QOL **4** ALL
Quality of life for all

EDUCATION PROGRAM FOR THE QUALITY OF LIFE OF ADULTS WITH SEVERE AND PROFOUND DISABILITIES

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1. THE PROJECT QOL4ALL

1.1. PROJECT DEVELOPMENT

Quality of Life for All (QoL4ALL) is an Erasmus + project that aims to improve the education of adults with disabilities through the provision of educational strategies that promote their quality of life. The project aims to improve the skills of adult education professionals working with people with profound and severe disabilities in the promotion of their quality of life.

QoL4ALL will analyse successful practices in the European Union regarding the quality of life of adults with severe and profound disabilities and promote the qualification and professionalism of service providers in the quality of life of these target group. The project will also aim at increasing the offer of intervention programs in adult education in regard to the promotion of their quality of life.

The target groups for this project are: clients, professionals, managers and stakeholders of education centres for adults with severe and profound disabilities or similar organizations; researchers from a research centre on education for the quality of life of people with disabilities; persons concerned with the quality of life of people with disabilities; and policy makers.

The consortium of the project is composed by: the European Platform for Rehabilitation (Bruxels, Belgium), the Associação Portuguesa de Paralisia Cerebral de Faro (Faro, Portugal), Josefsheim gGmbH (Olsberg, Germany), Istituto Don Calabria (Verona, Italy), Centro San Rafael – Fundación San Francisco de Borja (Alicante, Spain).

QoL4All has been developed from the idea that no matter our condition or situation we all have the right to have quality of life. Being aware of and respecting the rights of people with severe disabilities is crucial for staff members, carers and family members to contribute to their quality of life.

Policies and practices among people with disabilities are in the process of transformation, centred on change through innovation, reorganization of services and institutions and their effectiveness (Schalock, Verdugo, Bonham, Fantova & van Loon, 2008; Valdés, Soares & Frota, 2010; Verdugo, Navas, Goméz & Schalock, 2012). Intervention in the field of disability requires an application of the new paradigms through practices based on conceptual models and frameworks of human functioning and the provision of individual supports (Buntinx & Schalock, 2010).

PROJECT OBJECTIVES:

The main horizontal objectives of Qol4ALL are social inclusion and adult education. The project aims at improving the skills of adult education professionals working with people with profound and severe disabilities in the promotion of their quality of life.

This project intends to develop an education program to promote the quality of life of adults with severe and profound disabilities, defining strategies to be implemented with these people and their families, as well as identifying areas of training for employees and guidelines of organisational policies and practices. The aim is to improve the quality of the intervention through credible and sustainable practices based on a logical model that aligns the different levels of the systems (micro, meso and

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macro) and which is based on the most recent international scientific guidelines on quality of life and disability, based on the principles established by international experts on this field.

THE PRIORITIES OF THE PROJECT AT NATIONAL (PORTUGUESE) LEVEL ARE:

- development of teaching/learning resources;

- training of adults, teachers, psychologists and technicians;

- development of tools to disseminate good practices.

PROJECT DELIVERABLES:

- Characterisation of the quality of life profile of adults with severe and profound disabilities;

- Identification of individual variables that are predictors of personal quality of life outcomes;

- Identification of good practices and successful experiences developed by partner organizations for improving the quality of life of adults with severe and profound disabilities;

- Design of an education program aimed at professionals working in the field of education of adults with severe and profound disabilities (benchmarking and benchlearning);

- Definition of curricular units and educational strategies to be integrated into the program;

- Definition of measures to be implemented among adults with severe and profound disabilities;

- Definition of strategies aimed at their relatives and informal caregivers;

- Definition of guiding principles, policies and organizational strategies based on a leadership style focused on the quality of life of disabled adults;

- Test the program;

- Evaluation of the impact, quality and effectiveness of the program.

INTELLECTUAL OUTPUTS:

- Quality of life assessment report;

- Guidelines to good practices and successful experiences;

- Education program for the quality of life of adults with severe and profound disabilities.

1.2. PROJECT PARTNERS

ASSOCIAÇÃO PORTUGUESA DE PARALISIA CEREBRAL DE FARO, PORTUGAL

The APPC Faro was founded in November 1982 by a group of parents and employees, to respond to the high number of children with Cerebral Palsy in the district of Faro (Algarve, Portugal), at the time

without specialized intervention in this area. With a team of 115 professionals and 12 volunteers, APPC Faro currently provides support to 611 clients in the Algarve region, with a total of eight social responses: early intervention, clinic, resource center for inclusion, professional rehabilitation unit, occupational activities center, residential home, independent residence and life support center.

Our vision is to be a national and international reference organization for providing quality services based on clients satisfaction, innovation and organizational transformation. Through our mission we intend to develop excellence responses in rehabilitation/habilitation, social and professional inclusion, to promote skills and quality of life for citizens with disabilities as full members of society that they integrate.

APPC Faro works in the prevention, diagnosis, evaluation and (re) habilitation of people with cerebral palsy, related neurological conditions and developmental disorders. As objective it has the prevention, qualification, participation, social inclusion and support to families of people with cerebral palsy and related neurological disorders.

Develops actions within Education, Health, Social Action, Housing, Vocational Training, Employment, Recreation and Sport and seeks to sensitize society and state structures to the problem of cerebral palsy.

The project covers the occupational and residential areas, where most people have multiple severe and profound disabilities, as well as some young people from the clinic who are in the process of transition into adult life.

The Occupational Activities Unit, is a structure that provides support for 56 adults with severe and profound disabilities, who do not meet conditions of employment, maximizing their independence and seeking their wellbeing, with respect for their special characteristics and needs, enabling better social inclusion.

The Residential Home is intended for accommodation of 19 young people and adults with severe disabilities on a permanent basis and 1 vacancy for temporary admission. Ensures the provision of personal hygiene, food and functional mobility services. Promotes well-being and quality of living conditions tailored to the needs of the residents.

JOSEFSHEIM GGMBH, GERMANY

The Josefsheim in Bigge is a rehabilitation centre and offers services to people with physical, sensory, learning and severe disabilities. Currently more than 1000 people are using the different services. The wide range of services is directed at people with disabilities of all age groups and covers the residential areas for children, teens and adults, a remedial kindergarten, the vocational training centre, the sheltered workshop and ambulant services.

The Josefsheim has around 800 employees with different backgrounds at the locations in Bigge, Lipperode and Sundern.

The special services, with their various skills, accompany the process with service planning and the delivery of separate services. The special services establish contact with the other specialised departments and thereby assure interdisciplinary work in all areas. The specialised departments are

social service, psychological service, the medical-therapeutic service, integration service and the special service for the hearing impaired. Medical, psychological and therapeutic services include equine, art and music therapy, therapeutic education, logotherapy, occupational therapy and physiotherapy as well as psychotherapy.

The project "Quality of Life for All" primarily covered the housing and working areas at the Josefsheim where most of the people with severe disabilities live and work: the working groups of the sheltered workshop for people with special needs and the care and living area. Over the past few years, the number of people with severe disabilities in these areas has increased.

In the sheltered workshop there are 420 jobs available for people with disabilities. The range of workplaces available is broadly defined in order to take into account and support each individual according to the nature and severity of their disability, performance and development opportunities.

The first stage in the entry procedure is to find out if the workshop can offer the appropriate support. The vocational training then follows. It should enable people with disabilities to take up employment in a sheltered workshop, in a vocational training centre, in the general labour market or to receive some work experience.

At Josefsheim Bigge there are living arrangements for 350 people of all age groups with disabilities. This number includes the living quarters that lie outside the main complex. There are another 51 places at the Josefshaus branch in Lipperode.

The Josefsheim offers diverse forms of accommodation. Depending on their requirements, people with disabilities can choose their own living arrangements. The open assistance completes the range of services with assisted living for non-residents, the outpatient service, family care, assistance services, individual care for people with severe disabilities and assistance with integration.

At European level the Josefsheim is certified in accordance with EQUASS Assurance (European Quality in Social Services). EQUASS enhances the social sector by engaging social service providers in continuous improvement, learning and development, in order to guarantee service users quality of services throughout Europe. Focus is placed on the concerns and interests of service recipients and other interest groups.

As a company of the JG Group, Josefsheim belongs to a Germany-wide holding which supports hospitals, care homes, youth centres and facilities for people with disabilities across 39 sites. As well as the JG Group, the Josefsheim Bigge is also a member of the Brüsseler Kreis and of the German Caritas Association.

ISTITUTO DON CALABRIA, ITALY

Istituto don Calabria (Congregation of the Poor Servant of the Holy Providence) is a worldwide organization with legal seat in Verona (Italy).

The Centro Polifunzionale don Calabria is an operative structure, in Verona, developed by the Istituto don Calabria to manage services in the social and health sectors. It works with a multifunctional vision, providing services for citizens in the fields of health, physical and neurologic rehabilitation, professional training and also social inclusion, education and assistance of people with disability. It

started its activities more than 70 years ago, always acting as a nonprofit organization, and it employs many different professionals for the provision of services.

Centro Polifunzionale Don Calabria has been recognized from 2013 to 2017, with EQUASS Quality Assurance in social services for Medialabor: employment access service for people with disabilities.

The centre works according to pathways of services which are either individualized or integrated with one another, aiming at the full development and expression of each individual's attitudes. This aim is carried out through a complete taking care of each person, in a professional cooperation between the different areas of the centre, according to the ICF system. It carries out rehabilitation, vocational training and retraining, job integration and promotion of social integration through distinct areas that interact in a connected system.

The integrated areas are: the rehabilitation area, the vocational-training area and the social area.

The centre also promotes innovative and complex projects in the above mentioned fields, always with the cooperation of public partners, universities and other organizations.

CENTRO SAN RAFAEL - FUNDACIÓN SAN FRANCISCO DE BORJA, SPAIN

The San Francisco de Borja Foundation is a private, social assistance foundation, which was established non-profit and indefinitely in 1996, to continue the work of the Association of the same name, established in 1980. Since its Con Origins in the 1980s, the Foundation has maintained an active commitment to defending the dignity and rights of people with intellectual disabilities, especially those with the greatest need for support.

Its mission is to generate opportunities and provide personalized support both in its services and programs and in the community, so that each person can develop their personal project and achieve a full and happy life.

This mission has been developed throughout its trajectory through the different services and programs it has managed. In 1982, he opened the first San Rafael residence to serve 40 people with intellectual disabilities who were in a serious situation of social exclusion. Today the residence provides residential support to 60 people with serious disabilities distributed in its five homes.

In 1998 the San Rafael Day Center was inaugurated, which currently offers specialized support to 42 people with intellectual disabilities. In 2001, and as a natural consequence of the application of the quality of life model, the Person-Centered Planning (PCP) approaches were introduced, an innovative methodology in our context, which creates the necessary conditions for the person with disability is the one that defines her own project of happiness and full life, supported by her circle of support, people whom she chooses from among her family, professionals and friends and who want to commit to her in order to achieve the results that she has defined as valuable in her life. The Foundation's experience in PCP has made it a benchmark for this approach in Spain. Consistent with the PCP, other equally innovative methodologies have been introduced, such as Positive Behavioral Support and Active Support, for which it has received recognition from the disability sector in Spain.

Guided by our vision of "Being generators of support for the construction of full lives, opening spaces for inclusion in our society", the Maldonado house was opened in 2005 and the Gómez-Trénor house

in 2015, offering an inclusive life model to women. 14 people with disabilities and widespread or widespread support needs living in them.

In 2018, the "Between Neighbours" project began as an inclusive day care alternative compared to traditional day centers. This service, the purpose of which is for young people with disabilities to continue their development in the community context to which they belong.

EUROPEAN PLATFORM FOR REHABILITATION, BELGIUM

The European Platform for Rehabilitation (EPR) is a network of service providers to people with disabilities committed to high quality service delivery. It is active at the European level in the fields of employment, education and training, vocational rehabilitation, social care, medical rehabilitation with cross-cutting expertise on co-production, quality of services, quality of life and mental health. The goal of EPR is to assist its member organisations to provide sustainable, high quality services through mutual learning and training activities. EPR has 25 members in 15 European Union (EU) countries (and 2 non-EU).

Members are not-for-profit or governmental leading service providers at local or regional level or national umbrella associations. EPR's membership provides social inclusion, medical rehabilitation, employment and training services to over 130,000 persons every year, and over 20,000 rehabilitation professionals are employed in EPR's members and their affiliates all over Europe.

Over the last 25 years, EPR has built up extensive practical experience in transnational cooperation in the fields of VET, employment, employment re-integration, research and development, innovation and ICT-based learning, and quality standards in the sector, among others. In this way, EPR strives to act as a laboratory of 'good practice' in the sector. From its very creation, EPR has focused on the development and training of professionals working with persons with disabilities.

As a consequence of its powerful membership base and established relationships of trust and cooperation at national and international level, EPR offers a unique forum for international benchmarking and bench-learning. In order to achieve its mission, teams of EPR experts develop methods and models of delivery that directly innovate and improve service delivery systems and programs for people with disabilities. EPR members co-create and pilot innovative tools and methods to better meet the needs of clients, employers and funders. EPR activities go beyond traditional mutual learning exchanges. Professionals from EPR members gather to benchmark and analyze effectiveness in service provision, improving quality of services and quality of life for clients, as well as positively impacting their daily work experience. Mental health is a key theme for EPR. The EPR Mental Health working group gathers experts on mental health issues from its membership to work together around a commonly agreed topic, developing resources and learning from good practices from their centers.

EPR supports members in developing projects, giving guidance in finding project partners, in writing EU applications and organizing training sessions on accessing EU funding opportunities. Members have also the possibility to join projects developed by EPR. It supports members' networking and strategic growth by helping them to build connections with leading service providers across Europe, be part of a community of like-minded professionals, take part in exchanges and training on strategic issues and management.

EPR organizes online and in-person training sessions on innovative methodologies and tools in service provision to improve labour market integration and social inclusion.

EPR is recognised as an important player on the European scene. It has a seat on the EU's High-Level Group on Disability, and is also a member of major European umbrella structures such as Social Services Europe.

EPR also manages EQUASS (European Quality in Social Services), a tested system to enhance quality and excellence in social services provision in Europe. The overall objective of EQUASS is to enhance the social services sector by engaging service providers in quality and continuous improvement, and by guaranteeing service-users quality of services throughout Europe. The EQUASS department actively promotes benchmarking and bench learning as tools for improving the quality of life.

1.3. SITUATION IN THE PARTNERS COUNTRIES

SITUATION IN PORTUGAL

The Convention on the Rights of Persons with Disabilities (United Nations, 2006) ratified by Portugal on July 30, 2009, recognizes the right of all persons with disabilities to live in the community, on equal opportunities, and obliges States Parties to take effective and adequate measures to facilitate the full enjoyment of it by these citizens.

The legal system in Portugal has been part of this conceptual paradigm since Law No. 38/2004, of 18 August, which defines the general bases of the legal regime of prevention, authorization, rehabilitation and participation of people with disabilities, with guidelines for action by the State's central administration bodies.

Within the scope of the development of rehabilitation policies and reinforcement of social protection and inclusion in the area of disability, and with the objective of increasing levels of quality and effectiveness in the development of social responses aimed at this target audience, the State has been assuming as a priority the personal valuation and social and professional inclusion of these people, values that contribute to the exercise of their full citizenship.

Through Decree-Law No. 18/89, of January 11, the regime of occupational activities was established, aimed at people with severe disabilities, whose capacities did not allow them to the exercise of a productive activity.

On July 16, 1990, Order No. 52/SESS/90 approved the regulation for the implementation, creation and operation of services and equipment that develop occupational support activities.

The full inclusion of people with disabilities, as well as the recognition and promotion of their fundamental rights, is a priority assumed by the XXII Constitutional Government. So in 2021 the regulatory framework existing in Portugal is reviewed, streamlined and adjusted, concentrating legislation dispersed, and providing for a new regulatory framework based on a perspective that sees occupation as a process and instrument of training, training and development of skills of people with disabilities and incapacity with a view to their autonomy, from a perspective of social inclusion.

For this purpose, the intention is to create the Centre for Activities and Preparation for Inclusion, which from March 26, 2021 succeeds and replaces the Centre for Occupational Activities, as a community-based social response, with a regulation focused on new challenges, such as the promotion of autonomy, independent living, quality of life, personal and professional valuation and social inclusion, in the implementation of the principles and values advocated in national and international legal instruments that frame people's rights with disabilities.

It is intended to create a model of activities and services centred on facilitating and mediating learning and inclusion pathways, enabling greater access to the community, its resources and activities and the perspective that occupational activities are not an end in themselves, but rather, and as much as possible, a means of empowerment for inclusion, a response that empowers and maximizes the possibilities and opportunities for social and economic participation of people with disabilities, and that incorporates in its genesis the needs of people with disabilities, with different degrees of dependency and disability, which require different responses, more demanding from the point of view of qualifications and learning and more enabling from the point of view of the processes of empowerment and inclusion.

Considering that the objectives associated with the promotion of autonomy and inclusion bring new challenges to this type of structures, namely in terms of flexibility and organisation, it is important to update the structuring model of occupational support, adapting it to the objectives of the Convention on the Rights of Persons with Disabilities, and to safeguarding the existence of sequential responses to the exit from the education system, which ensure continuity of the support for people with disabilities and their families, promoting their autonomy and citizenship, facilitating decision-making processes and promotion of inclusion.

It is considered the Centre for Activities and Preparation for Inclusion, the equipment designed to develop occupational activities for people with disabilities, aiming to promote their quality of life, enabling greater access to the community, its resources and activities and that constitute as a means of empowerment for inclusion, depending on their needs, capabilities and level of functionality. This center is intended for people with disabilities, aged 18 years or over, who cannot, by themselves, temporarily or permanently, continue their training/academic path, or exercise a professional activity, or even if they are in the process of socio-professional inclusion, namely between work experiences (Decree Order No. 70/2021 of March 26 in Diário da República, 1st series, No. 60, page 23).

SITUATION IN GERMANY

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD - UN Disability Rights Convention) entered into force in Germany on March 26, 2009. Its aim is to affirm and concretize individual human rights in the context of the personal lives of people with disabilities. The implementation of the UNCRPD has created the basis for the effective and equal participation of people with disabilities in social, economic and political life.

The Federal Participation Act (Bundesteilhabegesetz/BTHG) serves to ensure the implementation of the requirements of the UNCRPD in German law and the associated implementation in practice, and thus to strengthen the participation and self-determination of people with disabilities. Along with this, the BTHG defines a new concept of disability, which is oriented towards the social understanding of an inclusive society according to the principles of the UNCRPD (Preamble and Art. 1 UNCRPD), the

transition from institution-centeredness to person-centeredness (Art. 19 UNCRPD), improvement to participation in education (Art. 24 UNCRPD) and in the workplace (Art. 27 UNCRPD), and the strengthening of consultation of persons with disabilities by persons with disabilities (Art. 26 UNCRPD (https://umsetzungsbegleitung-bthg.de/gesetz/hintergrund).

On January 1, 2018, a new concept of disability was introduced, which is based on the understanding of the International Classification of Function, Disability and Health (ICF) of the WHO. Here the bio-psychosocial model of the ICF stands in the center, at which individual participation restrictions are determined and brought in the interaction with the personal context factors (often environmental factors) and the desires and goals of humans into alignment. Thus, disability is to be understood as an interaction between impairment and environmental barriers.

The unrestricted participation in all aspects of life and the highest possible degree of self-determination are, among other things, in various studies and concept on the topic of quality of life within Germany, also the criteria that are important in the context of measuring the individual quality of life in general, but in particular in the quality of life of people with disabilities (Seifert, 2017). To elicit these objectively and to improve them in a targeted way, turns out to be very challenging, especially for the group of people with complex needs, as these people are mostly cognitively and/or physically unable to name their needs. Seifert (2001) uses and modifies five dimensions of well-being (psychological, social, material, activity-related and emotional) according to Felce and Perry (1997) in her qualitative study "Zielperspektive Lebensqualität" ("Target Perspective Quality of Life"). She approaches these using various scientific survey and observation methods. Seifert thus provides one of the few studies on the topic of quality of life for people with complex needs (https://www.inklusion-online.net/index.php/inklusion-online/article/view/186/186).

Therefore, with the project partner Josefsheim Bigge, the participation and involvement of a representing institution from Germany in the Erasmus + project Quality of Life for All was very important. In this project, with the involvement and participation of the various partner countries and based on the scientific findings of Schalock and Verdugo, a practical guide/training concept for determining and improving the individual quality of life for named target group was developed.

SITUATION IN ITALY

The Constitution of the Italian Republic, which come into force in 1948, already stated in Article 3 that: "all citizens have equal social dignity and are equal before the law, irrespective of sex, race, language, religion, political opinions, personal and social conditions. It is necessary for the Republic to remove the obstacles of economic and social nature, which, in fact, limiting the freedom and equality of citizens, prevent human person from fully cultivating themselves and participation effectively…. ".

In Italy, however, people with disabilities were attending separate school courses, special schools and differential classes. Only after Law No. 517/1977 these special schools were abolished and disabled pupils began to be integrated in ordinary classes with support teachers.

In Italy, on the subject of disability the legislation has moved from a merely individual medical approach, based only on the impairment of which the subject is affected, to a broader definition of disability. The Law No. 482/1968 is the first organic law on "compulsory" job placement matter. The

Law No. 118/1971 introduced the concept of "civil invalidity" and the related monthly economic and retirement provisions have been introduced.

In 1978 the first health reform was adopted with the establishment of the National Health Service, open to all and free of charge.

Another significant law is the No. 104/1992, called "framework law for integration, assistance and rights of people with disability" where the definition of "person with disability" is reported such as "someone who presents a weakened physical, mental or sensorial condition, stabilized or progressive, which causes difficulties in learning, relationships or work integration and due to which a person undergoes a process of social disadvantage or marginalization ".

The Law No. 68/1999 replaced and repealed the previous law on the right to work for people with disability. Article 1 of Law No. 68/99 states: "The purpose of this law is to promote the placement and work integration of people with disability through support services and targeted placement".

In Italy, the United Nations Convention on the Rights of People with Disability (UNCRPD) was ratified with Law No. 18/2009.

The article 3 introduced innovative principles and values: - respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons - non-discrimination - full and effective participation and inclusion in society - respect for difference and acceptance of persons with disabilities as part of human diversity and humanity - equality of opportunity - accessibility - equality between men and women - respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Another important Law is the No. 112/2016, that states "Provisions on assistance in favor of people with severe disabilities without family support", ("After Us, During Us"), to activate programs aimed at promote de-institutionalization and support paths to stay in homes or residential solutions that reproduce the living and relational conditions of the "family" and of the "home", implement innovative residential interventions for people with severe disabilities without parental support.

SITUATION IN SPAIN

In 1982, the Law on the Social Integration of the Handicapped (LISMI) was enacted in Spain, as the first legislative initiative after the 1978 Constitution, whose article 49 states that "The public powers shall carry out a policy of provision, treatment, rehabilitation and integration of the physically, sensory and mental handicapped (…). The LISMI arose with the intention of guiding a legislative development that would ensure the necessary resources for the exercise of the rights of these people for their complete personal fulfilment and their total social integration, and for the deeply disabled to receive the necessary assistance and guardianship.

Thus, in the second half of the 20th century, Spain experienced an important development of centers and resources for people with intellectual disabilities. It is noteworthy at this time the great effort made, especially by family associations, to make this group visible and generate proposals that tried to respond to the needs of these people and their families, through specific centers and resources, such as special education colleges, occupational centers, day centers, special employment centers,

residences, etc. The result was the creation of a network of services, assumed or supported by the Public Administrations, that took people out of their natural contexts to respond to their clinical or learning needs, including care from the medical or psychoeducational paradigm and that often segregated people from the community, especially those most seriously affected, whom only the law contemplated from the perspective of assistance and guardianship.

It was not until the last years of the twentieth century and the first of the twenty-first, when Spain began a transformation in the way of understanding people with intellectual disabilities and in the system of provision of support. New legislative initiatives arise, both from the Government of the nation and in the different autonomous communities that contribute to the advance in the recognition of citizenship of people with intellectual disabilities, although with an uneven development according to the territory.

The associative movement of the disability sector, as well as some academic institutions constituted an important engine of change in this advance, claiming the rights of people with disabilities and providing principles and approaches that would favor the transformation from the micro to the macrosystem.

In November 2007, Spain ratified the Convention on the Rights of Persons with Disabilities, which will allow an alignment of Spanish legislation on disability, although at different speeds depending on the Autonomous Community.

In 2013, Royal Legislative Decree 1/2013, of November 29, was published, approving the Consolidated Text of the General Law on the rights of people with disabilities and their social inclusion, which repeals the previous regulations and recognizes the desire for a full life and the need for personal fulfilment of people with intellectual disabilities without distinguishing their degree of affectation.

In the Valencian Community, territory to which the San Francisco de Borja Foundation belongs, the law on the "Statute of people with disabilities", currently in effect, was published in 2003 in order to regulate the actions of public administrations of the Valencian Community, through a coordinated action, aimed at the attention, promotion and protection of fundamental rights and freedoms, well-being and quality of life of people with disabilities.

In 2019, the Law of Inclusive Social Services of the Valencian Community is approved, which expands and makes its catalogue of benefits more flexible in order to adapt to the needs of each person, taking into account the principles of the 2006 Convention.

Despite this, people with greater support needs, the target group of this Erasmus project, present greater social vulnerability and greater disadvantage compared to other people with not so severe disabilities. According to the study "We all are all" (https://www.plenainclusion.org/wp--ontent/uploads/2021/03/estudiotodossomostodosdef.pdf) carried out by Plena Inclusión and INICO (University of Salamanca), in Spain there are 63,610 people with intellectual or developmental disabilities who have great support needs and who have other disabilities associated with their intellectual disability, such as mobility problems, mental health disorders or communication difficulties, among others.

The individual characteristics presented by this group exclude them from enjoying new service models; do not receive appropriate supports to meaningfully participate in activities of interest to them in

community settings; they present difficulties for their desires to be taken care of given the almost absolute dependence on others for; they are less likely to participate in an education that takes place within the ordinary system; they report lower scores than their peers with less severe ID in terms of subjective well-being; they have more limited social networks, in which the presence of professionals and relatives stands out, with less frequency of mutually satisfactory interpersonal relationships; they are more likely to remain in segregated environments; they find it more difficult to exercise their right to self-determination and, in general, they face greater situations of exclusion than their peers with less severe ID.

SITUATION IN EUROPE

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD or Convention)[1] was adopted in 2006 after decades of work by the United Nations to change attitudes and approaches to persons with disabilities. It marked a fundamental step in changing the view of persons with disabilities who are not considered anymore mere "objects" of charity, medical treatment and social protection, but they are "subjects" with rights, reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. The EU and its Member States are parties to the UNCRPD and as such are oblished to implement the Convention. The EU and its Member States are progressing with its implementation. To do that the EU has launched a series of initiatives that will help ensure the UN CRPD is fully implemented in Europe.

One of these main initiatives launched by the European Commission is the European Pillar of Social Rights[2] which serves as a compass for employment and social policies. It was jointly proclaimed in 2017 by the European Parliament, the Council, and the European Commission. It includes 20 principles and principle 17 of the Pillar underlines that persons with disabilities have the right to income support that ensures their living in dignity, services that enable them to participate in the labour market and in society and a work environment adapted to their needs.

The European Disability Strategy 2010-2020[3] paved the way to a barrier-free Europe, fostering actions supported also by EU funds to make a difference for the life of approximately 87 million persons having some form of disability in the EU. The evaluation shows that it contributed to improving the situation in a number of areas, in particular accessibility for persons with disabilities and promoting their rights by putting disability high on the EU agenda.

In March 2021, the new Disability Strategy for the Rights of Persons with Disabilities 2021-2030[4] was presented by the European Commission with the aim to build on the achievements of the previous ten years European Disability Strategy and to contribute to the implementation of the European Pillar of Social Rights. This new and ambitious strategy wants to achieve further progress in ensuring the full

[1] Full text of the Convention on the Rights of Persons with Disabilities:
https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

[2] https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

[3] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Aem0047

[4] https://ec.europa.eu/commission/presscorner/detail/en/ip_21_810

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participation of persons with disabilities, guiding the action of Member States as well as EU institutions. The main objective is to tackle the diverse challenges that persons with disabilities face, progressing on all areas of the United Nations Convention on the Rights of Persons with Disabilities, both at EU and Member State level.

According to the new Strategy "persons with disabilities still face barriers in access to healthcare, education, employment, recreation activities, as well as in participation in political life. They have a higher risk of poverty or social exclusion (28,4%) compared to persons without disabilities (18,4%). Over half of persons with disabilities say they felt personally discriminated against in 2019. Furthermore, the Covid-19 pandemic and its socio-economic consequences contributed to amplifying obstacles and inequalities. "Persons with disabilities living in residential care experience higher infection rates and at the same time they suffer from isolation due to social distancing rules. Those living in the community and at home are affected by restricted personal service delivery, which can put independent living in jeopardy".

People with severe disabilities have complex and specific needs often overlooked by major disability policies. This project has raised awareness of them during the final conference to European policymakers.

1.4. PROJECT DESCRIPTION

This project was based on a previous experience developed at APPC Faro (Portugal) in the framework of a doctoral study in Education at the Autonomous University of Madrid (Spain) on the design of an education program to promote the quality of life of adults with multi deficiency, validated by international experts through a Delphi study. It's was felt the need to bring together the best practices developed at European level in this area, to promote the qualification and fairness of the services available to these citizens.

Given the evolution of the concept of disability over the last decades, based on the principle of inclusive education and with the ratification of the United Nations International Convention on the Rights of Persons with Disabilities, a new perspective is inherent with this population, implying a greater dignification of their quality of life and a greater commitment to a theoretical/practical framework of reference that is adequate to the fulfillment of the values of citizenship and inclusion of these citizens as full members of the society that they are part of.

In international terms, this theme has been widely analyzed and implemented, both in rehabilitation and in special education. The concept of quality of life is used universally to evaluate the results of policies, practices and personal evolutions. In 2002, Schalock and Verdugo described quality of life as a desired state of personal well-being that: (a) is multidimensional; (b) has universal properties and properties related to culture; (c) has objective and subjective components; and (d) is influenced by personal characteristics and environmental factors. Today, the model of Schalock and Verdugo is internationally accepted as a valid and reliable framework to discuss the quality of life of an individual (Gómez, Verdugo, Arias & Arias, 2011), since it is based on a validated model in cultural terms , with robust psychometric properties, translating into personal results based on evidence, constituting itself as the theoretical reference of this project.

Regarding education for the quality of life of people with disabilities, it is aimed at focusing on an educational system of multidimensional and multidisciplinary nature that respects diversity, individuality and development, aiming at a culture of cooperation and collaboration problem solving, maximizing the potential of each individual with disability and providing an improvement in the educational response.

It should be noted that, with severe and profound disabilities, there are marked limitations in their body functions and structures (by reference to the ICF, i.e. the International Classification of Functioning, Disability and Health), which put their development at serious risk , leading them to experience serious difficulties in the process of learning and participation in the various contexts in which they are inserted.

The main objective of this project is to improve the education of adults with disabilities through the provision of educational strategies that promote their quality of life. The aim is to analyze successful practices in the European Union regarding the quality of life of adults with severe and profound disabilities. To promote the qualification and professionalism of service providers in the quality of life of these people. And to increase the offer of intervention programs in adult education with regard to the promotion of their quality of life.

This project intends to develop an education program to promote the quality of life of adults with severe and profound disabilities, defining strategies to be implemented with these people and their families, as well as identifying areas of training for employees and guidelines of organizational policies and practices. The aim is to improve the quality of the intervention through credible and sustainable practices based on a logical model that aligns the different levels of the systems (micro, meso and macro) and which is based on the most recent international scientific guidelines on quality of life and disability, based on the principles established by international experts in this regard.

The QoL4ALL project lasted 36 months, with the application approved for 24 months and with an extension of another 12 months. As part of the project partnership, tasks were distributed so that each partner could make appropriate contributions at several points in the project.

The project began with training in assessing the quality of life of people with severe and profound disabilities (LTT1) with the aim of training the participants in the application of the quality of life assessment tools and their results quotation. Also, promote an understanding of various concepts, models and topics connected to quality of life. Previously, each institution in the consortium selected the professionals who could assume the role of external observer to evaluate the target group. These professionals (23) took part in training courses on assessing the quality of life of people with severe disabilities (partnership's consortium team with qualifications and knowledge). Each professional identified their training needs, presented a letter of motivation and expression of interest and their resume. The consortium asked the authors of the San Martín Scale to use the versions made available in the languages of the consortium's countries (except in German - unofficial translation). The assessment was carried out by 19 professionals from the institutions of the partnership consortium, and each institution completed the instrument to twenty people with severe disability (n = 80). The data collected from the assessment of quality of life were introduced into a computer application adapted for this purpose (belonging to Centro San Rafael) and statistically analyzed with the aim of determining the characterization of the quality of life profile of adults with severe and profound disabilities and identifying variables predictors of personal quality of life results.

The results of this study were an input for the design of the educational program to promote the quality of life of people with severe and profound disabilities built by the partnership.

The second phase of the project consisted in the identification of good practices and successful experiences developed by partner entities in terms of adequacy, quality, strength and relevance for improving the quality of life of adults with severe and profound disabilities.

At the same time, the partners designed an education program aimed at professionals working in the field of adult education with severe and profound disabilities, based on the comparison of the quality of life assessment results achieved by the sample of each partner institution (benchmarking and benchlearning). The curricular units and pedagogical strategies to be included in the program were defined, based on measures to be implemented among adults with severe and profound disabilities, in the definition of strategies aimed at their families and informal caregivers, in the definition of guiding principles, policies and organizational strategies based on a leadership style focused on the quality of life of adults with disabilities.

In the third phase of the project, the education program for the quality of life of people with severe disabilities was tested through a training course (LTT2) prepared by the partners and aimed at professionals who work directly with adults with severe and profound disabilities, with the aim of providing educational strategies that promote the quality of life of adults with severe disabilities. Subsequently, the impact, quality and effectiveness of the program were evaluated.

In the last phase of the project, a "Best Practices and Successful Experiences" training (LTT3) was held in order to share with the participants the best practices and successful experiences to promote the quality of life of adults with severe disabilities.

2. EDUCATION PROGRAM FOR THE QUALITY OF LIFE OF ADULTS WITH SEVERE AND PROFOUND DISABILITIES

GENERAL INFORMATION

TARGET GROUP	Professionals who work directly with adult with severe and profound disabilities
OBJECTIVES	Conducting short courses for professionals in the field of education to promote the Quality of Life of adults with severe and profound disabilities. To provide participants with educational strategies to promote the Quality of Life of adults with severe and profound disabilities.
TRAINING COURSES	Quality of Life assessment for individuals with a severe and profound disability Educational strategies to promote Quality of Life Best practices to promote Quality of Life
TIME	Three weeks learning events (15 training days)
CURRICULUM	29 modules divided into three parts
AUTHORS	QoL4ALL Partners Consortium
LANGUAGE	English
VERSION	This curriculum is piloted in 3 transnational training events

TRAINING COURSES	CURRICULUM MODULES
I. QUALITY OF LIFE ASSESSMENT FOR INDIVIDUALS WITH A SEVERE AND PROFOUND DISABILITY (1ST TRAINING AND LEARNING EVENT)	1. Models of Disability 2. Definitions of Disability 3. Human Rights and Disability: Looking at the UNCRPD and a Human Rights Based Approach to service delivery 4. Quality of Life and Impact on Services (QOLIS) 5. Ethical Issues in Quality of Life Assessment 6. Method of identifying valid and relevant outcomes for Quality of Life 7. Quality of Life concepts for individuals with a disability 8. ICF in theory and practice – Introduction to the International Classification of Functioning, Disability and Health 9. Quality of Life model of Schalock and Verdugo 10. Scales of Evaluation of the Quality of Life based on the model of Schalock and Verdugo 11. The San Martín Concept 12. Methodology of San Martín Concept; Interpretation of the outcomes with the San Martín Scale; The San Martín Scale for assessing Quality of Life 13. Using San Martín Scale for improving Quality of Life of service users 14. Measurement of evidence-based Quality of Life outcomes
II. EDUCATIONAL STRATEGIES TO PROMOTE THE QUALITY OF LIFE (2ND TRAINING AND LEARNING EVENT)	15. Interpersonal Relationship - Communication 16. Personal Development – Empowerment 17. Personal Development – Learning 18. Self-Determination 19. Self-Determination – Co-production in design of individual plan 20. Emotional Well-being – Mental health promotion 21. Rights – UN convention of Human Rights for persons with a Disability 22. Social Inclusion 23. Social Inclusion and Participation
III. BEST PRACTICES TO PROMOTE QUALITY OF LIFE (3TH TRAINING AND LEARNING EVENT)	24. Between Neighbours Project 25. Quality of Life Assessment 26. Rights 27. Digital communication for young adults with multiple disabilities 28. The Project SOKOOR 29. Person Centred Planning

2.1. QUALITY OF LIFE ASSESSMENT FOR INDIVIDUALS WITH A SEVERE AND PROFOUND DISABILITY (1ST TRAINING AND LEARNING EVENT)

LEARNING OBJECTIVES AND TRAINING TOPICS

Topic/Modules	Specific Objectives
Models of Disability **Definitions of Disability** **Human Rights and Disability: Looking at the UNCRPD and a Human Rights Based Approach to service delivery** **Quality of Life and Impact on Services**	The participants are aware of: - The various models of disability and the impact on the assessment and the provision of services; - Understanding the fundamental rights of persons with disabilities in assessing persons with profound disabilities on QOL-dimensions. The participants have: - An understanding of the concept SIQOL of Quality of Life (QoL) for PWD (including dimensions, aspects, criteria and indicators).
Ethical Issues in Quality of Life Assessment **Method of identifying valid and relevant outcomes for Quality of Life** **Quality of Life concepts for individuals with a disability** **ICF in in theory and practice – Introduction to the International Classification of Functioning, Disability and Health**	The participants have: - An understanding the ethical dilemmas (e.g. respecting dignity) in assessing persons with profound disabilities on QoL-dimensions; - An understanding of various concepts of QoL for PWD (including dimensions, aspects (e.g. holistic approach), criteria and indicators); - An understanding of Methodology & Instruments of measuring QoL for PWD; - A clear understanding of opportunities and limitations of applying these concepts, methods and instruments for categories of PWD.

Topic/Modules	Specific Objectives
Quality of Life model of Schalock and Verdugo **Scales of Evaluation of the Quality of Life based on the model of Schalock and Verdugo** **The San Martín Concept**	The participants have: - An depth understanding of a Concept and model of QoL applicable for Individuals with profound disabilities including the dimensions, aspects, criteria and the indicators of the model); - An understanding of the desired profile of the professional who carries out the assessment (Knowledge –Competences – Attitude); - An understanding of methodology of measuring QoL for Individuals with profound disabilities.
Methodology of San Martín Concept; Interpretation of the outcomes with the San Martín Scale; The San Martín Scale for assessing Quality of Life **Using San Martín Scale for improving Quality of Life of service users**	The participants: - Can apply the assessment methodology & Instruments of measuring QoL for Individuals with severe and profound disabilities; - Has the competence to interpret the outcomes of the QoL assessment of a person with a severe and profound disability.
Using San Martín Scale for improving Quality of Life of service users **Measurement of evidence-based Quality of Life outcomes**	The participants are able to: - Present the results in an understandable way for family – caregivers – fellow professionals; - Formulate recommendations for individual interventions based on the assessment outcomes; - Formulate recommendations for service/organisational development.

MODULE 1   MODELS OF DISABILITY   90 minutes

There are three main models for thinking about disability and disabled people: the traditional medical model, the care model and the social model.

1. MEDICAL MODEL:

   Disability is a medical problem that needs to be solved or an illness that needs to be "cured";

   A person with a disability is broken or sick and that they need to be fixed or healed through medical intervention;

   The burden on the person's "problem", which therefore should be "fixed".

2. CARE MODEL:

   Persons with disabilities are helpless people and need to be cared for;

   Persons with disabilities are regarded as objects of charity and passive recipients of welfare;

   People feel pity for them, and the disabled person is made to be entirely dependent on others.

3. SOCIAL MODEL:

   Eliminating barriers created by society or the physical environment that limit a person from enjoying their human rights;

   Persons with disabilities can participate as active members of society and enjoy the full range of their rights.

	Time	What	Objectives	Materials
1	20 minutes	An introduction about perspectives and various ways of looking at the issue of disability.	The participants have knowledge and understanding on the "social model of disability".	PowerPoint Movie 1 Movie 2 Movie 3
2	30 minutes	In small groups, the participants will carry out an exercise of analysing the impact of the three models for enhancing Quality of Life of individuals with a disability. The method of analysis that is used is the lean method of "cause-effect analysis".	The participants are able to identify the challenges and opportunities on enhancing Quality of Life of service users.	Assignment 1
3	30 minutes	Interactive session: synthesis of the results of the "cause-effect analysis" and identifying various common and different barriers and opportunities of enhancing Quality Of Life for service users with a disability.	The participants have insight in barriers and opportunities of enhancing Quality of Life of service users with a disability.	PowerPoint Results of Assignment 1

4	10 minutes	Conclusion and evaluation.	The participants understand the communalities and variation of barriers and opportunities of enhancing Quality of Life of service users with a disability from the perspective of the three models on disability.	PowerPoint

MODULE 2	DEFINITIONS OF DISABILITY	105 minutes

WHO definition;

ICDH (International Classification of Impairments Disabilities and Handicap) (until 1999);

ICF (International Classification of Functioning Disability and Health) (from 2001);

Kind of disabilities: physic, sensory, mental, psychic;

Multiple disabilities;

Cause of disabilities;

Difference of congenital and acquired disabilities.

	Time	What	Objectives	Materials
1	10 minutes	Short introduction about video of paralympic games 2016 presentation: definition of disability.	To understand about people with disability.	Video
2	20 minutes	Work in small groups about video and the definition of disability.	To identify who is people with disabilities and definition of disability.	Assignment
3	15 minutes	Interactive sessions about the small groups work.	To get the concepts about disability.	Groups presentation
4	20 minutes	History about disability.	Knowledge literature.	PowerPoint Video
5	20 minutes	Cause of disabilities: difference of congenital and acquired disabilities.	To understand how the congenital and acquired disability impact in the life.	PowerPoint Video
6	20 minutes	Conclusions.		Video

MODULE 3	HUMAN RIGHTS AND DISABILITY: LOOKING AT THE UNCRPD AND A HUMAN RIGHTS BASED APPROACH TO SERVICE DELIVERY	80 minutes

Quality of Life of People with severe disability include considering them as ethical beings equally to others. To do so, the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) gathers key rights that need to be guaranteed to ensure people with disabilities fully equal participation in life.

The EU has committed to ensure people with disabilities fully enjoy those rights and there is a legal obligation under the UN CRPD for all States to do so.

This module looks at giving participants an introduction to human rights to then move onto explaining the UNCRPD, identifying rights and learning about the main principles of a human rights-based approach and how it can impact working with people with disabilities and benefit their Quality of Life.

	Time	What	Objectives	Materials
1	10 minutes	Introduction to Human Rights.	General understanding of what are human rights and the role of professionals working with people with disabilities in raising awareness of the human rights of PWD.	PowerPoint 1 Video
2	10 minutes	The United Nations Convention on the Rights of People with Disabilities – What is it? How does it protect the rights of persons with severe disabilities?	General understanding of the UN CRPD; Learning about key rights for persons with severe disabilities.	PowerPoint 1 Video
3	10 minutes	A human rights-based approach and how it applies to service delivery.	Learning about how to work in service delivery with a human rights-based approach.	PowerPoint
4	40 minutes	Assessing the use of a human rights-based approach, the understanding of the human rights of PWD and how professionals play a key role for their protection and promotion. Group exercise using role playing and self-assessment.	Group work, familiarity with the module content, enriching exchange between participants.	1 Document to explain the task printed and handled to participants divided in groups 1 Flipchart may be needed
5	10 minutes	Summary and Conclusions.	Recapitulate about the content of the Module	PowerPoint

| MODULE 4 | QUALITY OF LIFE AND IMPACT ON SERVICES (QOLSI) | 90 minutes |

QOLIS is an instrument based on the Quality of Life model with the objective of measuring the outcomes of the rehabilitation services at an individual level. The outcome measurement aims to relate the achievements of individuals, in terms of their Quality of Life, to the programs and services they have received from the rehabilitation service provider.

It comprises a process of gathering and analyzing information that allows the extraction of knowledge about the effects of multilevel interventions, being of high relevance for the mechanisms of decision making in the process of continuous improvement.

The results and conclusions allow maximizing the adjustment of the programs to the characteristics and peculiarities of the target-group. This makes of the QOLIS instrument a strategic tool for continuous improvement of service delivery, quality and effectiveness.

The model of Quality of Life, on which the instrument is based, shows a multidimensional model, integrating 3 dimensions, which are deployed in 8 variables.

	Time	What	Objectives	Materials
1	20 minutes	An introduction about perspectives and various ways of looking at the issue of disability. An introduction of the methodology of carrying out self-assessment on relevance for the target group(s) and relevance for the current services/activities.	The participants have knowledge and understanding on Dimensions, variables and indicators of the Quality of Life model that is applied in the QOLIS instrument. The participants understand how to carry out an individual self-assessment on the QOLIS instrument and how-to analysis the outcomes.	PowerPoint
2	60 minutes	Individual participants will carry out an analysis on the QOLIS questionnaire. The analysis will be done for relevance for the target group and relevance for the current services/activities. The method of analysis that is used is based on the principle of self-assessment process.	The participants are able to assess the indicators of the QOLIS questionnaire on	PowerPoint Assignment

		After an individual self-assessment consensus will be formulated in small groups (per country) and based on the consensus scores conclusions will be expressed.	relevance for target group and services / activities. The participants are able to analyze the outcomes of the individual assessments of the QOLIS indicators. The participants are able to formulate conclusions of the applicability of the QOLIS instrument for the target group(s) of their organisation.	Method of analysis
4	10 minutes	Conclusion and evaluation.	The participants understand the opportunities and limitation in applying the QOLIS instrument for assessing Quality of Life for the target group(s) in their organisation.	

MODULE 5 ETHICAL ISSUES IN QUALITY OF LIFE ASSESSMENT — 90 minutes

The main orientation of our organizations should be to seek the best possible Quality of Life for the people with disabilities they support. We all aspire to have a life of quality, a life that as a whole can be considered as a successful life.

In short, to speak of Quality of Life is to speak of the aspiration of every human being to a happy life. This connects us with the teleological perspective of ethics, defined by Paul Ricoeur as "the longing for life fulfilled, with and for others, in just institutions". All people, including people with intellectual disabilities with great needs for support, are deserving of developing our own projects of fulfilled life. This must be the fundamental motivation for the evaluation of the person's Quality of Life. This is based on the recognition of the dignity of every person, regardless of the conditions that accompany his or her life. Therefore, the starting point of any project to improve the Quality of Life must be the recognition of the person with intellectual disability as a subject of dignity and as a subject of morality.

This perspective of ethics has its ontological reflection in the norms or imperatives that we must respect for justice in order to harmonize the happiness projects of all citizens. The Declaration of the Rights of Persons with Disabilities provides a normative framework that enables such happiness projects for persons with disabilities as well.

But the development and evaluation of Quality of Life projects generates ethical problems that require adequate discernment. The principles of bioethics and the deliberative method can be very helpful in addressing these problems.

Finally, the assessment of whether a person with intellectual disability and great need for support enjoys a quality life will depend, to a large extent, on the evaluator's interpretations of what quality life means to the person. This is why the assessor needs to incorporate some values into his or her way of acting to ensure that the person's perspective is taken into account, which is key to the Quality of Life model used.

	Time	What	Objectives	Materials
1	20 minutes	The person with intellectual disability subject of dignity; Quality of Life and happiness: teleological perspective; Quality of Life and rights: ontological perspective.	Participants reflect on the recognition of the dignity of persons with intellectual disabilities and their happiness projects.	PowerPoint Video
2	20 minutes	Addressing ethical issues in Quality of Life assessment: principles and deliberative methods.	Participants will learn about ethical principles in the relationship with persons with disabilities and the deliberative method for addressing ethical issues.	PowerPoint
3	30 minutes	Working in groups to define the ethical competences of the people who will carry out the evaluation of the Quality of Life.	Participants will identify those ethical competencies	Post-it Flipchart

			necessary for the evaluator in small groups.	
4	20 minutes	Sharing and conclusions.	Participants will reach a consensus on the key ethical competencies for an evaluator.	Post-it Flipchart PowerPoint

MODULE 6 — METHOD OF IDENTIFYING VALID AND RELEVANT OUTCOMES FOR QUALITY OF LIFE — 90 minutes

Quality of Life (QoL) describes how people where and how they life. QoL is indicated through statements and statistics that capture perception such as: How would you rate your personal health? How safe do you feel walking in your neighborhood? Do you feel you have enough resources to meet your basic needs? Do you trust your neighborhood? Do you have enough friends? Do you experience enough personal privacy? These are all personal indicators that are based on individual and personal perception of well-being.

	Time	What	Objectives	Materials
1	30 minutes	An introduction about the methodology (7 steps) to identify valid and relevant outcomes for Quality of Life.	The participants have knowledge and understanding the methods of 7 steps to identify valid and relevant outcomes for QoL. The participants understand how to carry out the 7 step method on identifying QoL outcomes.	PowerPoint
2	50 minutes	Workshop on bench learning: Exchanging experiences and practices.	Individual participants will: - exchange the QoL approach you have in your organization; - Follow the 7 steps of the methodology of identifying results/outcomes; - Identify 5 indicators for measuring outcomes of improving Quality of Life of persons served.	PowerPoint Assignment

| 3 | 10 minutes | Conclusion and evaluation. | The participants understand how and are able to identify valid and relevant outcome for the QoL approach of their own organisation. |

| MODULE 7 | QUALITY OF LIFE CONCEPTS FOR INDIVIDUALS WITH A DISABILITY | 90 minutes |

The concept of Quality of Life is internationally regarded as a key concept for investigating the effects of professional support on the circumstances of people with disabilities. An essential component of the concept is the assessment of personal satisfaction with the given conditions by the users of the support services themselves. For people with severe disabilities who cannot articulate themselves verbally, the question of access to their subjective perspective arises. This problem will be investigated using examples of the Quality of Life of people with severe disabilities in the Josefsheim Bigge.

The focus in this module is on the Quality of Life model according to Perry and Felce with supplements of Prof. Dr. Monika Seifert (Germany). The position of staff members in the residential homes and their influence on the Quality of Life of people with disabilities (qualification, attitude, satisfaction, etc.) will be analysed.

The discussion will focus on how the Quality of Life is influenced by service quality and personal services.

	Time	What	Objectives	Materials
1	15 minutes	Introduction: The concept of Quality of Life ● Target perspective Quality of Life ● Overview of models of Quality of Life in the area of people with severe and multiple disabilities ● Explanation of the basics of the model Quality of Life according to Prof. Dr. Monika Seifert o Seifert's understanding in relation to people with disabilities o Individual Quality of Life ▪ Objective conditions ▪ Subjective well-being o Determination of subjective satisfaction Questions for the introductory discussion: ● What role do employees play in the Quality of Life of people with severe and multiple disabilities and what influence do they have on this? ● What role do individual supporters play and what influence do they have on the Quality of Life of people with severe and multiple disabilities?	Introduction. Overview of the main models of Quality of Life for people with disabilities. Getting to know the basics of the concept of Quality of Life. Basic understanding of the Seifert Quality of Life model. Clarification of the great influence of employees and individual supporters on the Quality of Life of people with severe and multiple disabilities.	PowerPoint

2	60 minutes	Relevance of Quality of Life and service quality
		
		Discussion: Topic: Quality of Life versus service quality
		
		● How do these two orientations influence each other?
		
		● Comparison of objectives
		
		● Comparison of relevant factors
		
		Working groups:
		
		  ● What role do employees play in terms of Quality of Life/service quality and what influence do they have on it?
		
		  ● Where do Quality of Life/service quality intersect (overlap)?
		
		  ● Which component do the employees play?
		
		Summary and discussion of key findings.
			Basic understanding of Quality of Life versus service quality;
			
			Understanding the point of view.
				PowerPoint
				
				Worksheet with the key questions

3	10 minutes	Report from the circle of supporters at the Josefsheim ● Results and feedback from service users from the QoL4ALL workshop on 19.03.2019 ● Peer support by people with disabilities		PowerPoint
4	5 minutes	● Conclusion and evaluation; ● Final discussion.		

MODULE 8	ICF IN IN THEORY AND PRACTICE – INTRODUCTION TO THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH	90 minutes

The ICF is a WHO standardised international classification system for the description of functional health and disability (»International Classification of Functioning, Disability and Health«).

In this module the concept of ICF is conveyed, the associated objectives and central terms as well as the limits are made clear. By means of examples of use in the context of participation planning, the participants will also gain an insight into the practical application.

The participants of the course are to be enabled to understand and classify the ICF concept, the objectives and central terms, as well as the boundaries, and to apply them in their contexts if necessary.

	Time	What	Objectives	Materials
1	10 minutes	Introduction ● INPUT ● Task for reflection: How do you usually start a working day? ● What does this procedure have to do with the ICF?	Introduction to the ICF.	PowerPoint Think – Pair – Examples in plenum PowerPoint
2	10 minutes	Structure and Intention of the ICF ● Fundamentals of ICF ● View of ICF versus view of ICIDH ● Person centering and participation ● The bio-psycho-social model of ICF ● Central terms such as o bodily functions and structures - activities - participation o contextual factors, such as personal or environmental factors o Functional health o Life Domains	To impart basic knowledge and understanding of ICF.	PowerPoint

3	60 minutes	Practical phase:
		
		 ● Examples of use in the context of participation or rehabilitation planning
		
		 ● Work on case studies
		
		  ○ Perspective: Focus on disabilities
		
		  ○ Perspective: Focus on barriers
		
		  ○ Perspective: Focus on relatives
		
		 ● Summary of results (discussion)
			Establish reference to practice;
			
			 Getting to know the first application steps in the ICF;
			
			 Understanding the different points of view.
				PowerPoint
				
				 Worksheets

4	10 minutes	Conclusion and evaluation ● Reflection: ICF in the context of Quality of Life for all ● Effects on the assessment practice ● Decisive change processes within an organisation ● Experience report from the Josefsheim ● Effects on employees ● Effects on work organisation ● Possibilities and limits of ICF ● The Importance of the ICF in the context of people with severe multiple disability ● Final discussion	Reflection; Discussion of the possibilities and limits of ICF.	PowerPoint

MODULE 9	QUALITY OF LIFE MODEL OF SCHALOCK AND VERDUGO		60 minutes

Quality of Life is defined as a desired state of personal well-being that: (a) is multidimensional; (b) has universal properties and properties related to culture; (c) has objective and subjective components; and (d) is influenced by personal characteristics and environmental factors.

	Time	What	Objectives	Materials
1	20 minutes	An introduction about the Quality of Life models. An overview about the Quality of Life model of Schalock and Verdugo.	The participants have knowledge and understanding on the Quality of Life model of Schalock and Verdugo.	PowerPoint
2	15 minutes	In small groups, the participants will carry out an exercise about the central dimensions of Quality of Life in the disability, according to the Schalock and Verdugo model.	The participants should order in a pyramid the central dimensions of Quality of Life.	Exercise 1
3	15 minutes	Interactive session: Presentation of the results of each group.	The participants have a view on the different interpretations given to the hierarchical organization of the construct.	Flip Chart
4	10 minutes	Conclusion and evaluation.	The participants understand the hierarchical organization of the construct by the Schalock model.	PowerPoint

MODULE 10	SCALES OF EVALUATION OF THE QUALITY OF LIFE BASED ON THE MODEL OF SCHALOCK AND VERDUGO	20 minutes

There are several Quality of Life instruments available that have been recently developed specifically for people with intellectual and developmental disabilities: (a) the INTEGRAL Scale, for those who are able to communicate and self-report but with psychometric limitations that need to be solved (it includes both self-report and report of others); (b) the INICO-FEAPS Scale, an instrument with the same goals and addressed to the same target population than the previous one but overcoming its limitations (self-report and report of others); (c) the GENCAT Scale, addressed to social service recipients, including people with intellectual disability (report of others); and (d) the San Martín Scale, offers an objective and subjective assessment of the Quality of Life of adults with intellectual, multiple and significant disabilities who require extensive and generalized support, with other associated conditions.

	Time	What	Objectives	Materials
1	20 minutes	Different scales of evaluation of the Quality of Life based on the model of Schalock and Verdugo.	The participants have knowledge about different scales of evaluation of the Quality of Life based on the model of Schalock and Verdugo.	PowerPoint

MODULE 11	THE SAN MARTÍN CONCEPT	60 minutes

The San Martín Scale is an instrument that responds faithfully to the approaches of the integral approach to Quality of Life, which has become the main conceptual reference and evaluation framework to promote improvements in the lives of people with disabilities and, therefore, in the exercise of their right to a dignified life.

The scale makes reference to the degree in which people have vital and valuable experiences, it reflects the dimensions that contribute to a full and interconnected life; it takes into account the context of the physical, social and cultural environments that are important to people and it includes common human experiences, as well as unique vital ones.

	Time	What	Objectives	Materials
1	20 minutes	In small groups, the participants will discuss their major concern in assessing the Quality of Life of people with disabilities.	The participants have insight in their major concern in assessing the Quality of Life of people with disabilities.	Movie Exercise 1
2	20 minutes	Interactive session: Presentation of the results of each group.	The participants have a view on the different concerns in assessing the Quality of Life of people with disabilities.	Flip Chart
3	20 minutes	An overview about the San Martín Scale based on Schalock and Verdugo model.	The participants have knowledge and understanding on the San Martín Scale concept,	PowerPoint

MODULE 12	METHODOLOGY OF SAN MARTÍN CONCEPT INTERPRETATION OF THE OUTCOMES WITH THE SAN MARTÍN SCALE THE SAN MARTÍN SCALE FOR ASSESSING QUALITY OF LIFE	6 hours (360 minutes)

This module works the theoretical part of the San Martín scale as it was written in the manual by their authors. It also works at a practical level on the passage of the scale, correction and interpretation.

	Time	What	Objectives	Materials
1	45 minutes	Theoretical summary of the San Martín Scale manual.	To understand the scale, the intention of the authors, the structure with items by dimensions; Acquire knowledge about how the scale is passed.	PowerPoint
2	15 minutes	Practical exercise: with a completed questionnaire, correct it and obtain the scores and the profile of Quality of Life.	That the participants learn to correct the scale and to obtain the profile of Quality of Life.	Questionnaire completed. Correction tables. Power point
3	120 minutes	PRACTICAL EXERCISE: Submitted a description of a person 1. Pass the scale and draw your profile of Quality of Life. (Noting on which concrete data we have based ourselves to score) 2. Fill in each dimension the questions that are posed, debates, items that have cost us the most to value, aspects to take into account....	That the participants learning to fill in the questionnaire	Case Study Description Unfulfilled questionnaire.
4	60 minutes	POOLING OF THE PREVIOUS EXERCISE: Each group presented in 15 minutes all the work done, reading dimension by dimension the questions they have noted.	Understand the subjectivity of the scale;	Flipchart paper Post-its Folios

			Feel more secure in passing the scale.	PowerPoint
5	90 minutes	PRACTICAL EXERCISE: To interpret the results of the passage that they have made of the scale, elaborating a small report on the same one and to establish objectives and actions of improvement in each one of the dimensions.	Participants learn to interpret the scores, the results.	Folios PowerPoint
6	30 minutes	POOLING OF THE PREVIOUS EXERCISE: Each group presented all the work done, reading dimension by dimension the questions they have noted.	Participants feel confident in interpreting the results.	Folios PowerPoint

MODULE 13	USING SAN MARTÍN SCALE FOR IMPROVING QUALITY OF LIFE OF SERVICE USERS		30 minutes

Quality of Life domains are a way of measuring the degree to which a person enjoys the possibilities of his/ her life given the person's unique opportunities and limitations.

	Time	What	Objectives	Materials
1	30 minutes	An overview about Using San Martín Scale for improving QoL of service users.	The participants have knowledge and understanding about using the results of the San Martín Scale to improve QoL.	PowerPoint

	MODULE 14	MEASUREMENT OF EVIDENCE-BASED QUALITY OF LIFE OUTCOMES		60 minutes

Outcome measurement provides a learning loop that feeds information back into programs on how well they are doing. It offers findings they can use to adapt, improve, and become more effective. Results of outcome measurement show not only where services are being effective for participants, but also where outcomes are not as expected.

	Time	What	Objectives	Materials
1	20 minutes	Discussion why measure outcomes. Clarification of some terms.	The participants have knowledge and understanding about the measurement terms.	PowerPoint
2	15 minutes	In small groups, the participants will carry out an exercise about the connection of selected outcomes after the application of the San Martín Scale.	The participants should define one input, activity, output and outcome after the application of the San Martín Scale.	Exercise 1
3	15 minutes	Interactive session: Presentation of the results of each group.	The participants share the group exercise and discuss some doubts.	
4	10 minutes	Conclusion and evaluation	The participants understand the impact of measure outcomes in individual, organization and society levels.	PowerPoint

2.2. EDUCATIONAL STRATEGIES TO PROMOTE THE QUALITY OF LIFE (2ND TRAINING AND LEARNING EVENT)

LEARNING OBJECTIVES AND TRAINING TOPICS

Module/Topic	Learning objectives	Input from the participants
Interpersonal Relationships - Communication	The participants: - understand the concept of the dimension 'Interpersonal Relationship' as dimension of the QoL-concept for adults with as profound disability; - understand the basic principles of effective communication with adults with a profound disability; - are aware of the impact of communication in relation to emotional Wellbeing of adults with a profound disability; - can effectively communicate with adults with a profound disability.	Participants will be sharing practical examples and recommendations for effective communication with adults with a profound disability. In 4 small groups the participants will discuss their practice of communication and identify guidelines (tips) for effective communication with adults with a profound disability. The guidelines will be presented in the format 'to do' and 'not-to-do'. Short presentation from each group.
Personal Development - Empowerment	The participants: - understand various concepts of empowerment; - understand the importance of an empowering environment as a condition for learning; - are able to assess the environment on criteria for empowerment (request-instrument).	Participants will carry out an individual assessment on an empowering environment. The scope of the assessment will be their own organisation/department/location: 1. Individual self-assessment on 'empowering environment'; 2. Benchmarking: comparing and sharing the individual outcome of the self-assessment; 3. Identifying measure for change/improvement

Module/Topic	Learning objectives	Input from the participants
Personal Development - Learning	The participants: - understand the concept of the dimension 'Personal Development' as dimension of the QoL-concept for adults with as profound disability; - have gained knowledge about the learning concept and learning strategy for adults with a profound disability; - have improved their skills in supporting the learning of adults with a profound disability; - have exchanged 'examples from their practice' of enhancing learning by adults with a profound disability.	Sharing practical examples of enhancing learning by adults with a profound disability. In four small groups, participants will share, exchange and discuss examples and experiences of enhancing learning by adults with a profound disability.
Self-determination	The participants: - understand the concept of 'self-determination' as dimension for QoL-concept for adults with a profound disability; - are able to facilitate a process of 'making-a-choice' by a person with a profound disability;	Participants will be sharing practical examples of self-determination behaviour and non-self-determination behaviour of adults with a profound disability and share some examples. In small groups the participants will discuss self-determination behaviour and identify self-determination behaviour and non-self-determination behaviour of adults with a profound disability (puzzle tips). In small groups the participants will present a situation of self-determination behaviour of adults with a profound disability (role-playing). The recommendations will be presented in the format 'to do' and 'not-to-do'.

Module/Topic	Learning objectives	Input from the participants
Self-determination - Co-production in design of individual plan	The participants: - are able to facilitate a process of 'expressing-your-preference' by a person with a profound disability; - understand the criteria for co-production in designing the individual plan for adults with a profound disability; - Exchange practical examples of con-production in designing the individual plan for adults with a profound disability.	Short presentation with practical examples by each partner/participant how the individual plan for adults with a profound disability is established. Assessing performance based on criteria for Co-production in design of individual plan.
Emotional Well-Being - Mental health promotion	The participants: - understand the concept of the dimension 'Emotional Well-being' as dimension of the QoL-concept for adults with as profound disability; - have gained knowledge about methods and techniques to identify individual expressions of well-being with adults with a profound disability; - have gained knowledge and strategies about mental health promotion for adults with a profound disability; - have exchanged 'examples from their practice' on promotion of mental health for adults with a profound disability.	Short presentation about practical examples of mental health promotion for adults with a profound disability.

Module/Topic	Learning objectives	Input from the participants
Rights - UN convention of Human Rights for persons with a Disability	The participants: - understand the concept of the dimension 'Rights' as dimension of the QoL-concept for adults with as profound disability; - understand strategies for creating awareness about their fundamental rights with adults with a profound disability; - understand strategies for respecting fundamental rights of adults with a profound disability by staff.	Short presentation about practical examples of promotion of awareness about their fundamental rights with adults with a profound disability. Key questions: 1. Are there differences in practices? 2. What are the main challenges of putting the concept of participation into practice? 3. What actions would you undertake to implement the concept of participation in your daily work? Sharing practical examples of successful strategies for respecting fundamental rights of adults with a profound disability by staff. In four small groups, participants will share, exchange and discuss examples and experiences of successful strategies for respecting fundamental rights of adults with a profound disability by staff. Key questions: 1. What are the main differences in the successful result? 2. What are the common challenges? 3. What have you learned from the examples?

Module	Learning objectives	Input from the participants
Social Inclusion	The participants: - understand the concept of the dimension 'Social Inclusion' as dimension of the QoL-concept for adults with as profound disability; - understand various strategies and methodologies for social inclusion; - exchange 'examples from their practice' of successful social inclusion of adults with a profound disability;	Sharing practical examples of successful inclusion results of adults with a profound disability. In four small groups participants will share, exchange and discuss examples and experiences of successful inclusion results of adults with a profound disability. Key questions: 1. What are the main differences in the successful result? 2. What are the common challenges? 3. What have you learned from the examples?
Social Inclusion and Participation	The participants: - understand the concept of participation; - can facilitate meaningful actions for participation of adults with a profound disability; - exchange 'examples from their practice' of successful participation of adults with a profound disability.	Short presentation with practical examples by each partner/participant on how they practice the concept of participation in their services to adults with a profound disability is established. Key questions: 1. Are there differences in practices? 2. What are the main challenges of putting the concept of participation into practice? 3. What actions would you undertake to implement the concept of participation in your daily work?

MODULE 15   INTERPERSONAL RELATIONSHIP – COMMUNICATION   90 minutes

Communication is simply the act of transfering information from one place, person or group to another. Every communication involves (at least) one sender, a message and a recipient. This may sound simple, but communication is actually a very complex subject. The transmission of the message from sender to recipient can be affected by a huge range of things. These include our emotions, the cultural situation, the medium used to communicate, and even our location. The complexity is why good communication skills are considered so desirable by employers around the world: accurate, effective and unambiguous communication is actually extremely hard. A communication therefore has three parts: the sender, the message, and the recipient.

The sender 'encodes' the message, usually in a mixture of words and non-verbal communication. It is transmitted in some way (for example, in speech or writing), and the recipient 'decodes' it. Of course, there may be more than one recipient, and the complexity of communication means that each one may receive a slightly different message. Two people may read very different things into the choice of words and/or body language. It is also possible that neither of them will have quite the same understanding as the sender.

In face-to-face communication, the roles of the sender and recipient are not distinct. The two roles will pass back and forwards between two people talking. Both parties communicate with each other, even if in very subtle ways such as through eye-contact (or lack of) and general body language. In written communication, however, the sender and recipient are more distinct.

Gentle Teaching is a method of communicating with persons with a severe and profound disability. Gentle teaching based on 4 pillars; teaching people to feel safe, showing them unconditional love, having others learn to become more loving towards people, and encouraging them to become more engaged in their own lives. It is a unique relational approach centered on building safe, loving and engaged relationships. Gentle Teaching creates pathways to develop these safe and caring relationships through providing leadership, invitation and example rather than trying to impose control.

	Time	What	Objectives	Materials
1	30 minutes	An introduction about the Interpersonal Relationship & Communication. An Effective Communicator: • understands the audience, chooses an appropriate communication channel, hones their message to this channel and encodes the message to reduce misunderstanding by the receiver(s); • will also seek out feedback from the receiver(s) as to how the message is understood and attempts to correct any misunderstanding or confusion as soon as possible; • encode their messages with their intended audience in mind as well as the communication channel;	The participants understand the concept of the dimension 'Interpersonal Relationship' as dimension of the QoL concept for adults with as profound disability; The participants understand the basic principles of effective communication	PowerPoint Movie

		• conveys the information simply and clearly, anticipating and eliminating likely causes of confusion and misunderstanding, and knows the receivers' experience in decoding other similar communications. Introduction of the method of Gentle Teaching: a way of Communicating with persons with a Severe and profound disability, based on the following key principles: 1. We respect each-other. 2. We accept each-other. 3. We try to understand each-other. 4. We appreciate each-other. 5. We give self-confidence to each-other. 6. We try to support each-other forward.	with adults with a profound disability; The participants are aware of the impact of communication in relation to emotional Wellbeing of adults with a profound disability; The participants can effectively communication with adults with a profound disability.	
2	90 minutes	Partners will be sharing practical examples and recommendations for effective communication with adults with a profound disability. In 4 small groups (per country/partner) the participants will discuss: 1. Discuss your practice of communication; 2. Identify elements of Gentle Teaching in your communication; 3. Identify guidelines (tips) for effective communication with adults with a profound disability. The guidelines will be presented in the format 'to do' and 'not-to-do'. (PowerPoint). Short presentation from each group.		PowerPoint Assignment
4	15 minutes	Conclusion and evaluation. Syntheses, summary, conclusion.		

MODULE 16	PERSONAL DEVELOPMENT – EMPOWERMENT	130 minutes

Empowerment helps people to effectively use their talents and capacities and to self-confidently interpret their own actions. Empowerment enhances people's performance, initiative and creativity, and enables them to assume responsibility. Empowerment, also called 'inner leadership', leads to effective relationships with people and motivates and creates space for creativity and renewal. Empowerment helps people to effectively use their talents and capacities and to self-confidently interpret their own actions. Empowerment enhances people's performance, initiative and creativity, and enables them to assume responsibility. Empowerment, also called 'inner leadership', leads to effective relationships with people and motivates and creates space for creativity and renewal. Empowering leads to greater autonomy and encourages you to make your own, independent choices. It increases your chance of successfully acquiring and preserving your place in society or on the labour market. Based on this hypothesis, the importance of establishing concise definitions of the concepts of 'empowerment' and 'empowering' become clear, and also how to give these concepts a concrete shape.

	Time	What	Objectives	Materials
1	30 minutes	An introduction in the topic of Empowerment. Empowerment should always be viewed from two perspectives: 1. The empowerment of the individual or group; this is about the extent to which the individual or group is capable of feeding from own control in his/her process; 2. The environment: that is, the degree to which the environment enables the individual or group or gives room to develop empowerment. The concept of empowerment can be understood from the 6 dimensions: - Positive identity - Impact - Self determination - Group orientation - Meaning - Competences.	The participants: - understand the concept of Empowerment as a key aspect of the QoL concept for adults with as profound disability; - understand the basic principles of Empowerment with adults with a profound disability; - understand the method of 'measuring' the level of empowerment of the 6 dimensions.	PowerPoint Movie
2	90 minutes	Workshop: Participants will carry out an individual assessment. The scope of the assessment will be their behaviour in their own organization/department/location: - Individual self-assessment on 'empowering environment';		PowerPoint Assignment Excel file

- Benchmarking: Comparing and sharing the individual outcome of the self-assessment;
- Identifying measure for change/improvement.

4	10 minutes	Conclusion and evaluation.	The participants understand how to identify valid and relevant outcome for the QoL approach of their own organisation.

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MODULE 17	PERSONAL DEVELOPMENT – LEARNING	180 minutes

Concept of personal development as a dimension of Quality of Life, focusing on learning.

Difference between implicit and explicit learning and the neuropsychological bases.

Concept of long-life learning.

Network to promote learning conditions.

Communication channels.

Practical examples of strategies for enhancing learning for adults with a profound disability.

	Time	What	Objectives	Materials
1	40 minutes	Theoretical presentation: an introduction about the concept of learning.	The participants have knowledge and understanding about learning concepts.	PowerPoint
2	60 minutes	Interactive session: the participants will discuss and share their point of view and some practical tips and strategies of enhancing learning for people with profound disability. Sharing practical examples.	The participants are able to focus on the strategies they know and to discuss on how effective they are in promoting learning.	Flip-over (PowerPoint)
3	60 minutes	In small mixed groups share practical examples and experiences and try to identify differences and communalities in the practices. At the end identify and write successful practices.	The participants have exchanged examples from their practice. Identify differences and commonalities	Paper Flip-over Post-it
4	20 minutes	Summary, evaluation and conclusions	The participants have improved their skills in supporting learning of	Flip-over

adults with a profound
disability.

MODULE 18	SELF-DETERMINATION	120 minutes

This module consists of:

- Definition of Self-Determination;

- Construction Process of Self-Determination;

- Self-Determination Theory;

- Historic evolution of the concept.

	Time	What	Objectives	Materials
1	20 minutes	An introduction about the concept, construction process, theory and history of self-determination.	The participants have knowledge and understand the concept of 'self-determination' as dimension for QoL concept for adults with a profound disability.	PowerPoint
2	15 minutes	In small groups, the participants will be sharing practical examples of self-determination and non-self-determination behaviour of people with profound and severe disabilities of each institution/partner/country.	The participants are able to identify self-determinated and non-self-determinated behaviour in people with severe and profound disability.	Exercise 1
3	30 minutes	In four small groups organized per country, participants will discuss which are self-determination and non-behaviour. This will be presented to the group and organized according to its classification.	The participants will be able to classificate each kind of behaviour, according to its characteristics.	Exercise 2
4	45 minutes	In four small groups organized per country, participants will present a role-playing, where a situation of self-determination behaviour is described. After finishing the role-playing, recommendations of what "to do" and "not to do" will be presented in PowerPoint.	The participants will be able to present situations of self-determination.	Exercise 3 PowerPoint

| 5 | 10 minutes | Syntheses, summary and conclusions. | The participants will be able to facilitate a process of 'making-a-choice' by a person with a profound disability. | PowerPoint |

		MODULE 19 — SELF-DETERMINATION – CO-PRODUCTION IN DESIGN OF INDIVIDUAL PLAN	30 minutes

As Javier Tamarit states, "the Quality of Life of the person is less influenced by what they have than by what you decide to do with what you have". Therefore, having control over your own life is not only a right, but it is key to enjoying a full and happy life, being the author of your own life.

Person Centered Planning (PCP) is a methodology that helps the person, accompanied by her circle of support, to identify what a good life is for her and to establish her own path to be able to enjoy it. This approach is based on the capabilities of the person, their tastes and preferences, and their dreams and aspirations for a full life. The values on which it is based are presence in the community, friendship and meaningful relationships, contributions and valued social roles, the choice and increase of control over life and the development of skills.

The support plans of each service must be guided by the PCP, taking into account not only what is important from the person, but also what is important for the person.

	Time	What	Objectives	Materials
1	5 minutes	Conceptual framework.	Understand the importance of self-determination in the Quality of Life of the person.	PowerPoint
2	10 minutes	What is PCP and different approaches?	Know the principles and values on which PCP is based and the different approaches.	PowerPoint Bibliographic references
3	10 minutes	How to do PCP and how the process is facilitated.	How to do PCP and how the process is facilitated	FSFB Guide and Worksheets
4	5 minutes	Linking the PCP to support plans.	Identify how support plans are built from the PCP	PowerPoint Bibliographic references

MODULE 20	EMOTIONAL WELL-BEING – MENTAL HEALTH PROMOTION	130 minutes

Starting from the reflection on the dimension of emotional well-being from the perspective of being a basic dimension of the human being and from the review of the models that address their fundamental needs and their specific intervention for the target population. We delve into the model of Schalock and Verdugo and the indicators that they have selected as fundamental in the dimension of emotional well-being. Once we have delved into this model, we present the different partner organizations of the project practical examples on the development and support of emotional well-being in people with profound and severe intellectual disabilities.

	Time	What	Objectives	Materials
1	5 minutes	Introduction	Reflect on what happiness is. What makes us feel good.	
2	20 minutes	Work Group Session: thinking about indicators of emotional well-being dimension. Review of Maslow's Human Needs Model. Review of the Frölich model of the needs of people with multiple disabilities. Comparative reflection of both models and the indicators resulting from group work. Fröhlich human needs.	Reflect on the fundamental needs of the human being and its relationship with emotional well-being. Reflect on the specific needs of the target people of the project and their relationship with emotional well-being. Coproduction about indicators of emotional well-being dimension.	PowerPoint

3	45 minutes	Shalock and Verdugo's indicators of emotional well-being:
		
		   - Joy/Happiness (Satisfaction in life, Mood (frustration, happiness, sadness), Pleasure, enjoyment);
		
		   - Self-concept (Body image, Self-esteem/self-value, Identity);
		
		   - Lack of stress (Safe and stable environment, Stress management);
		
		   - Mental Health.
			Understand the concept of the dimension 'Emotional Well-being' as dimension of the QoL-concept for adults with as profound disability.
			
			Have gained knowledge about methods and techniques to identify individual expressions of well-being with adults with a profound disability.
			
			Have gained knowledge and strategies about health promotion for adults with a profound disability.
				PowerPoint

4	60 minutes	Short presentation about practical examples of health promotion for adults with a profound disability: presentation 'examples from the practice' on promotion of health for adults with a profound disability (15 minutes for each partner - San Rafael, APPC Faro, Josefheim, Opera Don Calabria).	Learning about the 'examples from their practice' on promotion of health for adults with a profound disability.	PowerPoint
5	20 minutes	Synthesis, summary and conclusion.	Participants understand the concept of emotional well-being, the indicators of this dimension and tools to develop it.	

MODULE 21	RIGHTS – UN CONVENTION OF HUMAN RIGHTS FOR PERSONS WITH A DISABILITY	150 minutes

The Convention on the Rights of Persons with Disabilities was adopted on 13 December 2006 at the United Nations. There were 82 signatories to the Convention, 44 signatories to the Optional Protocol, and 1 ratification of the Convention. The Convention follows decades of work by the United Nations to change attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

	Time	What	Objectives	Materials

1	60 minutes	The Human Rights:
		
		    - WHAT ARE HUMAN RIGHTS?
		
		    - WHERE WE FIND THEM?
		
		    - HUMAN RIGHTS
		
		Principles of Convention on the Rights of Persons with Disabilities
			Understand the concept of dimension "Rights" as a dimension of QoL- concept for adults with a profound disability.	PowerPoint
				
				Video

2	45 minutes	Sharing practical examples of strategies for support adults with a profound disability to promote awareness of their rights.	Understand strategies for awareness the fundamental rights for adults with a profound disability.	PowerPoint Video
3	45 minutes	Sharing practical examples of strategies for respecting Rights.	Understand strategies for how to respecting fundamental rights of adults with profound disability.	PowerPoint Video

MODULE 22	SOCIAL INCLUSION	150 minutes

Social exclusion is the specific situation whereby certain people, due to various factors of disadvantage or social vulnerability, live in material and mental living conditions that prevent them from feeling and developing fully as human beings, feeling like a citizen in their concrete projection in each social context or feeling part of the reference society (Subirats, 2004).

Intellectual or developmental disability is one of the factors that puts a person at risk of being excluded. Therefore, social inclusion is an important goal for people with intellectual and developmental disabilities, families, service providers and policy makers. However, the concept of social inclusion remains unclear, due to multiple and contradictory definitions in research and policy.

However, the analysis of the main domains that are related to inclusion makes it possible to identify strategies that help people with disabilities to access the living conditions accessed by any other citizen without disabilities. We will focus on the domains of participation and interpersonal relationships, applied to severely affected people with disabilities and we will identify practices at the individual level, at the inter relational level, at the organizational level and at the community level that allow progress towards a more effective inclusion for these people.

	Time	What	Objectives	Materials
1	30 minutes	Reflecting on the differences regarding the social inclusion of the people we support and the people with disabilities. Identify obstacles and opportunities to reduce these differences. (Work is done individually, then in a group by country and the conclusions are presented to the whole group).	To become aware of the situation of exclusion of the most severely affected people with disabilities and of the opportunities to overcome this situation.	Relationship map Map of places Post-it Board
2	30 minutes	Conceptual framework of social inclusion	Understand the concept of social inclusion and the domains it includes.	PowerPoint
3	40 minutes	Analyze the activities that we offer to the people we support according to their category and structure and their levels of participation and identify the factors that allow the development of more inclusive activities.	Identify activities in our organizations that contribute to inclusion.	Worksheet
4	40 minutes	Present some practical examples of activities or programs that have had good results in inclusion.	See examples of inclusive practices from partners that inspire everyone.	PowerPoint

| 5 | 10 minutes | By way of conclusion, conditions will be presented that may enable or hinder inclusion. | Identify the conditions that make inclusion possible, both at the individual level, as well as at the organization and community level. | PowerPoint COESI questionnaire |

MODULE 23	SOCIAL INCLUSION AND PARTICIPATION	180 minutes

"Keeping the person in the centre" is the guiding principle of many social service providers in Europe. These organisations have various concepts for achieving a better Quality of Life and the greatest possible participation in all areas of life, even for people with severe and profound disabilities. Social inclusion and participation have a special focus.

This module looks at the different perspectives on participation. From an international, European, national and institutional perspective, different aspects of participation are examined. It will be made clear what social inclusion and participation means and how this can also be achieved for people with severe and profound disabilities.

1. Participation in a worldwide perspective:

   - UN-Convention on the Rights of Persons with Disabilities;

   - ICF – World Health Organization.

2. A European perspective on participation:

   - Participation as a principle for Quality in European Quality in Social Services (eQuass).

3. A German perspective on participation:

   - The new German law on participation for people with disabilities (Bundesteilhabegesetz).

4. An organisational perspective on participation:

   - "Modern participation management: person-centred, ICF-based, digital" (A good practice example at the Josefsheim Bigge).

5. Exchange of good practice examples of successful participation of adults with a profound disability.

	Time	What	Objectives	Materials
1	5 minutes	Overview of the programme and the timetable. Explaining the learning objectives of this module.	The participants: - understand the concept of participation; - can facilitate meaningful actions for participation of adults with a profound disability;	PowerPoint Presentation

			- exchange examples from their practice of successful participation of adults with a profound disability.	

2	30 minutes	Introduction into the topic:
		
		• What is participation?
		
		• Why is participation important?
		
		Working group session I:
		
		1. Your personal perspective on participation
		
		(3 examples of your personal participation)
		
		What – Where – When – Why ?
		
		Think-Pair-Share-Method
		
		Example:
		
		What: Singing in a choir; Where: youth and citizens´center; When: every Wednesday; Why: for relaxation, emotional well-being and to be a part of a small community.
		
		Working group session II:
		
		2. Participation of people with disabilities:
		   • What can we do to promote service users participation?
		   • Target groups:
		      - People with disabilities on different levels of cognitive abilities;
		      - People with severe and profound disabilities?
		
		Presentation of working group results in plenum.
			This technique requires participants to (1) think individually and from a personal perspective about this topic and (2) share own experiences with other participants.
			
			In this working group session participants to (1) think individually about this topic in relation to specific target groups and (2) share own experiences with other participants.
				YouTube video: "Activity and participation"

3	30 minutes	Participation in a worldwide perspective:	The participants:	PowerPoint

- UN-Convention on the Rights of Persons with Disabilities

  - Article 29 – Participation in political and public life

  - Article 30 – Participation in cultural life, recreation, leisure and sport.

- ICF – World Health Organization

  - ICF model

  - ICF chapters for activity and participation

    - D1 Learning and applying knowledge

    - D2 General tasks and demands

    - D3 Communication

    - D4 Mobility

    - D5 Self-care

    - D6 Domestic life

    - D7 Interpersonal interactions and relationships

    - D8 Major life and areas

    - D9 Community, social and civic life

  - S.M.A.R.T. goal setting

    - Specific

    - Measurable

    - Accepted

    - Reasonable

    - Time-Bound

  - Focus on ICF chapter D9 Community, social and civic life

    Example:

- have some basic knowledge on the UN-Convention of the rights of persons with disabilities in relation to participation;

- have some basic knowledge on the ICF in relation to participation;

- learn to formulate the goals of participation SMART.

o   D920 Recreation and leisure

o   Objective: I visit a Beyoncé concert in 2020 in Cologne

o   Activity: Organisation of and assistance at the concert

Working group session III:

Please describe 3 examples of participation SMART

Presentation of one result per working group results in plenum

| 4 | 10 minutes | A European perspective on participation:

• Participation as a principle for Quality in European Quality in Social Services (eQuass)
   - The European Quality in Social Services (EQUASS) is an initiative of the European Platform for Rehabilitation (EPR);
   - EQUASS enhances the social sector by engaging social service providers in continuous improvement, learning and development, in order to guarantee service users quality of services throughout Europe;
   - EQUASS Principles for Quality:
    1. Leadership
    2. Staff
    3. Rights
    4. Ethics
    5. Partnership
    6. Participation
    7. Person-centred approach
    8. Comprehensiveness
    9. Results-Orientation | The participants have some basic knowledge on the EQUASS principles for quality. | PowerPoint presentation |

10. Continuous improvement;

- Levels of recognition of quality

EQUASS offers two types of external audits leading to a recognition of the quality of services provided by a European Social service provider:

- EQUASS Assurance
- EQUASS Excellence

5	50 minutes	Participation. Criteria for EQUASS Assurance. The principle of "participation" should be evidenced in its approach, deployment and results by the following criteria: ☐ Involvement of the person served; ☐ Empowerment of the person served. Working group session IV: Please give concrete examples how your organisation meets this quality criteria in relation to participation.	The participants have some basic knowledge on the EQUASS principles for quality. The participants have knowledge and understanding on participation as the EQUASS principle for quality.	Copies of the EQUASS principle "Participation" with its criteria and indicators
6	10 minutes	Optional: A German perspective on participation: ☐ The new German law on participation for people with disabilities (Bundesteilhabegesetz - BTHG): - Overview of the substantial contents and aims; - Exemplary benefits for people with disabilities.	The participants will get an impression about the new law and its substantial impact on the provision of basic services in Germany.	Quiz: Right or wrong
7	10 minutes	An organisational perspective on participation:	The participants have knowledge and understanding of a best	PowerPoint presentation

		"Modern participation management: person-centred, ICF-based, digital" (A good practice example at the Josefsheim Bigge) Procedure of participation planning: 1. Needs assessment; 2. Participation planning; 3. Service provision; 4. Evaluation.	practice example on a modern participation management.	
8	40 minutes	Input from the partners. Short presentations with practical examples by each partner how they practice the concept of participation in their services to adults with a profound disability is established: 1. San Raphael (10 minutes); 2. APPC Faro (10 minutes); 3. Josefsheim Bigge (10 minutes); 4. Opera Don Calabria (10 minutes).	The participants have knowledge and understanding of good practice examples on a modern participation management.	PowerPoint presentations Film sequences Pictures
9	20 minutes	Discussion: Key questions • Are there differences in practices? • What are the main challenges of putting the concept of participation into practice? • What actions would you undertake to implement the concept of participation in your daily work?	Exchange of experiences. Learning from each other. Implementation of good practices into the services of the own organisation.	
10	5 minutes	Summary and conclusions.	The participants: - understand the concept of participation;	

- can facilitate meaningful actions for participation of adults with a profound disability.

2.3   BEST PRACTICES TO PROMOTE QUALITY OF LIFE (3RD TRAINING AND LEARNING EVENT)

IDENTIFYING LEARNING OBJECTIVES

Project partners were asked to identify and to describe what they would like to learn (learning objectives) from each of the selected proposals for 'Best Practice'. The learning objectives were the basis for designing the curriculum (training and learning program) of the 3rd learning event of the project.

Learning objectives were formulated in the following categories:

1. **What kind of knowledge do you want to gain from this project?** (offered by theoretical information)

2. **What kind of skills and competences do you want to gain from this project?** (offered by practical exercises)

Below is an example of a brief description of one of the proposals selected for 'Best Practices'. Project partners were asked to add what they would like to learn from each of the selected proposals, and the expressions should be declared on behalf of the organization so that the internal discussion between people who would participate in the 3rd learning event would be useful, and so that the learning objectives represented the needs and expectations of the participants.

Project 1		**Between Neighbours (San Rafael)**
Abstract		A new day care service was opening in the community put set that up. Its purpose is to bring a response to the needs and expectations of people with intellectual disabilities with extensive or generalized support needs who are finishing their school years and for the ones who, due to their prolonged institutionalization, have greater difficulties in developing life projects in normalized and community environments. This service offers personalised support in community environments in a way that each person who participates can develop their personal project, developing their abilities, making valuable contributions to the community, establishing meaningful relationships with neighbours and enriching one self's life and others. For detailed description, see: Annex 1.

Knowledge		Please describe what theoretical information you would like to gain from this project?
Knowledge	1	
	2	
	3	
	4	

Skills & Competencies		Please describe what practical skills & competencies you would like to gain from this project?
Skills & Competencies	1	
	2	
	3	
	4	

LEARNING OBJECTIVES AND TRAINING TOPICS

Module	Participants know:	Participants are aware of:	Practical have experienced:
Between Neighbours Project	- The project's institutionalization model; - The impact of institutionalization on the Quality of Life of the participants; - The results achieved by the project in improving the Quality of Life of the participants; - How to evaluate the initial score of Quality of Life.	- The difference between segregated service and day care service in the community; - The involvement of the community in the development of the daily structure.	Not applicable.
Quality of Life Assessment	- The scientific background of the San Martín Scale: What does Quality of Life mean and how can I measure it; - The path of the Quality of Life assessment; - The use of the San Martín Questionnaire.	- The sensibility of the scale to detect changes in short term periods; - How to define "participation and active inclusion;" - How QoL assessment detect changes.	- How to use the results of the San Martín Scale; - The procedure whereby the results in the QoL assessment generate changes in each person; - The procedure whereby the results in the QoL assessment generate changes in society; - The procedure whereby the results in the QoL assessment generate changes in the organization.
Rights	- The scientific new model of disability (2018); - The bio-psycho-social and justice disability model. - The concept of empowering people with severe disabilities	- Effective strategies to promote equal opportunities; - The concept of empowering people with severe disabilities and basic attitudes.	- How to use the result of the dimension "Rights" of San Martín Scale; - How to promote customer empowerment; - Examples of training empowerment.

		- Security and safety aspects in empowering people with severe disability.	
Digital communication for young adults with multiple disabilities	- The Effective AAC systems / digital communication model; - The most effective AAC tools; - The results achieved by the project in improving the Quality of Life of the participants; - The Impact of AAC systems in people's Quality of Life.	- The available tools for digital communication, including the skills needed to use them; - The impact of ACC systems in people's Quality of Life; - The meaning and use of digital communication in everyday life.	- Using some of the tools; - Evaluating the success of the communication. - Handling the ACC practiced in everyday life.
SOKOOR Project	- The project's scientific model; - How to develop independent living skills in people with profound disabilities; - The needed support systems including personal assistance; - The results achieved by the project in improving the Quality of Life of the participants.	- The impact of integrated participation on the Quality of Life of the participants in the project; - Professional competences needed for the technical and support team; - The best way to communicate for people with disabilities.	Not applicable.
Person Centred Planning	- The theoretical model of PCP - The process of designing a personal program, proposing activities orientated to the emotional and affective sphere. - The impact in the different Quality of Life dimensions.	- The necessary organizational changes; - The impact of this practice on the Quality of Life of the participants in the project; - The role of the people involved in the development of the Person-Centred Plan.	- How to make a Person-Centred Plan: a) By involving and enhancing person's motivation for setting new goals, overcoming the trauma and adjusting expectations; b) By facilitating the person and the family participation; c) By incorporate the identified goals to the personal plans.

MODULE 24	BETWEEN NEIGHBOURS PROJECT	150 minutes

For real inclusion it is necessary to transform the organizations from a service-centred approach to a person-centred approach in which the person is part of his/her local community.

This module aims to contribute to the identification of strategies for a greater presence, participation and contribution in the community as the best way to support the personal development of young people with intellectual disabilities, including those with complex and high needs of support.

For the support of adults with severe and profound intellectual disabilities it is necessary to create support services in communitary contexts instead of in segregated centers. These services should be of a small size and be very well connected with the Community. It is also necessary to develop a set of processes that really connect people with their neighbourhood.

	Time	What	Objectives	Materials
1	30 minutes	Presentation of how the good practice arose, the objectives it seeks, the activities carried out, the obtained results and the current and future challenges.	Share the experience "between neighbours"	Presentation and video
2	30 minutes	Each country is asked to identify the key elements of the practice based on a worksheet in which they have to separate the different levels of the system. Then, the identified results are shared.	Identify the key elements of the practice that have an impact in the Quality of Life of the people.	Worksheet with levels: micro, meso and macro
3	90 minutes	<We show how to map the neighbourhood> Each country identifies a person who knows the community spaces and resources well. From the chosen person's preferences and strengths, each partner develops the worksheet "Finding opportunities in the community".	Find opportunities in the community	Video Example of a map Worksheet

		MODULE 25	QUALITY OF LIFE ASSESSMENT		210 minutes

Quality of Life is defined as a desired state of personal well-being that: (a) is multidimensional; (b) has universal properties and properties related to culture; (c) has objective and subjective components; and (d) is influenced by personal characteristics and environmental factors.

APPC is committed to promoting the Quality of Life of people with disability, translating into a vector that guides practices and interventions within the scope of the services provided. It is about achieving equal opportunities, participation and excellence, in such a way that the clients can fully develop their potential, according to their specificities, providing individualized support based on a person-centred model.

	Time	What	Objectives	Materials
1	60 minutes	Detailed information concerning: - Quality of Life Models; - Quality of Life in Disability; - Quality of Life conceptual and measurement model; - Advantages of adopting Schalock and Verdugo's Model; - Short introduction into the topic "Quality of Life Assessment using San Martín Scale.	Share the theoretical model of Quality of Life adopted by the institution.	PowerPoint
2	60 minutes	Practical information about: - Continuous improvement in Quality of Life; - Continuous quality improvement; - Improving QoL of service users. Taking into consideration: - Selected outcome ;	Share APPC's approach to using Quality of Life assessment results for the continuous improvement process.	PowerPoint

		- Evidence-based practice measurement approach (Schalock, Verdugo and Gómez, 2011); - Why measure outcomes?		

3	90 minutes	Exercise:
		
		 - Working in small groups based on concrete practical assignments (per country group);
		
		 - Through your experience, how to use the results of the San Martín assessment to generate changes in :
		
		     • each person with severe disability;
		
		     • the organization;
		
		     • the society.
			Reflect on how to use the results of the San Martín Scale to generate change in each person, in each organization and in society.	Working in small groups based on concrete practical assignments

MODULE 26	RIGHTS	170 minutes

The most recent conception of disability (Schalock et al., 2010) refers to the mismatch between the competencies of a person and the demands of the environment. The Holistic Model used in intervention in rehabilitation, advocates a systemic vision, in which the person and his environment constitute a whole. In addition to individual biological particularities, they also include social, psychological, environmental, cultural and justice idiosyncrasies. The focus of intervention is centered on the person, in their physical, social and community environment. The strategies developed by APPC to promote empowerment and the rights of people with severe and profound disabilities based on these models will be shared.

	Time	What	Objectives	Materials
1	20 minutes	Main characteristics of the different perspectives in disability.	Sharing the new conception of disability perspectives.	PowerPoint
2	60 minutes	The concept of empowerment and the operationalization of the model at APPC. Rights of Persons with Disabilities and the strategies for creating awareness about the Rights of APPCs users .	Share APPC's approach to empowerment and Quality of Life for people with disabilities.	PowerPoint Videos
3	90 minutes	Through your experience: 1. Give two examples of your organization's strategies to promote the rights of people with disabilities; 2. Explain how the person with a disability is empowered in the examples given above; 3. How does your organization apply the results obtained by promoting the rights of people with disabilities to promote a more fair and inclusive society (give an example)?	Reflect on strategies to promote empowerment and the rights of people with disabilities.	Working in small groups based on concrete practical assignments (per country group) Sharing experiences and discussion in a large group

MODULE 27	DIGITAL COMMUNICATION FOR YOUNG ADULTS WITH MULTIPLE DISABILITIES	120 minutes

'Digital communication for young adults with multiple disabilities' defines a practice, which covers most of the pedagogical work at the Lykke Marie Home in Slangerup in Denmark. It is one of our defined goals to become a leading provider of Augmentative and Alternative Communication (AAC), including digital communication for young adults with multiple, profound disabilities. It is a digital communication form that is based on high-tech solutions and research in artificial intelligence (AI). Individuals with very limited or no speaking ability need other means of communication than speech to be able to say what they want; when they want it; and to whom they want. Therefore, their access to AAC is crucial for their participation in and Quality of Life.

	Time	What	Objectives	Materials
1	45 minutes	Definition of communication. Communication model. Why is communication important? Perceptions, Typical communication for people in need of ACC.	Communication and the relational thinking behind AAC	PowerPoint with video
2	45 minutes	Augmentative and Alternative Communication (AAC). Types of AAC. Digital communication. Types of digital communication. Tobii/communicator with eye control.	AAC tools.	Power Point
3	20 minutes	The impact of digital communication on Quality of Life. Benefits of AAC. Setup and customization. Construction of the communication aid. General models. Situation-specific organization.	Digital communications.	Power Point

		Activity-based organization.		
		Pragmatic organization.		
		Grammatical organization.		
		Category organization.		
		Programming/updating, Programming GoTalk Now.		
4	10 minutes	Application process in Denmark.	The impact of AAC and digital communication in the individual's Quality of Life.	Power Point
		The role of the client.		
		The role of the relatives.		
		The role of the professional caregivers.		
		The cost of communication aids.		
		Rounding and feedback.		

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MODULE 28	SOKOOR PROJECT	180 min

We will present models of good practise derived from the project SOKOOR (KOmmunication and ORientation in the SOcial environment). The project aims to shape communication in such a way that people who have linguistic, cognitive or complex disabilities can live more self-determined and independent lives. In doing so, we give example of using easy language/pictograms/electronic devices both within the institution and the wider social environment (local businesses and public bodies).

	Time	What	Objectives	Materials
1	60 minutes	Presentation of the project, models of good practise. Application within the Josefsheim Residential home. Workshop for disabled people and the social environment. Preparation and organisation of group work.	Participants learn methods to improve communication of people with disabilities, …. gain knowledge about possible obstacles and solutions in implementation.	PowerPoint Video clips
2	60 minutes	Group work.	Reflect the situation in participants' own organisation and wider social environment. Transfer project proposals to each own situation. Develop ideas for change/improvement.	
3	60 minutes	Presentation of group work (app. 10 minutes/group), plus questions and answers.	Participants receive feedback for their own ideas, … learn from different sites and cultural backgrounds, … will broaden own view.	PowerPoint Pictures Drawings

MODULE 29	PERSON CENTRED PLANNING	240 minutes

Short theoretical presentation (PCP, principles, differences with educational project), references from literature about taking care of, references about congenital and acquired disability, presentation about SAO's taking care of, references to the educational project, introduction to working in groups.

	Time	What	Objectives	Materials
1	30 minutes	Theoretical presentation PCP.	General theoretical knowledge of PCP.	PowerPoint presentation
2	30 minutes	Taking care of, distinction between projects about congenital and acquired disability, SAO's educational plan, references to the Quality of Life.	Analysis of the aspects related to the creation of PCP.	PowerPoint presentation
3	30 minutes	Questions and discussion.	Focus on the main themes.	PowerPoint and Word presentation Screen sharing
4	30 minutes	Presentation of practical cases (2 for each partner).	Focus on practical cases.	PowerPoint presentation Video
5	90 minutes	Working in small groups.	Discussion about concrete practical assignments connected to the morning presentation	PowerPoint presentation
6	30 minutes	Feedback and discussion.	Sharing practical experiences and knowledge	PowerPoint presentation

RECOMMENDATIONS FOR USING AND IMPLEMENTING THE TRAINING PROGRAM

- Identify the learning needs of professionals who are responsible for improving the QoL of service users;

- Take advantage of flexible module selection depending on training need;s

- Choose the relevant modules from the training program that meet the needs of professionals (eg Case Manager);

- Contact project partners in delivering the identified modules;

- Some modules can be easily trained by your professionals;

- For training some modules, you may need external experts/specialists;

- Train some professionals as QoL4ALL experts (as multiplier/"Train-the-Trainer");

- Provide the entire training program for all new staff members who work directly with adults with severe disabilities;

- Present education program topics on the agenda of an internal pedagogical Forum (information-discussion-exchange of experiences).