was adopted in September 2004 and entered into force in January 2005. It provides for the creation of additional bodies to specifically address issues relating to people with disabilities, as well as a more inclusive approach to education and improved data collection.

### **2.3.3 Portugal**

According to the Portuguese Constitution, all citizens enjoy full rights and are subject to the obligations enshrined in the Constitution, independently of her/his sex, religion, race or abilities. Article 71 refers to the rights and duties of people with disabilities, and states that “disabled people enjoy full rights and are subject to the obligations enshrined in the Constitution, subject to the exercise or fulfilment of those for which they are disabled. The state undertakes to implement a national policy of prevention and treatment, rehabilitation and integration of disabled people, to develop a pedagogy that sensitizes the society to the duties of respect and solidarity with them and takes charge of the actual realisation of their rights without prejudice to the rights and duties of parents or guardians. The state supports the associations of disabled people.”

Portugal has signed and ratified most of the international instruments relevant to people with disabilities, like the UN Convention on the Rights of People with Disabilities and the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR).

Portugal has also issued legislation regarding people with disabilities, like the Law on the Prevention and the Rehabilitation and Integration of People with Disabilities, referred to above in 2.2.3.



## 2.4 DIAGNOSIS AND ASSESSMENT OF DISABILITY

### 2.4.1 Slovenia

In Slovenia, a network of developmental dispensaries is established in the field of health for people with development disorders. The network is regionally organised and intended for children and youth aged up to 19 years of age.

The professional team of every developmental dispensary comprises of: a doctor (paediatrics specialist with additional knowledge in child neurology), nurses, neurophysiotherapists, occupational therapists, psychologists, special pedagogues, speech therapists and social workers. According to the needs of children and youth, team members connect with each other as well as with other professionals and specialists from other institutions (kindergartens, schools, centres for social work, associations, training centres...).

A child or youth with an intellectual disability is usually put in a dispensary by the medical practitioner, who diagnoses a disorder in development during regular examinations. Parents or relatives sometimes notice that a child or youth may have a developmental disorder by themselves, as can kindergartens or schools. In such cases, they can ask the medical practitioner for a referral or make an appointment themselves. If any extra examinations are needed or any help to a child is requested, a referral with doctor's signature is obligatory.

The development of children who experienced risks at birth are also monitored in developmental dispensaries. The most common birth risks are: premature birth (before 36<sup>th</sup> week), birth weight too low, birth complications, heavy jaundice (icterus). Some maternity hospitals put such children into a regional developmental dispensary through the register on risk children and later invite them to examinations. They can also get an appointment date prior leaving maternity hospitals or are referred by the medical practitioner after the first exam in the consulting room.

One of the important tasks of developmental dispensaries is helping children with special needs, their parents, institutions and schools. Developmental dispensaries are intended for children with disorders in motor and mental development, with sight and hearing troubles, speech disturbances or specific learning problems. Social rights and the placement of such children into proper training and education institutions are described in other chapters; additional information can also be obtained from developmental dispensaries.



### **2.4.2 Bulgaria**

Two commissions are responsible for assessing children with intellectual disabilities in Bulgaria.

One is the Regional Expert Medical Consultative Commission (REMCC) that is responsible for assessing the child for medical, social and educational purposes. The REMCCs are under the supervision of the Ministry of Health Care.

The other is the diagnostic team and diagnostic commission from the Regional Inspectorates (REI) of the Ministry of Education, which has the responsibility of assessing the child for educational purposes only.

Individuals over 16 years of age are assessed by the Labour Experts Medical Commissions under the Ministry of Health, responsible for assessing the working capacity of people with intellectual disabilities.

The procedure for assessing the working capacity is provided in the Decree for Working Capacity Assessment. The initial evaluation is made by the local Medical Consultative Commissions, based at the regional hospitals. They assess temporary reduced working capacity and prepare clinical examination documents for the LEMC if the person's limited capacity to work persists for more than six months.

### **2.4.3 Portugal**

Joint Order N<sup>o</sup>. 891/99 establishes the principles and conditions for the early intervention support for children with disabilities or at risk of serious delay in development and their families. According to this legal framework, the referral of children and selection of cases to assist in early intervention are dealt with in two different procedures.

The referral of children is made to the early intervention teams by families, professionals from health, education and social services as well as professionals from other agencies or private institutions or cooperatives of social solidarity through information on the situation of children and other relevant information.

The selection of cases for support in early intervention is done by teams of direct intervention based on the assessment made at child development centres, developmental consultations or other structures specialised in development, according to the eligibility criteria established by the coordination teams. Early intervention services cover ages from 0 to 6 years and belong to 3 different Ministries – Health, Education and Social Services.

“The State must promote and support the access of people with disabilities to education and support special education” - Article 74 paragraph 2 point g) of the Portuguese



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Constitution. In order to do this, special education and its objectives are defined. Thus, special education aims at the recovery and socio-educational integration of people with special educational needs due to physical and/or intellectual disabilities - Article 17, paragraph 1 of Law on the Education System. Pupils with special educational needs (SEN) who attend public institutions enjoy a special regime (Decree-Law N<sup>o</sup>. 319/91 of August 23).

According to the Decree-Law No. 3/2008, the referral of children and youngsters who will be included in the special education system is done through a structured referral process that takes place as early as possible and that can be implemented by school administrative or management bodies, by initiative of parents, teachers, executive school board or other professionals who intervene with the child or youngster.

The evaluation is done by the school department of special education and by the departments of psychology and guidance. They are responsible for preparing a technical report on the educational situations in question. The results of the assessment contained in the technical educational report must be obtained by reference to the CIF.

From the age of 6 to 18, pupils are covered by the special education legislation and are under the Ministry of Education scope.

The assessment of the ability to work is done by local commissions of physicians. The legal framework is set up by the Decree-Law N<sup>o</sup>. 360/97, which defines the system of disability verification (SVI) under the social security system.

## **2.5 ACCESS TO EDUCATION**

### **2.5.1 Slovenia**

#### ***Legal and administrative framework***

Training and education of people with moderate, severe and profound intellectual disabilities is conducted in accordance with the Placement of Children with Special Needs Act and regulations managing the area of preschool education, elementary school education, working skills training, professional education and general secondary education.

#### ***Diagnosis and assessment of disability for educational purpose***

A written request for the introduction of the placing procedure has to be sent to the National Education Institute, which deals with procedures of placing persons into appropriate training and education programmes primarily by parents. The request can also be sent by younger adults in their own name. If it is not sent by parents, it can be sent by the kindergarten, school and medical, social or other institutions.



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The placing commission issues a professional opinion on the basis of documentation and makes a proposal for placing an individual into an appropriate training and education programme. On the basis of the placing commission's opinion, the competent unit of the National Education Institute then issues a written order of placement.

Parents are obliged to include their children with special needs into an appropriate education and training programme according to the written order of placement, while certain institutions are obliged to accept them.

Children and youth with special needs are placed into special training and education programmes according to the accomplished level of development, capability to learn and reach certain standards of knowledge, aetiology and prognosis according to children's deficits, and with regard to the criteria for defining the types and levels of deficits in children and youth with special needs.

The kindergarten, school or institution must, no later than within the period of 30 days after an individual with special needs was accepted, prepare a special individualised training and education programme. Forms of work on particular fields, methods of offering additional professional help, checking and valuing one's learning progress and material adjustments are defined with the programme. Preparation and monitoring of the programme are carried out by a special professional group and parents.

In the Republic of Slovenia, children and youth with special needs can be placed into various training and education programmes:

- adapted performance of training and education programmes;
- adapted programmes and special programmes of training and education;
- educational programme;
- care.

Children and youth with special needs can be placed in:

- adapted programmes for preschool children,
- special programmes of training and education,

Individuals placed in special educational programmes are entitled to education up to the age of 26.

Adapted performance of training and education programmes is implemented by:

- kindergartens;
- schools.



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Adapted educational programmes are implemented by:

- schools at their regular departments or at departments with adapted programmes;
- schools or branches established to implement such programmes;
- institutions for training and education of people with special needs.

### ***Inclusive education***

In Slovenia, inclusion of children and youth with intellectual disabilities into regular or adapted education programmes is provided by law. Unfortunately, the possibilities for them to be included into regular departments are realised in small numbers due to material problems, a lack of trained specialists and organisational problems. However, more and more people with intellectual disabilities attend different activities of regular school departments.

Among all children enrolled in kindergarten programmes, somewhat more than 1% had intellectual disabilities in 2006. All together, 523 children with special needs attended regular kindergarten departments, including 191 children with intellectual disabilities. 236 children with special needs were included in developmental departments, 138 of which were children with intellectual disabilities.

The 1966 Elementary School Act introduced the possibility for children with special needs to gain adequate educational standards, comparable to those of “normal” children, by introducing educational programmes with adapted implementation and additional professional aid. In 2006, more than 5000 children were involved in such programmes. Children with special needs whose disabilities prevent them from achieving educational standards comparable to other children in primary schools are included in adapted educational programmes with a lower educational standard. 1600 people with special needs participated in such programmes in 2006.

Children with moderate, severe and profound intellectual disabilities are included in special educational programmes, which can be implemented in primary schools, primary schools with adapted programmes or in social institutions. 1000 children attended such programmes in 2006.



### **Special schools**

In 2007, 164,768 children attended 852 primary schools in Slovenia. Among them, 1560 children with intellectual disabilities were included in 60 primary schools with adapted programmes.

Children with mild and moderate intellectual disabilities are enrolled in primary schools with adapted programmes. Within the framework of such schools, departments of training and education for children with severe and profound intellectual disabilities are also available. There are approximately 30 such departments.

### **Education outside the school system**

The right to be educated at home in accordance to the rule book is given to individuals placed by the committee for placing children with special needs into:

- educational programme with adapted implementation and additional professional aid;
- adapted educational programme with equivalent educational standard;
- adapted educational programme with lower educational standard;
- special training and education programme implemented at home when reasonable grounds exist and proper conditions at home are ensured.

Education at home can be implemented only in accordance with publicly valid programmes of training and education. The placing committee can place a child into a homeschooling programme in two cases:

- the child cannot attend classes because of his/her deficits;
- the individualised approach makes it easier for him/her to comprehend the goals or standards of knowledge as defined by the curriculum.

Parents have to ensure proper conditions for home education.

The conditions for home education are regarded as suitable:

- if there is a professional who carries out conditions for implementing programmes of training and education of children and youth with special needs in accordance with definitions of the Organization and Financing of Education Act,
- if appropriate equipment and didactic materials needed to achieve goals and standards of knowledge are ensured.

The placing committee always checks the suitability of conditions at home.



### ***Education for children in institutions***

In Slovenia, there are 5 social care institutions where youngsters and adults with moderate, severe and profound intellectual disabilities learn, live and work (in sheltered workshops, established under the wings of institutions).

Children and youth with moderate intellectual disabilities are enrolled in the special education programme and after the age of 21 in the special education and care programme – level of training for life and work.

After turning 26, they are placed in sheltered workshops and residential care units. Children, youth and adults with moderate intellectual disabilities residing in special care institutions engage themselves in different activities at institutions in the local and wider environment. The principle of normalisation and the principle of integration can be fully carried out in their lives. Moreover, children, youth and adults with severe and profound intellectual disabilities are included in the same programmes.

Activities and contents of working with people with severe and profound intellectual disabilities and joint disorders must be specially adapted to their abilities.

Along with working methods established by obligatory work programmes for the general population, the following special, adapted methods of work are used: EBL (emerging body language), basal stimulation, methods of modification of behaviour and learning, pet therapy, massages, aromatherapy, sensor integration, learning how to swim according to the Halliwick method, substitute communication, etc.

Many adults with severe and profound intellectual disabilities live at home and are not engaged in any programmes.

### ***Day services***

In Slovenia, many children and youngsters with severe and profound intellectual disabilities and combined disorders attend day education classes, which work as independent establishments or as elementary schools with lower educational standard units.

### ***Working skills education***

According to the Vocational Education Act, all pupils who finish at least the seventh grade of primary school can be included in lower working skills education programmes. The pupils who finish primary school education with adapted programmes can also join lower working skills education programmes.



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Education programmes with a lower educational status are oriented at people with mild intellectual disabilities.

Lower working skills education programmes are implemented by schools with the help of companies or independent contractors. Participants of such programmes become qualified for independent performance of simple work, already technologically prepared with clear and standardised working procedures, or for helping others do more demanding work. The programmes enable obtaining publicly valid education.

The government has so far not provided for working skills education of people with moderate, severe and profound intellectual disabilities. Such individuals are included in special training and education programmes and later employed in sheltered workshops under special conditions.

Non-governmental organisations and parents strongly oppose the government's point of view that training and education of people with moderate, severe and profound intellectual disabilities ends with the age of 17.

Non-governmental organisations and parents demand that the system of ensured education is expanded to the so-called lifelong training and education. Unfortunately, this idea does not enjoy wide support at the moment (for financial reasons). However, the non-governmental organisation Sožitje (Hand in hand) organises a wide network of lifelong learning programmes for people with intellectual disabilities.

Sources:

- Kindergarten Act. (1996). *Official Gazette of the RS*. (No. 12/1996, 2. February 1996).
- Elementary School Act. (1996). *Official Gazette of the RS*. (No. 12/1996, 29 February 1996).
- Book of rules of elementary school education of people with intellectual disabilities at home.
- Placement of Children with Special Needs Act. (No. 54/ 2000, 16 June 2000).



## 2.5.2 Bulgaria



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### ***Legal and administrative framework***

The National Programme for Child Protection 2008 set as a priority ensuring equal access to school education for all children with particular attention to children with special educational needs and the support of inclusive education.

### ***Diagnosis and assessment of disability for educational purpose***

The diagnosis procedure is regulated by law and through instructions issued by the Ministry of Education. These regulations set out a multidisciplinary and thorough examination procedure.

Two commissions are responsible for the diagnosis of intellectual disabilities for educational purposes, the Regional Expert Medical Consultative Commission (REMCC) and the diagnostic commission. According to Decree 19 for medical assessment of disability, the REMCC is generally obliged to review the diagnosis every two years. The second and main body responsible for diagnosing intellectual disabilities for educational purposes is the team for complex pedagogical assessment at the Regional Educational Inspectorate.

### ***Inclusive education***

The official statistics provided by the Ministry of Education show that 5573 children with disabilities are enrolled in the mainstream school system, namely in 183 kindergartens and 770 schools. The integrated children are supported by 883 resource teachers. BAPID data show that 2270 children with intellectual disabilities and 293 children with multiple disabilities attend mainstream schools. However, with regard to children with multiple disabilities, the provision of mainstream education is in most cases formal and children stay isolated even if they are enrolled in a mainstream school. Recent studies indicate that there are no accurate statistical data about the number of children with disabilities enrolled in mainstream education and the type and level of their disability.

### ***Special schools***

8957 children were attending 734 special schools in the 2003-2004 academic year. The situation as per November 2008:

- 16 special schools are closed;
- 28 special schools have been transformed into regional resource centres to support the process of inclusive education;



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- 883 children are enrolled in 100 special schools.

Research of the situation in Bulgarian special schools has revealed two problematic areas:

- high percentage of Roma children enrolled in special schools only because of social reasons and not because of disability;
- high proportion of children with mild and moderate level of intellectual disabilities.

This leads to greater isolation of children and youth with severe and profound intellectual disabilities even at special schools.

### ***Education outside the school system***

#### ***Home schooling***

“Schools may provide education at home for students who are not able to attend regular or special classes because of a recognised disability.” (According to the Regulations for the Implementation of the Public Education Act).

#### ***Education for children in institutions***

There are 21 institutions for children with intellectual disabilities in Bulgaria. The main problem that has a negative impact on educating children and youth with severe and profound intellectual disabilities is the fact that the institutions are still referred to as residential units. Until August 2002, the law provided that children with moderate, severe or profound intellectual disabilities living in institutions were regarded as “uneducable”. In 1997, the Ministry of Labour and Social Policy established special programmes for the education and care of children in institutions. These programmes include speech development, mathematics, reading and writing, job training, physical education and art projects. No distinctions are made between grade levels in these programmes. In January 2005, a report on the situation in 21 homes for children with intellectual disabilities was issued by the State Agency for Child Protection (SACP). The report stated that a very limited proportion of children from social homes had been enrolled in the education system in 2003-2004. Some residential institutions have established groups of eight or more children assessed as educable and have hired teachers from the local special school to teach them according to individual programmes.



Day care centres have been established to provide services for children up to the age of 18. The specialists employed at the centres include nurses, teachers, psychologists, speech therapists and physical therapists. BAPID supports the principle that day care/activity centres offer mainly social, not educational services and are, as such, places for providing therapies. In light of this, everyday services in these facilities include sensory and physical therapy, art therapy, crafts activities, physical rehabilitation, regular examinations and medical care. However, BAPID also envisages day activities centres as a temporary alternative for providing working skills training for PSPID, thus solving the problem with the non-existing education for PSPID.

### ***Working skills education***

Students with intellectual disabilities who wish to continue their education after completing the classes available at special schools have two choices. They may either enrol in a Social-Educational Boarding School (SEBS) or attend working skills classes that are offered at special schools. The working skills training available at special schools is offered in two-year courses, using curricula developed by the Ministry of Education. It covers subjects such as sewing, upholstery, cooking, carpentry, floriculture, printing and decoration. The nine existing SEBS are the only institutions in Bulgaria that provide educational services outside the framework of the national educational system.

The SEBS were established in 1991 as legal entities within the Ministry of Labour and Social Policy to qualify all categories of people with disabilities, including people with mild intellectual disabilities and impaired hearing from the ages of 14 to 35, for suitable professions. The SEBS are residential institutions, providing full room and board. Children living in the town or village where the SEBS is located also have access to the boarding services of the SEBS if they wish. There are between 6 and 11 students in each class and 12 to 22 students in each counselling group.

Students who successfully pass the final examination receive a certificate of professional qualification, while those who do not pass the examination are given a certificate stating what they studied and the work they are capable of doing within the profession that they studied.

The Labour Code, the Law for the Protection of Disabled People, the Encouragement of Employment Act (2001), the new Law for Integration of People with Disabilities (2004) and the Regulations for their implementations (2004) comprise the legislative framework for the



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employment of people with disabilities. However, none of these laws make a distinction between physical and intellectual disabilities or any other disability.

### **2.5.3 Portugal**

#### ***Legal and administrative framework***

Different governments of Portugal have perceived education to be a cornerstone of development and social equality. However, there is a substantial delay compared with other European countries, notably due to a high incidence of failure and school dropout. School is obligatory for 9 years, e.g. the student must have completed nine years or have reached the age of 16. For people with disabilities, the age limit goes up to 18 years.

The education right is recognised by our fundamental law, the Constitution of the Portuguese Republic, as a fundamental right of every citizen, leaving the state to ensure that education is compulsory and free. In implementing the policy of education, the state “promotes and supports the access of people with disabilities to education and supports special education” - Article 74 paragraph 2 point g) of the Portuguese Constitution.

The State shall adopt specific measures to ensure access of disabled people to education and inclusive education through, inter alia, the allocation of resources and the appropriate tools for learning and communication, and ensure access of disabled people to culture and science, through, inter alia, the allocation of resources and tools that allow the removal of existing limitations - Articles 34 and 35 of Law No. 38/2004 of 18 August.

#### ***Basic education***

In Portugal, basic education lasts for nine years and consists of three consecutive cycles. Basic education is compulsory for all school-age children (Article 2nd Article 1 of Decree-Law N<sup>o</sup>. 35/90 of 25 January), and the state supports all education costs during the period of compulsory schooling.

Pupils with special educational needs (SEN), resulting from physical and/or intellectual disabilities, are also subject to the fulfilment of compulsory education - cf. Article 2 of Decree-Law N<sup>o</sup>. 35/90 of January 25 and Article 3, paragraph 1 of Decree-Law N<sup>o</sup>. 301/93 of 31 August.

Basic education takes place at mainstream education facilities and/or, when the type and degree of disability of the student calls for it, in private special education institutions (belonging to cooperatives, associations, private institutions of social solidarity and Colleges of Special Education).

As mentioned above, it is on the state to promote and support the access of people with disabilities to education and to support special education - Article 74 paragraph 2 point g) of the Portuguese Constitution. In order to do this, special education and its objectives are defined.

Thus, special education aims at the recovery and socio-educational integration of people with special educational needs due to physical and/or intellectual disabilities - Article 17, paragraph 1 of Law on the Education System. Regarding the general objectives of education, special education should aim at:

- a) The development of physical and intellectual potential;
- b) Giving assistance in the acquisition of emotional stability;
- c) The development of the possibilities of communication;
- d) The reduction of the limitations caused by disability;
- e) Supporting the inclusion of socially disabled children and young people in the family and at school;
- f) The development of independence at all levels;
- g) The preparation for adequate training and integration into working life

#### ***Special education system***

Pupils with special educational needs (SEN) who attend public institutions enjoy a special regime (Decree-Law No. 319/91 of August 23). The special education system is the adaptation of the conditions in which the teaching-learning processes of students with SEN is implemented. Such adaptations may lead to the following measures:

- a) Special equipment for compensation;
- b) Material adjustments;
- c) Curriculum adjustments;
- d) Special conditions of registration;
- e) Special requirements for frequency;
- f) Special conditions for assessment;
- g) Suitable organisation of classes;
- h) Additional pedagogical support;
- i) Special education.

Special education is the set of teaching procedures that allow the strengthening of the autonomy and full development of the student with special needs, through their own educational project, that may include their individual curricula (which are the default curricula



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adapted to the degree and type of disability) or an alternative curriculum (replaces the default curricula and aims to provide the learning of specific content) - Article 11 of Decree-Law No. 319/91 to August 23.

### ***Alternative curriculum***

Under Dispatch No. 22/SEEl/96 of June 19 (Series II), it is possible to create classes with alternative curricula for basic education designed for specific groups of students in one of the following situations:

- a) Repeated failure at school;
- b) Problems of integration in the school community;
- c) Risk of abandonment of basic schooling;
- d) Existence of learning difficulties.

## **2.6 ACCESS TO EMPLOYMENT**

### **2.6.1 Slovenia**

The legal framework in Slovenia does not enable people with moderate, severe and profound intellectual disabilities to participate in the open labour market.

#### ***Diagnosis and assessment for employment and benefit purposes***

People with intellectual disabilities diagnosed by the placing committee as people with moderate, severe and profound intellectual disabilities are re-evaluated at the age of 18. Re-evaluation is conducted by a professional team (psychiatrist, special education teacher, psychologist...), who have been monitoring their development and training process. According to the Social Security Act, they are given the status of a disabled person who cannot participate in the labour market.

The status gives them the chance, but not the right to be included in sheltered workshops and to work under supervision and special conditions.

#### ***Guidance, care and employment under special conditions***

According to the Social Security Act, guidance and care include organised comprehensive care of physically and intellectually disabled adults and development of individuality and harmonious integration into society.

Employment under special conditions includes those forms of work that enable people with intellectual disabilities to maintain acquired knowledge and develop new skills.



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Guidance, care and employment under special conditions is an organised form of care given to users, in compliance with their abilities and chances for active inclusion in social and working environment, in order to provide them with the opportunity to do suitable and useful work. It is organised and implemented in a way that enables them to maintain acquired skills, gain new knowledge, skills and labour habits, gain new social skills, realise their own ideas and creativity, and thus fosters their feeling of usefulness and self-confirmation. The service also ensures other forms of work, making it possible for users and their families to participate in working and social activities. Moreover, users are entitled to a work reward according to the general legal act issued by the provider.

Service guidance, care and employment under special conditions are conducted by sheltered workshops. There are over 100 operative sheltered workshops in Slovenia.

Inclusion into sheltered workshops is provided by the law for people with moderate, severe and profound intellectual disabilities, but implementation of employment under special conditions is adapted only to people with moderate intellectual disabilities, whereas people with profound and severe intellectual disabilities are entitled to institutional care.

The activity of social care in the Republic of Slovenia is non-profit. It can be practised by legal and natural persons if the conditions determined by the Act are fulfilled.

Social care service is funded from national and municipality budgets.

People with moderate intellectual disabilities are included in the labour market and can be included in social inclusion programmes according to the Vocational Rehabilitation and Employment of Disabled Persons Act.

Social inclusion programmes aim at disabled persons whose work abilities are diminished to the level of being unemployable or very difficult to employ. A written statement of their unemployability is issued by the Employment Service of Slovenia.

The purpose of the programme is to offer them a suitable form of employment, where working hours and tempo are adjusted to their health and psychological condition in order for them to preserve and enhance adjusting abilities.

#### Sources:

- Social Security Act. (2004). *Official Gazette of the RS*. (No. 36/2004, 13 April 2004).
- Act Concerning Social Care of Mentally and Physically Handicapped Persons. (1983). *Official Gazette of the SRS*. (No. 41/1983, 30 December 1983).



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The procedure for assessing the working capacity is provided in the Decree for Working Capacity Assessment. The initial evaluation is made by local Medical Consultative Commissions based at regional hospitals. They assess the temporary reduced working capacity and prepare clinical examination documents for the LEMC if the person's limited capacity to work persists for more than six months. An annex to the Decree for Working Capacity Assessment establishes the methodology for assessment of people with intellectual disabilities, and is divided into four levels of "limited intellectual ability". The first and the mildest level of intellectual disability is expressed as a ten percent reduced working capacity, the second level is estimated at 20 to 50 percent, the third level at 60 to 80 percent, and the fourth and highest level is expressed as 80 to 100 percent reduced work capacity. People who are placed in the fourth category are not entitled to a reassessment, while people in all other categories can request a reassessment.

### ***Statistical information***

No official data on the employment level of people with intellectual disabilities are available.

At the end of 2003, the Ministry of Labour and Social Policy and the Employment Agency awarded the employers that hired most people with disabilities using the special measures and programmes offered by the government. The government and municipalities are obligated to establish specialised enterprises, while large employers with more than 300 workers are obliged to establish sheltered workplaces employing people with disabilities under conditions determined by the government. There are 91 specialised cooperatives and enterprises in Bulgaria, employing 14,573 people. The market share of their production has been reduced in recent years, and a significant number of workplaces have been closed as their products could not meet quality standards. Most employees in these enterprises are people whose reduced working capacity is the result of an accident or trauma and people with chronic diseases, while only a few have intellectual disabilities. They work on full-time contracts and are paid according to their productivity.

In November 2008, BAPID made several telephone enquiries about the needs for working skills training of people with severe and profound intellectual disabilities (PSPID) among 11 member organisations that manage community-based social services. The questions were as follows:

- Do PSPID need working skills training?

This project has been funded with support from the European Commission.  
This communication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



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- How do you think that working skills training programmes for them should be organised?
- Are there working skills training methodologies for PSPID?
- What are the risks in providing working skills training for PSPID?

BAPID received answers from 22 professionals who work with PSPID and 10 parents.

In regard to the first question, both professionals and parents agree that PSPID need working skills training. However, there are certain slight discrepancies among parents and professionals about the essence of working skills training for PSPID. Not all respondents have a clear vision about the content of working skills training for PSPID.

Not all respondents have comprehensive ideas about who should be responsible for the development and implementation of working skills training programmes either. Some of them view the Ministry of Labour and Social Policy as the responsible authority, others the Ministry of Education and Science. 26 of respondents reckon that day activity centres for youth and adults with disabilities should be focused on providing working skills training and employment alternatives for PSPID. In light of this, day activity centres could be considered as a useful resource for developing and implementing working skills training for PSPID.

100% of respondents are unfamiliar with working skills training methodologies.

In terms of the risks in providing working skills training for PSPID, 19 of the surveyed professionals think that parents and siblings will have doubts in regard to working skills training for PSPID. 2 of the surveyed professionals believe that PSPID are not able to participate effectively in working skills training. On the other hand, the majority of the surveyed parents think that there are no well-qualified professionals in this field.

### **2.6.3 Portugal**

According to final results of Census 2001, only 4723 persons out of the total number of residents with intellectual disabilities aged 15 or above are employed, while 1816 are unemployed or receiving a disability work pension.

With regard to the general population, the overwhelming majority of the employed population has a low average of education and training. In 2004, 73.4% of the employed population owned up to the 3rd cycle of the current basic education, the majority of which only had 4 or 6 years of complete schooling. The lack of education and qualification of the population is further aggravated by the fact that the participation rate of adults in education/training, although some improvements are evident, remains low (4.8% in 2004,



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9.9% in EU25), well below the target established for 2010 (12.5%). Nearly half (30,816) of the total number of people with intellectual disabilities had been considered permanently incapacitated to work.

Type of income of people with disabilities			
	Total	With ID	Percentage
Work (employment)	149,477	4,723	7.15%
Property incomes	3,904	198	0.30%
Unemployment subsidy	9,545	425	0.64%
Temporary subsidy for accident at work or professional disease	10,060	1,391	2.10%
Other temporary subsidy	1,266	111	0.17%
Minimum warranty income	5,811	1,029	1.56%
Pension/Retirement	332,297	40,927	61.92%
Social support	9,701	4,379	6.63%
Family	70,940	11,622	17.58%
Other situation	8,582	1,287	1.95%

Data source: CENSOS 2001



## **Legislative and administrative framework**



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### Labour Code

With the approval of the Labour Code (adopted by Law No. 99/2003 of 27 August), the provisions, among others, of Directive No 2000/78/EC are transposed into national law. The Labour Code was revised in 2009 by Law N<sup>o</sup>. 7/2009 of 12 February.

Accordingly, the Labour Code contains a set of rules to avoid discrimination against disabled people in access to employment and at work (subsection III - Equality and non-discrimination, subsection VI - Workers with reduced capacity for work, subsection VII - Workers with disabilities or chronic illness).

All workers are entitled to equal opportunities and equal treatment as regards access to employment, working skills training and promotion and working conditions. According to paragraph 1 of Article 24 of the Labour Code: No employee or applicant for employment “may be given, received, deprived of any right or exempt from any duty in particular, by the reason of ancestry, age, sex, sexual orientation, marital status, family situation, genetic heritage, reduced work capacity, disability, chronic illness, nationality, ethnic origin, religion, political or ideological beliefs and membership of union trade”.

### **Employment and working skills training**

People with disabilities are recognised as one of the most vulnerable and disadvantaged groups of society. They face substantial obstacles which prevent them from accessing the labour market, opportunities for education and training, and their own social facilities. These barriers are the product not only of the actual disability, resulting from the disability and the limiting level of competitiveness in the process of integration, but also the result of cultural constructs as generators of attitudes that make equal access to the labour market very difficult.

In this context, it also noted that the EU Member States adopted a series of measures to promote integration and employment of people with disabilities. In Portugal, the matters of employment and working skills training are the responsibility of the Ministry of Labour and Social Solidarity, and delegated to the Office of Employment and Vocational Training (IEFP), the skills for the implementation of employment and professional training, as defined and approved by the executive. With regard to intellectual disabilities, the system of vocational rehabilitation is of particular importance as a tool to ensure labour market inclusion of people with disabilities. Under this system, a network called “Integrating Centres for Employment”,



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which in essence promotes strategic partnerships with the Centres for Employment and Rehabilitation identified as Local Resource Centres, indicates an effort of integration and coordination between their policies, guidelines and their implementation (mainstreaming). It is however noted that, in order to develop work with disabled people, the Centres for Rehabilitation depend largely on the formalisation of annual applications that support their functioning, mainly via the applications made to the Constellation Programme.

In a logic of complementarities, training providers also rely on other programmes or activities outside the Constellation, like Comenius, Leonardo da Vinci and the POPH (Operational Programme for Human Potential).

### ***The right to work***

The right to work is constitutionally enshrined (Article 58) and is a fundamental right of all citizens. To ensure that right, the state must promote the implementation of full employment policies and equal opportunities in the choice of profession or type of work. According to Law No. 38/2004 of 18 August, the state should adopt specific measures to ensure the right of access to employment, work, guidance, training, professional habilitation and rehabilitation, and adequacy of the conditions of employment of disabled people. Moreover, the state should encourage and support the use of self-employment, telecommuting, part-time work and work at home.

The state should also take specific measures to ensure the right of conciliation between work and family life of disabled people and their families - Article 27 of Law No. 38/2004 of 18 August.

### ***Quota system of employment for disabled people***

Under the national policy for rehabilitation and integration of citizens with disabilities, together with the creation and implementation of specific measures, the Decree No. 29/2001 of 3 February (adapted to the Azores by the Regional Legislative Decree No. 4/2002/A, 1 March), established the system of quotas of employment for people with disabilities with a less than 60% degree of disability in central and local government departments, as well as public institutes.

Article 28 of Law No. 38/2004 of August 18 states that enterprises should, in view of their size, hire people with disabilities, who should comprise 2% of all employees under contract of employment or service delivery.



## ***Employment promotion measures***



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There are a number of programmes, measures, tools and support schemes to ensure the right to work to disabled people, referring to different types of intervention, such as professional internships and training/employment programmes.

There are also programmes that focus on staff development and training of disabled people (Decree-Law N<sup>o</sup>. 247/89 of 5 August, as amended by Decree-Law No. 8/98 of January 15), such as pre-professional programme, assessment/vocational guidance, training programme and re-adaptation to work programme.

The integration of people with disabilities in the regular labour market is done through several programmes, such as the compensation subsidy, the subsidy for elimination of architectural barriers, the subsidy to adjust the working places, the in-job training subsidy, the integration award, the self-employment subsidy and sheltered employment.

### ***Occupational Activity Centres (OAC)***

OACs are defined as social equipment offering appropriate activities for young people and adults with severe disabilities who are not in working skills training programmes or in the sheltered employment scheme (Decree-Law N<sup>o</sup>. 18/89).

The OAC has, among others, the following objectives:

- Promotion of welfare and quality of life of people with severe autonomy deficits not compatible with social integration through work projects, particularly through the development of activities in support of individualised therapy, occupational activities and initiatives of contact with the community.
- Developing of integration programmes through work in conjunction with the Centre for Vocational Rehabilitation and with businesses and other public and private places through the development of projects like environmental initiatives, social work market or other economic opportunities.

At the OAC, useful social activities are provided. These activities are described in the Implementing Order N<sup>o</sup>. 432/2006 as well as its aims. One of its aims is to facilitate the transition to social-professional integration programmes. Financial compensations must not exceed, in any case, the amount of the social pension, and should be awarded accordingly to the type and duration of the tasks and activities done by PSPID. The activities may take place outside the institution, in a working environment.



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According to our last internal survey (2004), FENACERCI associated members provide services for 1798 PSPID in our OACs, 873 of which have a severe ID and 444 a profound ID. In terms of age, more than 50% are 19 to 29 years old.

## 2.7 KEY FINDINGS

### 2.7.1 Slovenia

- Obligatory elementary school education lasts for 9 years and can be implemented in elementary schools, elementary schools with an adapted programme, departments of training and education, social care institutions, or as education at home;
- Elementary school education is free of charge; children must be registered at the Ministry of Education and Sport;
- Placing of people with intellectual disabilities is based on modern and up to date interdisciplinary approaches;
- Elementary School Act, Kindergarten Act and Placement of Children with Special Needs Act promote and facilitate integrative forms of schooling for people with intellectual disabilities. However, the implementation of integration has yet to become a widely accepted practice;
- In Slovenia, the doctrine of education of people with intellectual disabilities is unified, based on legislative framework and under control of the state and state institutions;
- Regular education of youth after the age of 16 continues in secondary schools; people with intellectual disabilities have the opportunity to continue training until the age of 21; people with intellectual disabilities placed in social care institutions have the opportunity to continue training under the Training for Life and Work programme until the age of 26;
- There is no systematic teaching base for developing work-related skills of people with intellectual disabilities;
- Working skills training for people with severe and profound intellectual disabilities is not possible due to their functional disabilities;
- People with severe and profound intellectual disabilities are not included in the labour market;
- No developed mechanisms for youth and adults with SPID to join the labour market;



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- People enrolled in work-related skills training have different education;
- Since there is no systematic learning base for work-related skills training, PSPID gain necessary skills through practical work;
- The methodology for work with people with moderate intellectual disabilities regarding work-related skills will be transferred and modified to people with severe and profound intellectual disabilities (PSPID);
- The general public needs to be informed about the abilities of PSPID;
- The quota for integration of people with disabilities is primarily used to employ people with physical disabilities or chronic diseases.

### 2.7.2 Bulgaria

- The mechanisms of classifying and further needs assessment in regard to the level of disability are out of date;
- No access to education or working skills training for PSPID (there are only a few exceptions);
- No practical mechanisms for organising working skills training programmes for PSPID;
- No developed working skills training methodologies;
- No trained professionals in the field of working skills training for PSPID;
- Professionals who work in the field of services for people with disabilities have low social status, low pay and consequent motivation problems;
- No specified state financial backup for working skills training programmes focused on PSPID;
- In general, due to old public attitudes, people with disabilities have low employment motivation;
- Employers have obligatory quotas for employing people with disabilities, but use them mainly for people with chronic diseases;
- No developed mechanisms for youth and adults with SPID to join the labour market;
- According to the BAPID survey, day centres could be considered as a resource for developing and implementing working skills training for PSPID.



### 2.7.3 Portugal



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- The instruments used to classify and design individual intervention are the ones recommended by the WHO and are up to date;
- Access to education is granted to all school-age children, either at a special education school or at regular schools. There is no exception regarding the level of intellectual disability;
- Basic education is free and all school-age children must be registered in the Ministry of Education database;
- It is clear that the policies in Portugal have been directed to promote an inclusive school, following the guidelines of the Declaration of Salamanca (1994). However, when it comes to people with intellectual disabilities, the practical translation of these policies seems to remain, in the opinion of those who work in the field, clearly insufficient;
- The existing set of solutions is extremely diverse, according to the service that designs them. It is often said that the issue of students who show behavioural problems in addition to one or more deficiencies is especially problematic. There is also the belief that special education schools are the answer that appears at the end of the line, or when everything else fails;
- There is also the need to define concepts related to education and people with disabilities that can be embraced by all. The lack of mechanisms for evaluating the implementation of measures makes it extremely difficult to understand the effectiveness and efficiency of the existing legislation in the practices;
- The learning of working skills for PSPID is regulated by legislation for OACs;
- There are some tested methodologies that enable PSPID to achieve some working skills;
- The professionals employed at the OACs have developed and implemented several working skills methodologies;
- There is no systematised programme aiming at the development of working skills in PSPID;
- Working skills training is not accessible for PSPID due to the fact that it aims at integration into the regular labour market;
- Professionals working at the OACs are from different education backgrounds;



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- No training programme is aimed at developing training competences of professionals working at the OACs;
- Professionals learn by internal training and in practice;
- The methodology used to train PSPID is adapted from the one used at the working skills training centres;
- Some PSPID attending the OACs may be integrated in a regular working environment;
- The general public needs to be informed about the abilities of PSPID;
- The quota for integration of people with disabilities is primarily used to employ people with physical disabilities or chronic diseases;
- There are some cases of successful integration of PSPID into a regular working environment, with the right support and with the right adaptations (working time, selection of the tasks, etc.).
- The aspect that contributes to the inequality of opportunities for access to the labour market the most is the non-recognition of certification obtained by students who attended the educational system with alternative curricula. Since some academic content has been removed from these curricula, employers cannot validate the certification, thereby inhibiting the entry of these people in the labour market on equal terms.
- With regard to existing legislation, there is a legislative gap in relation to new problems, such as behavioural problems. In its limit, people in these situations can be considered disabled, causing dropping out and hence no certification. The fact that existing legislation is silent with regard to the private network creates a diversity of practices in action, due to different ownership of legislation by the technicians.



### **3. SWOT ANALYSIS OF THE SITUATION OF PSPID CONCERNING WORKING SKILLS TRAINING**

#### **3.1 SLOVENIA**

##### **3.1.1 SWOT analysis of questionnaire – focus group professionals**

The questionnaire was sent to 15 professionals working at our institution. 14 questionnaires were returned. Based on the response, we can conclude that employees find this topic important and that they observe a lack of knowledge in the area. Professionals believe that the goal of the project represents a chance for methodological execution of procedures, for influence on psychophysical development of PSPID through development of working skills, and a possibility of employment and working inclusion of PSPID into the working environment. Practical results from PSPID's work improve their personal value, which has a positive impact on their social inclusion. Professionals believe the goal to be well-defined and realisable; in their opinion, the goal stimulates searching for new working approaches with PSPID, a positive attitude of the wider environment, and includes collaboration of different professions and different organisations. Moreover, it promotes the development of programmes for training employees in the new area.

With regard to the organisation of work training of PSPID, they see strengths in the possibility of exploiting local environment advantages. The organisation of work training for PSPID also offers the opportunity to broaden or complete existing work training programmes in accordance with PSPID needs, manual publishing and training of workers.

The advantages of such a project include: the programme observes individual needs, team treatment of an individual, individual approach, individually adapted and stimulating space, individually adapted working time, simultaneous reward for work (material and non-material), adapted, active and simple occupations, learning through play, early treatment, transitional and adaptable occupations.

Employees use different work methods for working with PSPID and are qualified for working with them, yet they emphasise that none of the methods are universal, which means that new individually adapted work methods have to be looked for all the time.

The majority believes that they do possess some knowledge and experience in working with PSPID, but at the same time express the need for further oriented education. The training of PSPID should include different types of professionals (special pedagogues,



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occupational therapists, work instructors, physiotherapists, health personnel, psychologists, work group leaders, caregivers, head of educational programmes), who should possess the following characteristics: expert knowledge, responsibility, positive attitude, understanding, patience, empathy, ability to work in a team, good acquaintance with users, unconditional acceptance of PSPID, knowledge in non-verbal communication area, tendency to investigate, inventiveness, consistency and tolerance.

The introduction of work training of PSPID would provide users with the opportunity to optimally develop in the psychological, physical and social areas.

Professionals emphasise the possibility for active inclusion of PSPID into the working process, their socialisation and assurance of equal possibilities. They also emphasise mutual trust and a pleasant atmosphere. In their opinion, the following weaknesses could emerge: PSPID's refusal to collaborate, which could derive from having low abilities, the experience of disappointment over own lack of success, and individual characteristics, such as behavioural disturbances, declining problems, health issues, heteroaggressive behaviour, difficult-to-manage persons. The measures for programme inclusion should be based on abilities and not diagnosis.

According to professionals' opinion, parents or guardians would gain the possibility to get to know and understand their children's needs and abilities better, to transfer new knowledge to the home environment and indirectly gain consciousness of the local environment. They would also gain better opportunities to experience exchange between parents, which would lead to further disburdening. As a potential weakness, professionals list possible disappointment due to great expectations.

Professionals see advantages for themselves (regarding PSPID training) in improved communication, self-assurance through PSPID successes, opportunity for results survey and personal growth. Under opportunities, they list opportunities for additional education, development of educational programmes and technology, professional development and cooperation between different professions.

Obstacles during introduction to training could be reflected in wrongly set goals, low motivation or low qualification of workers, disappointments due to high expectations, belated visible results, inappropriate working conditions, too large working groups, tasks being too demanding for PSPID, chances of injuries, ignorance regarding individuals' abilities, having to decide for users too often.

Risks during introduction to training could include: unfinished programme, loss of financial support, troubles regarding forming and educating personnel, disinterest from



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outside partners (in the area of work), and too little activities or persistence in raising the consciousness of the local area and professionals about the need to educate PSPID.

According to professionals, the opportunities for better project goal achievement lie in suitable motivation, suitable goals (divided into medium-term, short-term and long-term), improved offer of different occupations, precisely elaborated plan, room, material and working instruments adaptation, and in personnel education, team work and kind and stimulating working environment.

With media coverage, educating and raising the awareness of the public, exchanging knowledge with similar institutions and disseminating gained knowledge, the chances for the optimal achievement of optimal goals would improve.

### SWOT analysis of questionnaire – focus group professionals

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• employees find this topic important</li> <li>• positive influence on psychophysical development of PSPID</li> <li>• individualisation</li> <li>• diversification of the activities by collaboration of different professions and different organisations</li> <li>• incorporation into local environment</li> </ul>	<ul style="list-style-type: none"> <li>• lack of knowledge in the area</li> <li>• wrongly set goals</li> <li>• low motivation or low qualification of workers</li> </ul>
Opportunities	Threats
	<ul style="list-style-type: none"> <li>• lack of financial support</li> <li>• disinterest from outside partners (in the area of work)</li> <li>• social stigma towards PSPID</li> </ul>



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### 3.1.2 SWOT analysis of questionnaire – focus group organisations

The questionnaire was sent to 15 representatives of local and national authorities and NGOs. Local and national representatives did not respond to our invitation to contribute to the Needs analysis. Based on the lack of response, the following can be assumed:

- Lack of knowledge in the area of PSPID needs,
- Disinterest.

Responses were received from three NGOs.

They expect that the aim of the project will fill the gap in the area of working with PSPID and consider the aim good and welcome.

The organisation of work training for PSPID would enable the development and professional advancement of institutions and programmes employed in work training of people with intellectual disabilities. NGO representatives are not familiar with methods of work training of PSPID, but they believe that knowledge could be transferred and developed from experience with moderate disabilities. In their opinion, professionals in this area lack qualifications; for working with PSPID, special pedagogues, psychologists, occupational therapists, social workers, instructors and nurses (caregivers) are foreseen. In order to ensure a successful implementation of the project, qualified professionals are significant, while the characteristics they should possess are: expert knowledge, patience, tolerance, conscientiousness, responsibility and understanding.

With project realisation, PSPID would become more recognisable and would also benefit in terms of socialisation. New knowledge, experience and further development of potentials would equip them with better comprehension of themselves and the environment, thus improving the quality of their life.

Parents and guardians would be able to guide PSPID more efficiently, and residing and living with them would be easier, which would also improve the life quality of parents.

In their opinion, the exchange of experience between countries, which serves as a basis for preparing manuals for working with PSPID, represents an opportunity for workers to gain new knowledge and experience. Work would be facilitated, workers would have more opportunities for employing creative approaches and the chances for improving existing programmes would rise. The emphasis in working with PSPID should be placed on preservation of already gained knowledge, on learning for as self-dependant life as possible and on care for oneself.

NGO representatives believe that the project weaknesses could derive from characteristics of PSPID, such as rejection of the programme, incapacity of comprehension,



weak feedback, lack of results, overburdening. Due to these characteristics, staff and parents could have doubts about the reasonableness of the project, and strong will to achieve results could result in overburdening.

Difficulties could also arise with regard to room conditions. Risks are connected to the unsuitable location of the project manager, which is economically and infrastructurally remote. The information flow between institutions with similar programmes is weak, as is professional knowledge about PSPID. Another risk could lie in the fact that results of working with PSPID are not always instantly visible. Programme financing after the project completion is also questionable; lack of response from authorities points towards unwillingness to support programmes for PID. Diverse terminology in different countries could represent another obstacle regarding the understanding of cause and realisation of the project.

On the other hand, accomplished goals will offer the possibility to continue with the programme after the project is concluded.

Representatives from organisations believe that the project manager's susceptibility and understanding can contribute to improved goal attainment. In their opinion, goal attainment can also be enhanced through the exchange of opinions between partners, promotion of the project in other institutions in Slovenia, trading knowledge and experience gained through the project, greater recognition of the institution and recognition of PSPID in their wider environment.

### SWOT analysis of questionnaire – focus group organisations

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• filling the gap in the area of working with PSPID</li> <li>• providing support for parents and guardians of PSPID</li> <li>• building new knowledge</li> <li>• creating room for creative approaches</li> <li>• benefits in terms of socialisation</li> </ul>	<ul style="list-style-type: none"> <li>• professionals in this area lack qualifications; for working with PSPID,</li> <li>• staff could have doubts about the reasonableness of the project due to characteristics of PSPID</li> </ul>
Opportunities	Threats
	<ul style="list-style-type: none"> <li>• parents could have doubts about the reasonableness of the project due to characteristics of PSPID</li> <li>• the information flow between institutions with similar programmes is weak</li> <li>• programme financing after the project completion is questionable</li> <li>• lack of support of authorities</li> </ul>



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### **3.1.3 SWOT analysis of questionnaire – focus group parents, relatives and guardians**

The questionnaire was sent to 15 parents and guardians of PSPID. The response was satisfactory, as the questionnaire was completed by nearly half of them. Although the questionnaire was relatively demanding for non-professionals, their cooperation showed that the topic is perceived to be very interesting and that our efforts aim in the right direction.

The aim and purpose of the project is positive, interesting and valuable; the focus group sees it as very significant for further development of the programmes for work with the target group.

The organisation of work training for PSPID is based on the abilities of the target group and on actual, professionally oriented programmes. Work should be conducted in joint workshops under special conditions, while certain training activities should be implemented in cooperation with companies. The emphasis of work should be placed on developing physical and intellectual abilities of individuals, communication, feeling of acceptance in the society, development of skills for certain work, feeling of importance and equality. Prejudices about PSPID employment opportunities will of course be indirectly diminished. In two cases of the returned questionnaire, the way of organising work training is not defined. Generally speaking, parents have poor knowledge of concrete methods of training PSPID, as the most frequent responses are “I do not know”, while in some answers, methods of individual treatment, integration and differentiation are mentioned.

In their opinion, professionals are skilled enough for the work training process, nevertheless, some additional education would be in place. A professional team working with PSPID should comprise special pedagogues and therapists, occupational therapists, physiotherapists, speech therapists, psychologists and medical staff. Professionals should cooperate with companies' personnel to provide for PSPID employment. Professional workers are expected to be professional, understanding, patient, loving, to have a sympathetic relation towards PSPID and the ability of team work, to know the target group, to be innovative and to have the ability to counsel parents, relatives and guardians.

The focus group sees advantages of the work training process in improved self-image of their child, personal growth, preserving abilities and skills, developing new working skills, gaining new experience, learning useful activities and improved quality of their life in general. Parents do not see any restrictions in abilities and individual characteristics of PSPID inclusion into the programme. Theoretically, all PSPID population could be included. They



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see opportunities in greater social inclusion, better understanding of diversity and better employment under special conditions in the society. The following issues are perceived as threats: denial, enforcement, disinterest, disabilities, disharmony in cooperation, possibility of not being able to use gained skills, exploitation of PSPID for work they do not like, wrong methods or improper implementation. Only one parent did not define any potential opportunities or threats of the work training process.

In relation to including PSPID into work training and later enabling their employment under special conditions, the focus group believes that improved contact with other people would foster their independence. Parents expect new guidelines for education and training of their children, as well as improved trust in professionals working with PSPID. With inclusion of PSPID into the work training process, parents would gain the feeling that their children are more useful to the society.

The parents' opinion regarding professionals working with PSPID is that the project implementation would certainly mean gaining new working experience, changing their way of thinking, offering concrete guidelines for more directed training, greater success and more concrete results. Cooperation between them and non-social care institutions is also expected to improve.

Low interest of the environment or companies in the issue of funding can result in a threat for achieving project goals. Parents see obstacles in the lack of space for workshops, lack of time and energy, non-acceptance of criticism, incorrect implementation and unreachable tools.

Project goal achievement could be facilitated with a suitable choice of professionals, who know the target group very well, by informing the society about the benefits of employed PSPID and by establishing a good relationship with companies from required fields of work.



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### SWOT analysis of questionnaire – focus group parents, relatives and guardians

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• topic is very interesting and useful for PSPID</li> <li>• improved self-esteem and skills of PSPID</li> <li>• greater social inclusion,</li> <li>• better understanding of diversity of PSPID</li> <li>• new guidelines for education and training of PSPID</li> <li>• better employment under special conditions</li> <li>• better quality of life of PSPID and their families</li> </ul>	<ul style="list-style-type: none"> <li>• wrong methods</li> <li>• improper implementation</li> <li>• enforcement and exploitation of PSPID for work they do not like,</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
	<ul style="list-style-type: none"> <li>• low interest of the environment or companies</li> <li>• possibility of not being able to use gained skills</li> <li>• poor funding</li> </ul>



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### Swot analysis, Slovenia

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• filling the gap in the area of working with PSPID</li> <li>• building new knowledge</li> <li>• creating room for creative approaches</li> <li>• better understanding of diversity of PSPID</li> <li>• new guidelines for education and training of PSPID</li> <li>• positive influence on psychophysical development of PSPID</li> <li>• individualisation</li> <li>• diversification of the activities by collaboration of different professions and different organisations</li> <li>• incorporation into local environment</li> <li>• providing support for parents and guardians of PSPID</li> <li>• benefits for PSPID in terms of socialisation and social inclusion</li> <li>• better quality of life of PSPID and their families</li> </ul>	<ul style="list-style-type: none"> <li>• lack of knowledge in the area</li> <li>• wrongly set goals and wrong methods</li> <li>• improper implementation</li> <li>• low motivation or low qualification of workers</li> <li>• enforcement and exploitation of PSPID for work they do not like</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• professionals/employees, parents and NGO consider the topic highly important, needed and useful</li> <li>• rising social awareness of the human rights of PSPID</li> <li>• ratification of Convention on the Rights of Persons with Disabilities by R Slovenia</li> <li>• positive developments in the field of programs of social inclusion of PSPID</li> <li>• existing net of sheltered workshops and other institutions</li> </ul>	<ul style="list-style-type: none"> <li>• lack of institutional support</li> <li>• lack of financial support</li> <li>• disinterest from outside partners in the area of work</li> <li>• possibility that PSPID would not be able to use gained skills</li> <li>• workers and parents could have doubts about the reasonableness of the project due to characteristics of PSPID</li> <li>• the information flow between institutions with similar programmes is weak</li> <li>• social stigma towards PSPID</li> </ul>



### 3.1.4 Conclusions and recommendations

#### ***Conclusions on the basis of the results gained are:***

##### **Strengths:**

Most of the respondents see the possibility of developing individual approaches, multidisciplinary approaches and team work when working with PSPID.

The PSPID work training programme offers the possibility for optimal development to enable their independence, disburden parents and foster integration in society.

##### **Weaknesses:**

In addition to severe and profound intellectual disabilities, PSPID included in the project also have other combined disturbances, which is why it is difficult to measure their response, feedback and results. When misunderstood and incorrectly approached, the characteristics related to their disorder can be seen as weaknesses and can trigger doubts in professionals and parents about the reasonableness of training.

Overcrowding at our institution represents an obstacle when choosing and equipping a place suitable for PSPID.

##### **Opportunities:**

In Slovenia, PSPID can currently be placed in 5 social care institutions and some training and education departments under the wings of primary schools with adapted programmes. It is necessary to provide more organised and directed training for PSPID. This project is aimed at filling the gap at least a little. A training programme for a certain type of work would make it possible for PSPID to be included in sheltered workshops and other specialised organisations in Slovenia.

The implementation of project goals is based on cooperation with other similar institutions, on cooperation between various professions and on upgrading the knowledge and experience of professionals. The cooperation with partners in the project will certainly bring a quality exchange of knowledge and experience in a wider European area.

Survey results indicate that in order to achieve the project objectives, the wider society has to be well informed of the characteristics, specialities and abilities of PSPID.

At the CUDV institution, we have a lot of experience with training people with moderate intellectual disabilities, and will thus use it to design programmes and guidelines for work with PSPID.



Based on many years of experience, CUDV has come to the conclusion that people with intellectual disabilities need long duration training; therefore, a programme for education until the age of 26 has been prepared. Since the Ministry of Education and Sport does not support the programme, we have some doubts about receiving state support for the programmes developed from the VOSIDIS project results.

The disinterest of external partners in including PSPID in various forms of employment comes from unstimulating legal regulations of the field. The disinterest of state services could be ascribed to the ignorance of problems related to training and employment of PSPID.

The lack of knowledge of professionals working with PSPID could also be a threat to the project.

## **Recommendations**

Strengths of the project exceed its weaknesses, yet opportunities and threats are balanced. Therefore two sets of activities are needed. The first one is to bring into use the strengths and do suppress weaknesses to make use of opportunities. The second one, yet equally or even more important is to use strengths to avoid threats. These ask for activities in several areas.

### Institutional level

- To implement the provisions of Convention on the Rights of Persons with Disabilities into national legal framework, with special emphasize to the needs of PSPID
- To amend regulation education and training, on employment rehabilitation and employment of disabled, as well as on programs of social inclusion with the elements, relevant to PSPID

### Professional level

- To create work training that should not be efficiency-oriented, but should instead offer the possibility of integral development of PSPID
- To considering personal features and abilities of an individual and measuring them when engaged in a work training programme
- To disseminate knowledge, acquired skills, prepared programmes and handbooks have to be submitted to all institutions working with PSPID
- To improve information flow between providers of the programmes for PSPID



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- To strengthen cooperation between providers of the programmes for PSPID in the field of creative approaches and good practices
- To build up the confidence of workers and parents in the capabilities of PSPID, if trained and tutored properly

#### Communication level

- To present the needs for additional knowledge about work with PSPID to educational and social care institutions
- To set up ongoing and directed informing of government organisations, professionals and wider society about the needs and chances for training and inclusion of PSPID
- To promote social entrepreneurship aimed to provide possibilities for PSPID to use gained skills
- To promote idea of socially responsible entrepreneurship in the business environment



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## **3.2 SWOT ANALYSIS OF THE SITUATION OF PSPID IN BULGARIA CONCERNING WORKING SKILLS TRAINING**

### **3.2.1 SWOT analysis of questionnaire – focus group professionals**

The questionnaire was sent to 15 professionals from different regions in Bulgaria (Pleven, Lovech, Pazardzhik and Pernik). 11 questionnaires were returned. One is not valid because of technical reasons. The respondents come from different backgrounds – psychologists, speech therapists, social workers, physiotherapists, labour therapists and educators. They work at the BAPID Day care centres for people with disabilities. One of the respondents is a resource teacher who works at a resource centre in the town of Pazardzhik. The focus group consists of the BAPID team in the central office.

Based on the responses, it can be concluded that the group of professionals supports the project objectives and considers the inclusion of PSPID in work activities as much needed. One of the psychologists underlined that development of working skills of PSPID is especially necessary for people with milder disabilities who have a real chance for professional realisation on the labour market. All respondents believe that including PSPID in work activities will inevitably contribute to their real social inclusion.

In relation to the organisation of work training of PSPID, the respondents have different suggestions: to divide persons into groups depending on their level of disability; to provide training only for one specific activity and not for the whole work process; to organise the training in small groups according to individual skills and abilities; to have well-trained trainers and sufficient supporting materials. All professionals stress the fact that there is no existing methodology for training and working with PSPID in Bulgaria.

Regarding the qualifications of professionals in the field, they suggest that special teachers and some social workers have some knowledge in working with PSPID. There is a clear indication for the need of further training. It is expected that the present project will contribute to filling this existing gap. The responsible institutions for such training should be the Ministry of Labour and Social Affairs, the Ministry of Education as well as “specially trained staff”.

In terms of the benefits for PSPID, the responses indicate inclusion in a real and meaningful working process, social inclusion and further development of potential and self-complacency. Most professionals are not very optimistic, as they expect resistance and negative attitudes towards inclusion of PSPID in work activities. The majority believes that after the project ends, these activities will end too. Some are of the opinion that it will be very



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difficult for PSPID to be accepted by other employees. Four of the respondents do not expect any negative consequences.

The benefits for parents and relatives are recognised by all respondents. Professionals emphasise the development of personal skills and financial benefits for the families. Three of the responses are simply positive.

Professionals see advantages for themselves in further professional development and qualification as well as in personal growth. The financial benefit is also mentioned.

The most frequently listed qualities that should be possessed by professionals working with PSPID are: calmness and patience, empathy, willingness to work with PSPID, good acquaintance with users, skills, adequate qualification and professionalism.

According to professionals' answers, the selection of PSPID for programme inclusion should be based on health conditions and on their individuality. The personal characteristics listed are: calmness and communicativeness, skills to care for themselves, demonstrated interest. Three of the professionals did not provide any answers. One of the social worker indicates that selection could be based on diagnosis: Down syndrome, autism. Moreover, professionals believe that PSPID with heavy health problems should not be included in the training, neither should PSPID who are aggressive, anxious and are not interested in developing working skills.

Professionals consider the following to be most valuable for PSPID: development of new skills, acquiring working skills, more independence and self-expression.

#### ***Weaknesses:***

- The slow progress and belated visible results could lead to loss in motivation not only of PSPID but of their families and caregivers;
- Inadequate selection of trainers;
- Low sustainability of the project (it is expected that after the end of the project, all activities will cease, too);
- Existing discrimination of PSPID.

#### ***Strengths:***

- PSPID would have a chance for acquiring new skills that would give them the opportunity for living a meaningful life;
- Elaboration of a Methodology for work with PSPID is considered as most advantageous.



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**Opportunities** to avoid the weaknesses:

- Training of PSPID should be recognised as a state policy;
- Very careful and adequate selection of participants in the training;
- Developed methodology;
- Financial incentives for employers.

**Threats** (Risks):

- Inability of PSPID to find further employment after the end of project and keeping the status of the isolated from society;
- Low qualification of trainers;
- Non-acceptance of the need to educate PSPID in the society;
- The elaborated methodology is not recognised by the state institutions.

The BAPID team discussed the abilities of PSPID and possible different daily occupations suitable for them. The existing good practices in the Netherlands, France, Austria and United Kingdom were also discussed. It was proposed to have working groups assigned to “workshops”. It was also decided to change the term “vocational training”, which implicates delivering of a certificate, acquiring of profession and participation at the labour market, with “working skills training”. It was decided that this question would be raised and discussed with the partners at the meeting in Sofia.

### **3.2.2 SWOT analysis of questionnaire – focus group authorities, NGOs**

The questionnaire was sent to 5 representatives of local and national authorities and 5 NGOs. 8 questionnaires were returned: 2 from the Agency for Social Support (Ministry of Labour and Social Affairs), 2 from municipalities and 4 from NGOs.

The project aims and activities are considered as welcome and needed not only for PSPID, but also for professionals. It is recommended that the training should be organised in small groups, using more interactive methods.

According to the opinion of the Agency for Social Support, there are qualified professionals, but they lack practical experience. The municipalities stated that there are no professionals with adequate qualifications to work with PSPID.

According to all responses, the project should be widely supported by the Ministry of Labour and Social Affairs and the Ministry of Education as regards the sustainability and further activities in this sphere. The Agency of Social Support sees parents, organisations and NGOs for people with disabilities as responsible for training PSPID.



PSPID would become less dependent through acquiring new skills and knowledge. It is expected that there will be “resistance”(not indicated from whom); doubts in the ability of PSPID to be trained in working skills were also expressed.

The municipalities did not expect any negative effects from the training.

Parents and relatives would be able to benefit the most according to the responses received. The ASA expects that training of PSPID could decrease institutionalised care. Professionals should be adequately motivated, even with financial incentives. Benefits are seen in developing competences and further professional development. The qualities that professionals should possess are: patience, empathy, calmness, caution and ambition.

In terms of the programme inclusion of PSPID, the opinions differ. The Agency for Social Support proposes that people with moderate, severe and profound intellectual disabilities should be included, while people who have already developed some working skills should not be trained. The opinion of municipalities is to include only people with mild disabilities and not those with severe and profound levels of disability.

PSPID would benefit mainly in the socialisation area through developing new skills; the quality of their independent life would also improve. It is stressed that the development of new skills should be done in a consistent way and built on already gained knowledge.

***Weaknesses:***

- Difficulties in delivering training in groups. On the other hand, individual training would cost a lot;
- Resistance from professionals and parents;
- Possible accusations about exploitation of PSPID.

***Strengths:***

- Developing skills and competences of PSPID and professionals;
- Elaboration of guidance;
- Social inclusion of PSPID in the community life.

Clear and concrete project objectives and a unique approach to this problematic area are perceived as highly positive.

***Opportunities:***

Weaknesses could be avoided by:

- Promotion and publicity of the project aim;
- Elaboration and publicity of methodology for working with PSPID.



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### **Threats** (Risks):

- Incapacity of comprehension and acquiring knowledge and new skills from PSPID;
- Lack of motivation for all participants in the project;
- Project sustainability.

NGOs express concerns about the inclusion of PSPID in working skills training due to their very limited capacities. They suggest including PSPID in interesting and useful activities, which will contribute to a more meaningful daily life. It is not realistic to expect inclusion of PSPID in a real working process.

### **3.2.3 SWOT analysis of questionnaire – focus group parents**

The questionnaire was sent to 15 parents of PSPID from different regions. The questionnaire was completed by nearly half of them (7). All of them are parents of young adults with moderate and severe mental disabilities. The group of parents has demonstrated a great interest in the project. After sending the questionnaire, parents have started to make phone calls to the BAPID central office and asking the team to include their children in the project activities.

The aims and purpose of the project are positive and needed. The focus group finds the project to be very important and significant for further development of programmes for working with the target group. The majority of parents believe that this will be very difficult and are not optimistic about future success.

It is difficult for parents to define the organisation of training work, as they have limited knowledge about it. One of the answers indicates “in cooperation with impaired people”. It is expected that working skills and new competences would be developed, but it takes a lot of time and requires much effort, patience and consistence in the work.

The leading opinion is that there are no qualified professionals; a great need for training of professional workers is expressed. Training of PSPID should become a state policy in order to ensure any further success in the field. Much emphasis is placed on the need of a methodology for work with PSPID and qualified professionals. Expectations for real participation in the work process of PSPID after the training are also expressed.

The advantages for PSPID are seen mainly as an opportunity for a meaningful life and socialisation, development of new competences and possible participation in the labour market. The opinions are polarized: from “participation at the labour market” to “what



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employer would hire a PSPID?” There are concerns about the readiness of PSPID for work training programmes and resistance from the target group could be expected. Misunderstanding in the society is also seen as a threat by the group of parents.

The benefits for parents are seen in a changed attitude towards PSPID; “development of skills in parents to work with PSPID”.

In their opinion, the qualified professional workers should possess: patience, humanity, willingness to work hard, calmness and openness.

The majority of parents did not or could not answer the question concerning the characteristics of PSPID inclusion into the programme. A parent replied that “all PSPID should be included – there are no people who could not be trained”. Two parents believe that PSPID who are paralysed should not be included. One indicates that users who are aggressive or schizophrenic should not participate in the programme.

Social inclusion and personal well-being are considered to be most valuable for PSPID, as is the improvement of every-day life and inclusion in a working process.

#### ***Weaknesses:***

Most parents did not answer the question.

The following were among the limited responses received:

- Incapacity of PSPID to cope with the training process;
- Implementation of training only to fulfil the project aims;
- No qualified professionals to deliver the training;
- Low motivation of parents and high expectations.

#### ***Strengths:***

- Development of skills and new competences of PSPID;
- Elaboration of guidelines;
- “Inclusion activities” for PSPID that will enable improvement of their daily life.

#### ***Opportunities:***

Most parents provided no answer. Two of them underlined the importance of selection of PSPID and professionals.

#### ***Threats (Risks):***

- Misunderstanding, denial;
- The professional workers could give up;
- No implementation of project activities;
- Inability of PSPID to gain new knowledge.



### 3.2.4 Conclusions and recommendations

Conclusions on the basis of the results gained are:

#### Strengths:

- Possibilities to give PSPID the opportunity for a meaningful life;
- Elaboration of methodology and publication of a Guide;
- Enhanced qualification of the professionals working with the target group.

#### Weaknesses:

- Wrong selection of PSPID, staff, inadequate training materials, unreal tasks and expectations from PSPID;
- Loss of motivation because of a slow progress and a number of difficulties;
- Lack of sustainability (the activities end when the project ends);
- Resistance on each level.

#### Opportunities:

Weaknesses could be avoided through:

- Broad dissemination and publicity of project aims and activities;
- Broad dissemination of project results and methodology;
- Recognition of training of PSPID as a state policy;
- Financial incentives.

#### Threats:

- Failure and difficulties in learning new skills and knowledge;
- Lack of motivation on different levels;
- Lack of sustainability of the project;
- Misunderstanding and resistance from society.



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### **3.3 ANALYSIS OF THE SITUATION OF PSPID IN PORTUGAL CONCERNING WORKING SKILLS TRAINING**

#### **3.3.1 Meeting results**

In Portugal, the SWOT analyses was not implemented as initially planned. The questionnaire was translated and sent to our 51 associations and the professionals responsible for the occupational activities were asked to reply to it. The feedback showed us that we could not use the questionnaire, since the terms used by the project partnership induced people to reply that it was not possible to do working skills training with PSPID, so all questions did not make sense. Having this in mind, we organised a working meeting with 7 professionals and 3 parents in order to discuss our work with PSPID at occupational activities centres (OAC) and find out what they thought about it.

The meeting was organised in a way that ensured the professionals and parents would only meet each other during the second part of the meeting, in order to present their findings and to discuss them. We attempted to obtain information that was relevant and organised in a similar way as the questionnaire.

#### **3.3.2 Background**

OACs appeared around the 80's, when there was a need to create structures that would support people with disabilities who could no longer be a part of special education structures. Therefore, people attending the OACs are older than 16 years, with no upper age limit.

The main objectives were the personal valorisation and social integration of PSPID allowing possible development of their remaining abilities, without any demands regarding professional performance or legal framework.

Occupational activities are clearly divided in two areas. On the one hand, strictly occupational activities (daily life activities, music, gymnastics, personal development, etc.) and on the other hand, socially useful activities (professional experience outside the institution).

Certain tasks that will result in a type of work are also considered as occupational activities; for instance, our national airline has an agreement with one of our associations that PSPID attending an OAC do the bagging of cutlery for the catering service. In order to provide this work, the association signs protocols with enterprises or others, making this a legal provision of services<sup>1</sup>. In such cases, associations are paid for this job.

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<sup>1</sup> See Annex 1 – list of some paid activities



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Socially useful activities always take place outside the institution and people themselves can be paid for the job. However, there is no labour contract. The legal framework is provided by protocols between the institution and the enterprises, but referring to a concrete individual. It is the responsibility of the institution to assess and to supervise the work that is done by PSPID. PSPID engaged in such activities are subjected to a regular evaluation<sup>2</sup>.

In 2006, a new legal framework was approved (Portaria Nº. 432/2006). According to this law, PSPID who are performing tasks for which the institutions are paid must also be paid by the institutions. This amount must never exceed 10% of the social pension.

Each individual attending an OAC has their own personal individualised programme, and no one is forced to do any type of activity.

### 3.3.3 Professionals' point of view

If we change the words “working skills training” to “socially useful activities”, we can understand the need and the aims of the project. In fact, “specialised” training with PSPID has been implemented for quite some time at our OACs. Everyone has the right to explore every possible way of contributing to the society, in spite of his/her degree of disability. PSPID can develop and engage in tasks that can be considered as a part of the working process.

We cannot, however, refer to the process that we engage in as working skills training programmes. Generally, we think that a programme aimed at developing specific working or pre-working skills should:

- Identify the general skills needed to perform the task (e.g. manage the seated position);
- Identify the specific skills needed to perform the task (e.g. have a good eye-hand coordination);
- Identify the social competences needed to function in a specific environment (e.g. be able to comply with a time plan, understand basic safety rules, respect colleagues, etc.).

After this, a selection of people who are able to go through the process should be made. Simultaneously, the institution develops protocols with several enterprises in order to create a large range of possible *jobs* for PSPID.

Then, the learning process on the labour market will take place. It is crucial to remember that each individual has their own way of learning, as learning is an individual process.

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<sup>2</sup> See Annex 2 – evaluation sheets



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In order to make sure that PSPID achieve success and learn the tasks, tasks should be divided into small units. Task analyses should also be done. Visual cues are of extreme relevance in illustrating how the task is to be done.

The professionals who are currently working with PSPID are qualified to train them for performing the needed tasks. As far as we understand it, this process should be continued at our OAC or under the supervision of the professionals who work there.

Mandatorily, the team working at the OAC consists of:

- Pedagogical Director
- Psychologist(s)
- Social Service Professional
- Therapist(s) (physical and occupational)
- Occupational Activities Monitor
- Doctor with experience in rehabilitation area
- Administrative staff

In terms of the characteristics these professionals should have, they depend on what they do at the OAC. Basically, they should:

- Have experience in working with PSPID
- Be dynamic and creative
- Have good leadership skills
- Have self-motivation to work with PSPID
- Have sensitivity towards PSPID
- Have good interrelation skills
- Have a good technical domain of the activities they are responsible for

We know by experience that social recognition of PSPID is enhanced when they are able to perform a work-related task, not only by their families but also by their peers and themselves. Our society is still extremely work-oriented, meaning that a person is only considered to be a full citizen if he or she has a job. Thus, anything that we can do that brings PSPID closer to a job will have a positive impact on the way they are perceived by society.

We believe that there will be no negative effects if the training is done in a correct way. However, people should be careful about the expectations they create for PSPID and their families. The type of activities taught at the OAC do NOT equal working skills training and will NOT, in most cases, lead to employment. Professionals involved in the training of PSPID are already paid for their work; they should not expect any extra reward for doing their work.



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Individuals to be included in the training programme should have communication skills (not necessarily oral), the ability to work in the presence of other people, the ability to maintain concentration for some period of time, and the ability to follow simple instructions. People with disruptive behaviour, inability to sustain attention for short periods of time, and inability or unwillingness to relate with others should not be included.

PSPID may have some difficulties in maintaining the attention at a level that will enable them to learn or to perform a specific task. They may also behave in a disruptive way or refuse to perform the activity/task. Moreover, they may have a low level of tolerance for failure, which will result in withdrawing from the proposed activity. As mentioned above, the organisation of the learning process is crucial for the success. Therefore, professionals should, on the one hand, be familiar with personal characteristics of learners and, on the other hand, with the task itself, so they can perform it in small units. Finally, individual adjustment of the learning process to the learner is also crucial.

### **3.3.4 Parents/Family**

The project goal of providing working skills training to PSPID is not achievable. However, our sons and daughters are able to learn some specific skills that can be part of a job or profession (they can learn how to peel potatoes, they can learn how to make jam, but they cannot learn how to be a cook). Being a part of the “working world” is very significant for them; they feel they are socially recognised, they can be paid for their work, and this boosts their self-esteem. Therefore, parents who have their sons/daughters at the OAC doing some occupational activities see the new legislation as welcome, as it provided PSPID with some payment for their work. This has been very rewarding for them. For those who are engaged in socially useful activities, it is very rewarding to be included in the labour world and treated as a “regular” employee.

The professionals who work with PSPID seem to have all the needed skills.



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## 4. GENERAL CONCLUSIONS

### 4.1 SLOVENIA

The opinion poll (questionnaire) executed in Slovenia shows that the aims of the project are set sensibly. The orientation towards integral treatment of PSPID and underlining of the importance of enhancing communication, socialisation, personal development, well-being and happiness of PSPID confirms our belief that the aims of the project should be equally directed to a quality of life and working efficiency.

From the answers in the opinion poll questions, it is clearly visible that in Slovenia a need for additional professional education of the staff working with PSPID exists, but no methodology is available. An expressed need for guides, handbooks, tutorials is evident. There is a unified opinion about employing an individualised approach in new programmes.

The adequacy of project aims is in harmony with the needs and priorities of PSPID, parents and employees, whereas the unresponsiveness of government representatives indicates ignorance of problems or lack of interest in changes. We would certainly fulfil PSPID's, parents' and employees' needs by realising the aims of the project. We are all aware that there are many unexploited possibilities in this field of work. The complexity of work can be ascribed to individual specialities of PSPID that are difficult to measure; inexpressive results thus represent a special challenge. Each small progress and improvement of PSPID quality of life will have an impact on the society. All activities related to the project will aim at reducing prejudices and integrating PSPID into society.

Considering that the implementation of the project depends on the engagement of the lead partner leadership, which is in favour of changes, we can say with satisfaction that all doors are open for continuous execution of the project.

During the execution of the project, the importance of our work must be presented to the government.

Experience, knowledge and approaches gained through the exchange between project partners of different European countries can significantly influence the problems related to the inclusion of PSPID into society, which is definitely a long-term goal of the project. When financial support from the project funds ends, it will be necessary to gain funds from municipal and state authorities in order to continue the project. Obtaining funds is going to be easier with successfully realised aims of the project that are appropriately presented to the public. CUDV Črna na Koroškem is an institution for work training and social care of people with intellectual disabilities. The perceived needs in the field of work with PSPID and their



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inclusion into working processes and society were the foundations of project planning. Technical help from the EU for project realisation represents the beginning of changing views, approaches and acceptance of PSPID in the society. With the conclusion of the project, the process will not end, however, a new foundation for continuing the work will have to be formed.

## 4.2 BULGARIA

In Bulgaria, no state policy is oriented towards the training of PSPID and their inclusion in the working process. Moreover, there is a lack of qualified and trained professional workers who could train and coach PSPID in training programmes. Another issue is the lack of methodology for training PSPID and their inclusion in the working process.

Improved motivation and proper coordination of activities on each level (PSPID, parents and relatives, professionals, local authorities, state institutions) is crucial in order to overcome the resistance and to enable a successful implementation of such a programme.

On the basis of the Needs assessment of the situation of PSPID in Bulgaria, it can be concluded that:

- The project is timely and responds to the needs of PSPID to be included in the working process. This will result in an improvement of their life and raise the quality of care in accordance with European standards and recommendations:
  - It is necessary to widely promote the project aims and results and to gain support from the society;
  - It is necessary to elaborate and implement the methodology for selection of PSPID and professionals. The training programme should be elaborated and implemented in partner countries. Based on the results, guidelines with a broader scope applicable not only in the three countries will be developed.
- The activities to be performed under the project are realistic, actual and applicable:
  - Public campaign to promote the project tasks and results;
  - Elaboration of methodology for selection, training and implementation of training programmes for PSPID;
  - Elaboration of methodology for selection of professionals, for training and implementation of programmes in daily work with PSPID;
  - Implementation of training for motivation of PSPID, professionals and parents;



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- Elaboration of Guidelines that summarise the experience gained during the implementation of activities in the three partner countries.
- Based on the results of our assessment, it can be concluded that the most suitable places to test the methodology in Bulgaria are day care centres for people with disabilities. The multidisciplinary teams possess the basic qualifications and the investment in their further professional development will enable future possibilities for real social inclusion of PSPID in the community life.

The results from the analysis in Bulgaria raise the question and the need of elaborating working skills training programmes that are realistic, applicable in practice and adapted to existing competences and abilities of PSPID.

#### **4.3 PORTUGAL**

In Portugal, we already do training in professional activities for PSPID. We must not forget that people attending the OACs are the ones who were not able to engage in working skills training. However, according to their abilities, we have two different answers that both imply providing some kind of work. On the one hand, PSPID can be at the centre doing some activities that can be considered as work, and on the other they may work at enterprises. Both solutions can be “transposed” for the project, as well as the training methodologies used. Nevertheless, it should be kept in mind that this is NOT working skills training and that it is not paid as a “real job”.

Implications for the life of PSPID and their families are huge, since we still live in a society that values work as a sign of the ability to be included. Social inclusion can thus be achieved through this, and the changes in the way PSPID are perceived (by their peers, their families and society in general) are very positive.



## 5. GENERAL RECOMMENDATIONS FOR FURTHER WORK ON THE PROJECT

- To elaborate clear criteria for selection of PSPID and staff in order to prevent early loss of motivation due to a slow progress and arising difficulties when training is implemented.
- To perform preliminary work with staff and relatives so that realistic tasks and expectations are set regarding the expected results from working skills training implementation.
- The elaboration of appropriate training materials should be based on an individual approach. The materials need to be consistent with the possibilities and wishes of PSPID who are included in the training.
- To popularise the project results through public campaigns. Information on the progress of the project should be sent to the responsible state and local institutions on a regular basis as well as to other NGOs working in the field in order to ensure formal recognition of the methodology and its inclusion in the care for PSPID in the three countries.



## 6. GENERALISATION

Based on the assessment results, the following generalisation could be obtained:

Three models for care of PSPID are outlined; the specificity of each of them derives from the country's characteristics and organisations where it has been carried out. In describing the models, a comparison of the following basic areas in the three countries will be made:

1. Legislative framework
2. Existing system for care of PSPID

The legislation in all of the three countries is in compliance with the existing European regulations concerning people with intellectual disabilities; however, Bulgaria has not signed Protocol №12 to the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR). While the Bulgarian Constitution does not ensure protection against discrimination on the grounds of disability, supplemental anti-discrimination legislation, in particular, the Protection against Discrimination Act does include disability as a protected ground. An independent body charged with addressing cases of discrimination, the Commission for Protection against Discrimination, is provided for in new legislation.

In conclusion, we can say that new legislation for integration of people with disabilities was adopted in three countries; it provides for the creation of additional bodies to specifically address issues relating to people with disabilities, as well as a more inclusive approach to education, employment and improved data collection.

The administrative framework in the three countries has the same structure but a different level of development. The same can be said about the current social care system for PSPID in Slovenia, Bulgaria and Portugal.

According to the legislation and priorities in the social policy for integration of PID in the three partner countries, the project objectives are timely, actual and respond to the needs of PSPID, who have the right to live and feel useful, seeing themselves as part of a normal working process and rhythm of everyday life.



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The working skills training system is similar in all three countries providing people with mild and moderate level of disabilities with diplomas and different qualifications.

The countries implement work activities for PSPID within day care and institutional care. Only in Portugal, a system of occupational activity centres (OAC) is developed, where services for development of working skills, occupational training and activities for PSPID are provided.

In Bulgaria, no specialised training methodology is available for PSPID. Slovenian colleagues propose using and adapting the existing methodology for people with moderate intellectual disabilities.

## 6.1 BULGARIA MODEL

Bulgaria is making efforts to harmonise its legislation, with one of the main priorities in the social sphere being the improvement of quality life of people with intellectual disabilities.

The country is in the process of establishing new services across the country and developing training and therapeutic programmes. It has initiated different activities to enable the integration of people with disabilities in the community life. Being the lead organisation in this process, BAPID is also an active partner of government and local authorities, and works together with parents and the NGO sector in order to improve the life of PID through:

- Participation in a number of working groups to change the legislation and administrative framework in conformity with the European and international standards;
- Establishment of community-based services for PID;
- Elaboration of methodology and instruments for the Needs assessment and individual care planning consistent with the specificities of care in different services;
- Elaboration of procedures and rules for multiagency work on the regional level.

Bulgaria has successfully sped up reforms; the EU accession brings many new opportunities to introduce the proven experience of the oldest member states in accordance with the country's specifics. This is why the participation of BAPID in this project is of key importance for the implementation, development and popularisation of project inputs in Bulgaria, where there is no existing system for occupational training of people with severe and profound disabilities and their inclusion in the working process.



## 6.2 SLOVENIA MODEL

Being the lead country in this project, Slovenia holds the position of earlier EU accession countries who have identified the need of the present project. The development of the services for PID is on a higher level. The CUDV suggests using and improving the already existing system of occupational activities for people with moderate disability.

The participation of Portugal and FENACERCI, which have a long-standing practice and well-developed system of care for PSPID, has significant importance for the successful implementation of the project's activities and the set of realistic and well-defined goals.

The BAPID's participation as an organisation with prestige and authority in Bulgaria in the sphere of work and care of PID and the existence of methodological and practical experience is an important component of the project team working process, introduction and development of occupational training for PSPID.

## 6.3 PORTUGAL MODEL

Portugal has a longstanding history and experience with care for PSPID. The country has developed its own legislative framework, which is updated regularly. There is an established system of care for PSPID and a system for working skills training, which in the other two countries is targeted mainly at people with a mild level of disability – in Portugal, working skills training is also possible only for people with moderate or mild intellectual disabilities, although there is no legal basis that would prevent PSPID from undergoing working skills training. Our Portuguese colleagues have a precise definition of the term “vocational training”, which implies provision of a diploma and equal participation in the labour market. Portugal embraces the World Health Organization's definition for vocational training – “Engaging in all activities of a vocational programme and learning the curriculum material in preparation for employment in a trade, job or profession”.

In Portugal, a system of occupational activity centres (OAC) is developed, where services for the development of working skills, occupational training and activities for PSPID are provided. FENACERCI describes different examples of PSPID who participate in professional work teams out of OAC, underlying the significance of the individual approach when PSIPD are selected and trained. Portuguese colleagues have raised the question about the responsibility and presented an example of how such activity is organised in their country: “Socially useful activities always take place outside the institution and people

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themselves can be paid for the job. However, there is no labour contract. The legal framework is provided by protocols between the institution and the enterprises, but referring to a concrete individual. It is the responsibility of the institution to assess and to supervise the work that is done by PSPID. PSPID who are engaged in those activities are subjected to a regular evaluation". Only adequate selection and preliminary training of PSPID make their inclusion in the working process possible, for instance, "the institution develops protocols with several enterprises in order to create a large range of possible jobs for the PSPID".

It can be concluded that the three models are representative for the existing system of care for PSPID in Europe. The results from project activities could serve as a good example of collaboration, development and continuity, in order to unify the systems and improvement of quality of PSPID life in the European commonwealth.



## **Annex 1: Elaborated Assessment tools**

- How could they be improved so that the project objectives are more effective?
- 

### **I. Unified synthesis of the project – preamble of Evaluation Questionnaire:**

The project entitled *Specialised vocational training for people with severe and profound intellectual disabilities (PSPID)*, co-financed by the Leonardo da Vinci Lifelong Learning Programme, aims at developing work-related skills and competences of PSPID by providing them with specialised training, enabling their inclusion into the working process and developing a systematic approach to their working skills training in the participating countries Slovenia, Bulgaria and Portugal. Three professional organisations will bring together their knowledge and experience for developing educational methodology applicable for broader use.

The most important project outcome will be the developed methodology for working skills training of PSPID, accompanied by motivational training modules and seminars for trainers. The pilot implementation of training will be conducted for their verification. On the basis of all results, a Guide for working skills training of PSPID will be published and targeted at professionals and decision makers. Dissemination activities will ensure the promotion of the methodology in expert circles and combat prejudice against PSPID in the general public.

A short-term project impact will be improved skills and competences of PSPID, who will be included in the training and working process, and of their trainers. The methodology will become a useful training tool integrated in the everyday work with PSPID in all partner institutions. It will also be applicable to other institutions working with PSPID. In the long term, this could result in the inclusion of a visible number of PSPID into working processes, which will bring an increased meaning to their life and have a positive impact on their inclusion in the society.

### **II. SWOT and Transversal analysis methodology:**

Group work with different target groups had been processed through the SWOT analysis, which is a strategic planning tool used to evaluate the Strengths, Weaknesses, Opportunities and Threats involved in a project venture requiring a decision in pursuit of an objective. It involves monitoring the environment (internal and external) to the team or individual.



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The dimensions of the SWOT model of analysis are displayed as a matrix as follows:

SWOT-analysis		Internal analysis	
		Strengths	Weaknesses
E x t e r n a l  a n a l y s i s	<b>Opportunities</b>	<p><i>S-O-Strategies:</i> Develop new methods that are suitable for the team's strength.</p>	<p><i>W-O-Strategies:</i> Eliminate weaknesses to enable new opportunities.</p>
	<b>Threats</b>	<p><i>S-T-Strategies:</i> Use strength to defend threats.</p>	<p><i>W-T-Strategies:</i> Develop strategies to avoid weaknesses that could be targeted by threats.</p>

The collected data had been processed through the Transversal analysis that allows the investigation of all answers to each question, obtaining all possible aspects and reconstructing an average discourse containing the overall review of the situation and thinking models.

### III. Programme “FOCUS - GROUPS”

Information about the Needs assessment

Presentation of participants (name, profession, practice, participation in the project...)

Implementation of group rules and day structure

Brainstorming: What is the objective of the Leonardo project?

Work in small groups:

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- What are the benefits for PSPID?
- What are the benefits for professionals?
- What are the benefits for parents and relatives?

Feedback in the general group and discussion.

Work in small groups – SWOT analysis of the project aim:

- Strengths;
- Weaknesses;
- Opportunities;
- Threats.

Feedback in the general group and discussion.

Brainstorming: Propositions for changes that will enhance the quality of the project

Conclusion and final work.

#### **IV. Evaluation QUESTIONNAIRE**

*Please give short answers to the following questions:*

- What do you think about the aim of the project?
- How do you think that working skills training programmes for PSPID should be organised? (give an example)
  - Are there working skills training methodologies for PSPID? (note some if you know)
  - Are there qualified professionals to do working skills training for PSPID?
  - Who should be responsible for working skills training for PSPID?
  - What are the expected benefits of working skills training for PSPID? What kind of reaction do you expect?
    - What could be the possible negative effects of working skills training for PSPID?
    - What kind of benefits do you expect for the parents and relatives of PSPID that are included in working skills training?
      - What kind of benefits do you expect for the staff included in working skills training with PSPID (can be non-material but also financial)?
      - What are the characteristics a professional should have in order to take part in the training programme? (at least 3)



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- According to your opinion, what kind of people with intellectual disabilities should be included in the training programme? (at least 3 criteria)
  - According to your opinion, what people with intellectual disabilities should not be included in the programme? (at least 3 criteria)
    - What should be most important in the work of PSPID? (at least 3 priorities in their work)
    - What are the weaknesses in providing working skills training for PSPID? (at least 3)
    - What are the strengths of the project objectives? (at least 3)
    - What are the risks in providing working skills training for PSPID? (threats) (at least 3)

*Staff:*

*Education:*.....

*Job position:*.....

*Length of service in work with PID:*.....

*Parent/relative:*

*What kind of intellectual disability: mild, moderate, severe, profound, multiple (please underline)*

*The age of PID:*.....

*What kind of services does she/he use?*.....

*Local & national authority; NGO, other:*

*Institution/organisation:*.....

*Position:*.....

*Length of service*.....

***The information in this questionnaire is confidential and will be used only for the purpose of the Assessment.***

***You confirm your agreement to give necessary personal information when you fill in the questionnaire and give it back.***

***Thank you for your cooperation!***



## ***Annex 2: GLOSSARY***

Glossary is annexed in a separate document.