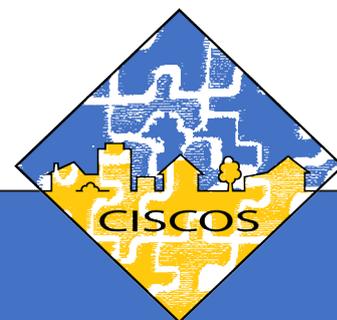




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CISCOS - *Part 4*

Course Workbook

Connecting inclusive social planning,
community development and service
provision for persons with disabilities / CISCOS

Connecting Inclusive Social Planning, Community Development and Service Provision for Persons with Disabilities / CISCOS

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The CISCOS Training Package includes contributions from the following teams and its members:

Centre for Planning and Evaluation of Social Services (ZPE) / University of Siegen

Siegen / Germany

Martin F. Reichstein | Johannes Schädler | Lars Wissenbach | Paul Anderson

Andreas Hohmann | Heike Krütt

European Association of Service Providers for Persons with Disabilities (EASPD)

Brussels / Belgium

Claire Cambier | Asel Kadyrbaeva | Sasha Leone | Sandra Lima | Domenico Manente

Adriana Popa | Mélanie Soylu | Rachel Vaughan | Jeff van Hecke | Sydney van Ihering

SGH Warsaw School of Economics

Warsaw / Poland

Piotr Błędowski | Pawel Kubicki | Magdalena Kocejko | Olga Pankiv

University of Seville / Health & Territory Research

Seville / Spain

Marco Garrido Cumbreira | Sergio Sanz Gómez | Olta Braçe | David Gálvez Ruiz

CUDV Draga

Ljubljana / Slovenia

Valerija Buzan | Barbara Hegeduš | Vojka Polc Lipovsek | Majda Maklin | Metka Novak

Matej Pelicon | Itana Parapid | Jana Petje | Tadeja Petje | Tatjana Popović

Barbara Rozman | Rok Usenik | Sabina Zupan

Hand in Hand Foundation

Budapest / Hungary

Lucia Csabai | Adrienn Gazsi | Akos Pordan

City of Lund / University of Lund

Lund / Sweden

Lena Bråberg-Svensson | Maria Derand | Petter Eiring | Anne Jüriado Kammenhed

Lilian Müller | Bitte Rydeman | Malin Sjögren

Panagia Eleousa

Messolonghi / Greece

Christina-Maria Karampela | Mina Kyziridi | Ioulia Lakka | Theofani Tsimpouraki

Disability Federation of Ireland

Dublin / Ireland

Toni Gleeson | Joan O'Connor | Áine O'Sullivan | Meredith Raley

Text review

Kirstie Crail

Amsterdam / The Netherlands

Layout

University of Siegen – UniPrint

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Curriculum Element 1:

**Planning Approaches on the
Implementation of the UN CRPD
and Consequent Implications
for Service Providers**

Worksheet CE1-1: Disability and Human Rights

Tasks¹

1. Please discuss the relation between impairment and disability with your direct neighbour. What possible barriers are persons with disabilities confronted with? How could those barriers be overcome? What could the local governments, DPOs, and relevant organisations do with regard to the barriers you identified?
2. In which aspects of life are persons with disabilities at risk of being discriminated against with regard to their human rights? What do you know about the living conditions of persons with disabilities in your area?

Time

Please take 15 minutes to read the text, take notes and complete the tasks.

Example: Articles 1 to 3 of the UN CRPD

The initial three articles of the UN CRPD deal with the purpose of the convention, definitions and general principles.

Article 1 - Purpose

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental,

¹ Feige et al. 2016.

intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Article 2 - Definitions

For the purposes of the present Convention:

- “Communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.
- “Language” includes spoken and signed languages and other forms of non-spoken languages.
- “Discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.
- “Reasonable accommodation” means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.
- “Universal design” means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

Article 3 - General principles

The principles of the present Convention shall be:

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- (b) Non-discrimination;
- (c) Full and effective participation and inclusion in society;
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- (e) Equality of opportunity;
- (f) Accessibility;
- (g) Equality between men and women;
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Worksheet CE1-2: The Importance of the Local Level

Tasks

Based on CISCOS Manual Chapter A 4.1.2 and the example below:

1. What are the competences of the German Intermediate Level and the German Local Level?
2. What is the relevance of these competences with regard to the inclusion of people with various types of impairments?
3. Who might be further relevant stakeholders when it comes to ensuring the inclusive implementation of these competencies (from civil society, private sector, other)?

Discuss these questions in small groups. Consolidate your results and present them to the whole study course group.

Time

Please take 20 minutes for group work and 5 minutes for presenting your results.

Example

The box below gives an overview of the structures and competencies of the German Intermediate and Local Levels.

The German Intermediate Level (NUTS 3²): 294 counties (Kreise) and 107 independent cities (Kreisfreie Städte). The county assembly (Kreistag), which is

2 NUTS 3: EU geocode standard for small regions of 150.000 – 800.000 inhabitants

the legislative body, is composed of members elected by direct universal suffrage. The county president (Landrat) is elected either by the county assembly or by direct universal suffrage. The county office (Landratsamt/Kreisverwaltung) is the county's executive body and is composed of civil servants recruited by the county or by the region.

The counties' competences comprise the following areas: Construction and maintenance of intermediary roads, social services and youth, collecting and managing household refuse, health care, food safety, protection of nature and environment, foreign affairs, disaster management and public transport.

The German Local Level (LAU³): 11 500 municipalities (Gemeinden) and cities (Städte).

The local council⁴ and the mayor (Bürgermeister) are elected by direct universal suffrage. The local council is the municipality's central body. It forms the legislative organ and makes most of the decisions. The local council holds a monitoring and controlling function vis-à-vis the mayor and local administration.

The municipalities' and cities' competences comprise the following areas: urban planning, municipal taxation, public security and order, municipal roads, public transport, water supply and waste water management, flood control and management, firefighting, social aid and youth, child care, housing, school building and maintenance and cemeteries.

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CCRE (n.d.): Local and Regional Government in Europe. Structures and Competences.
http://www.ccre.org/docs/Local_and_Regional_Government_in_Europe.EN.pdf

3 LAU: EU geocode standard for Local Administrative Unit (Subdivision of NUTS 3, formerly NUTS 4/5)

4 The Council System exists in all German regions except for the region of Hessen which is based on a magistrate system (Magistratsverfassung).

Worksheet CE1-3: Local Implementation and Path Dependency

Tasks:

1. Read the text and take notes on the developmental path presented. Then describe the main developmental path in your own words.
2. The district described is developing a concept for conducting a local inclusive planning process. How can the information presented in the text be helpful for the persons responsible? Why is the understanding of local developmental paths in a given field important to reflect on in local planning processes? Please also refer to the information given in the Comprehensive Curriculum Chapter 4.1.2, section "Local Implementation and Path Dependence". Feel free to discuss and include other aspects that you find appropriate.

Time:

Please take 20 minutes to read the text, take notes and deal with the tasks.

Example: Understanding Developmental Paths in a Local Disability Field

During a research project on local service provision fields in a rural district, the developmental path of the local disability field is assessed.

The services for people with disabilities in X are historically closely linked to the development of the special schools in the district. Until today these are almost exclusively under public sponsorship or under sponsorship of service provider A. The first services were established by this provider as complementary offers for pupils of their schools. In the mid-1990s, provider A had four residential homes, mainly for people with so-called mental disabilities. The historical im-

portance of provider A for services for people with disabilities in X explains its size in comparison to other providers, which has remained unchanged to the present day. Other associations, such as service provider B, did not offer their own services until the 1980s. During this time, provider B in particular saw itself primarily as a representation of relatives and maintained close contacts with provider A in this context.

The first signs of a differentiation of the disability field became apparent in the mid to late 1980s. In 1986 provider B opened a centre for free-time activities, in 1988 a respite care service was added. Both offers still exist today and form the Open Services division of provider B. In 1989, provider B and A reached an agreement on the future cooperation between the two organisations. This applied to both leisure activities and housing. Following this, B opened a group home in the town of Z in 1990, which is now run by the organisation's regional association. Further group homes run directly by the regional association were opened in 1998 and 2003.

In 1993 association C was founded, acting as a service provider in the disability field since 1995. First, they opened a counselling centre, followed by a respite care service in 1996. A special feature of provider C is its exclusive specialisation in supported living and inclusive services. Supported living services have been available in district X since 2003 when provider C started its service. At the same time, an initiative for a supported living service was founded in the context of service B. This led to the establishment of a supported living service by their regional association.

In the meantime, ten providers offer different services for people with disabilities in the district. This development is attributed by people working in the field primarily to the increasing acceptance of supported living services and to structural changes on a regional level in 2003. Interviews with actors in the field show an increase in competition between the service providers since that time. In February 2012, the district administration was commissioned by the district

council to prepare a report on inclusion. In September 2014, the council adopted the first report for the district and at the same time commissioned the continuation of a planning process that had already begun. This process is not yet complete.

Worksheet CE1-4: Participation in Local Development and Decision-Making

Tasks:

Based on the Comprehensive Curriculum Chapter 4.1.2, section “Participation and Decision-Making in the Local Development”, and the example below:

1. Conduct a brainstorming session on objectives and intervention areas for a planning process towards more participation of people with disabilities in local development and decision-making.
2. Decide on key areas of intervention and prepare a brief project sketch including sub-goals and activities.
3. Present your results to the course plenary on a flip chart.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Example:

Imagine you are the head of the central planning unit of a district. The district assembly has decided to contract an independent research institute to carry out an assessment on the participation of citizens in local politics within the district. The results of this assessment show that the involvement of people with disabilities in local development and decision-making processes is disproportionately low compared to people without disabilities.

Considering this background, the district administration has appointed your central planning unit to initiate a planning process towards increased participation of people with disabilities in local development and decision-making processes.

Worksheet CE1-5: Raising Awareness

Tasks:

1. Discuss with your direct neighbour which measures you would propose for raising awareness during a planning process. In your discussion, you can refer to the measures mentioned in Comprehensive Curriculum Chapter 4.1.3. Feel free to discuss and include other approaches that you find appropriate.
2. Read the text that is an example for presenting the results from a kick-off event in a written plan. What indicators for lack of awareness among stakeholders from the disability field and the public are mentioned? What measures are proposed for raising awareness and how do you assess them from the perspective of your practice? Are there additional measures that you proposed when answering question 1?

Time:

Please take 10 minutes to read the text, take notes and deal with the tasks.

Example: Raising Awareness as an Aspect of Local Planning:

During a planning process on the district level, awareness of the needs of persons with disabilities needs to be improved among relevant stakeholders and the public.

The further development of participation and self-representation of people with disabilities. In particular, this includes cultural self-representation in public spaces (see Article 29 of the UN CRPD).

Sensitisation and awareness-raising are achieved through mutual experiences in various areas of life. This increased interaction can be experienced in clubs, during sports, at the workplace or in the living environment. Targeted information measures, promotion of projects, and improvements in support services and information about them are proposed or demanded. The sometimes neces-

sary contributions are perceived as a barrier to inclusion.

Raising awareness of the development of an inclusion orientation that applies not only to people with disabilities but to all people who are particularly at risk of exclusion (see Article 8 of the UN CRPD).

Participatory structures already exist with the so-called local support groups, the self-help working group and the offices of the representative for the interests of people with disabilities and the ombudswoman. The main development goals are to increase the binding nature of co-determination, create opportunities for decision-making, expand the number of people represented and have a say in issues that go beyond the disability field. It was repeatedly pointed out that people with disabilities insist on representing themselves, as their interests diverge from those of service providers and this has not yet been sufficiently taken into account. In this context, the development and establishment of assistance in the self-determination of groups that find it difficult to articulate themselves in self-representation bodies is also important. Furthermore, the character of participation as a cross-cutting topic was also clarified by the fact that barriers were mentioned from all other subject areas that limit the possibilities of co-determination.

Worksheet CE1-6: Accessibility and Universal Design

Tasks:

1. Discuss the three dimensions of accessibility: findability, physical accessibility and usability.
2. Imagine you have developed a plan to improve the accessibility of a seminar building. Discuss how you could make use of the three dimensions of accessibility?
3. Discuss why improving accessibility in a municipality is a very complex task. What could be adequate ways of coordination and cooperation in organising accessibility processes in a municipality?

Worksheet CE1-7: Developing Flexible and Inclusive Services

Tasks:

The worksheet may help you gain a systematic understanding of the paradigm shift.

1. List the elements (services) of a typical local services system in your country.
2. Discuss the key characteristics of a local service system, including:
 - Availability, affordability, accessibility and quality of services for persons with disabilities in different life-stages.
 - Inclusiveness and co-operation with services for the general public.
 - Typical person-centred planning routines for developing individual service arrangements.
 - Forms and quality of coordination and cooperation of support services locally relevant for persons with disabilities.

Worksheet CE1-8: Paradigm Shifts

Please fill in the blanks. See also section “Models of Disability: From the Medical Models Towards a Human Rights Approach” in Chapter 4.1.1 of the Comprehensive Curriculum. Compare your results with the solutions on the following page.

	Institutional (custodial) paradigm	Rehabitational paradigm	Inclusive paradigm (independent living)
Understanding of disability			
Understanding of problem			
Problem solving			
Place of problem			
Place of support			
Role of persons with disabilities			
Role of staff			

Objectives of professionals			
Modus of interaction with persons with disabilities			
Form of provider organisation			
Perspective of governments			
Perspective of society			
Impact on local environment			

	Institutional (custodial) paradigm	Rehabilitational paradigm	Inclusive paradigm (independent living)
Understanding of disability	Natural deficit	Developmental deficit	Discrimination risk
Understanding of problem	Threat	Deficit	Dependency
Problem solving	Institutionalisation	Therapy	Assistance, empowerment
Place of problem	Person	Person	Interaction of person and environment
Place of support	Institution	Rehabilitation centre, special school	Private setting, normal environment
Role of persons with disabilities	Inmate	Patient, client	Entitled user, customer
Role of staff	Care-taker, warden	Therapist, expert	Assistant
Objectives of professionals	Protection, control	Fully functioning	Participation, independent living
Modus of interaction with persons with disabilities	Care	Targeted therapy and training	Support
Form of provider organisation	Institution	Specialised centre	Mobile service

Perspective of governments	Law and order	Abled workforce	Full citizenship for all
Perspective of society	Relief from burden	Increased human capital	Diversity
Impact on local environment	No impact	No impact	Accessibility, universal design

Worksheet CE1-9: Challenges of Integrated and Cross-Sectoral Planning

Local planning is usually done on three levels:

1. **General development planning** with regard to the overall development of the municipality.
2. **Sectoral planning** with regard to different sectors of local government (e.g. housing, transport, water and energy, health care, education and social planning).
3. **Field-related planning within a sector** (e.g. social affairs with regard to different subjects such as child-care planning, drugs and addiction and long-time care for the elderly).

Group Work:

1. Choose a municipality in your region and find examples of written plans on all three levels.
2. Discuss how elements of the UN CRPD could be integrated into existing plans?
3. Some municipalities have developed extra plans for the local implementation of the UN CRPD. Discuss the advantages and disadvantages of this decision and whether a twin-track approach, meaning using both the integrated and special strategy, makes sense.
4. Discuss how the different levels of local planning can be represented in a planning process.

Worksheet CE1-10: Legal Frameworks and Responsibilities

Based on CISCOS Manual Chapter 4.2.2 which public body is responsible with regard to persons with disabilities? Please fill in the blanks:

Area	Local authority/ unit	Regional authority/ unit	National authority/ unit	Joint responsibility	Legal basis	Written plan or strategy
Early intervention						
Pre-school education						
Schooling						
Vocational training						
Youth care						
Health care						
Adult training						

Legal Capacity Act						
Employment						
Public transport						
Housing						
Pension						
Compensations/entitlements						
Information on rights and entitlements						
Awareness raising						
Other						

Worksheet CE1-11: Planning with Different Stakeholders

Below are four groups of stakeholders particularly relevant for planning processes to implement the UN CRPD. Discuss whether you agree with how they are characterised.

Disabled People's Organisations (DPOs)

Representatives of this group have the following characteristics:

- Strong expertise in disability rights, needs and risks of discrimination.
- Strong interest in the improvement of individual, disability group related and local conditions.
- Some lack of knowledge and skills with regard to planning approaches.
- Some lack of knowledge of service models and implementation strategy.
- Some restrictions in time, flexibility and financial resources.
- A high degree of credibility and commitment.
- A high degree of specialised and in-depth knowledge of particular disability-related issues.

Service Providers

Representatives from this group have the following characteristics:

- Practitioner experience.
- A professional background in disability-related service provision fields.
- The need to compromise between professional standards and organisational necessities.
- A direct confrontation with the theory-practice implementation gap.
- Locked-in organisational and sector-specific routines and path-dependencies.
- Administrative and bureaucratic procedures and confines constraints.
- Financial constraints that limit creativity and the options of person-centred service delivery.

- Limitations framed by conditions of competition due to their market-orientation in disability services.
- An interest in more knowledge of new service models and implementation strategies.
- An interest in assuring financial resources.
- The need for assuring legitimization towards funding agencies and the general public.

Services for the General Public (Schools, Cultural and Leisure Time Services, Companies)

Representatives from this group have the following characteristics:

- A commitment to becoming more inclusive.
- Some lack of knowledge concerning the needs and rights of persons with disabilities.
- Some lack of knowledge and skills with regard to participative planning approaches.
- A lack of backing for actions within their organisations.

Local Government

Representatives from this group might have the following characteristics:

- The awareness of having political power.
- Framed by administrative rationality.
- Framed by the responsibility for public financial resources.
- Framed by the responsibility for provision of services for the general public,
- Legal prescription constraints.
- A commitment to making service systems more inclusive.
- Some lack of knowledge concerning the needs and rights of persons with disabilities.
- Some lack of knowledge and skills with regard to participative planning approaches.
- A lack of political backing for actions in their government.

Worksheet CE1-12: Understanding Basic Assumptions of Local Planning

Tasks:

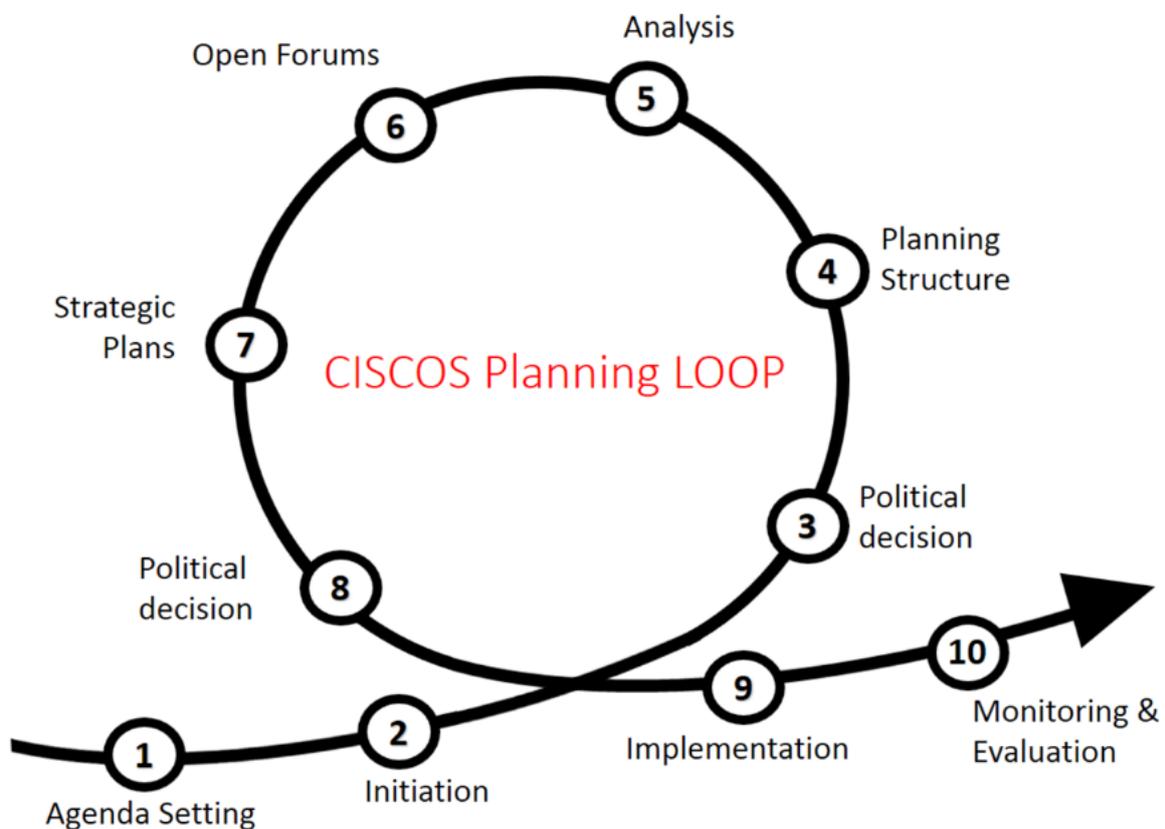
Based on CISCOS Manual Chapter 4.2.3, discuss the following statements:

- Planning is a political process.
- Planning goes hand in hand with the learning and development of local cultures.
- Planning is sense-making.
- Planning expects the application of the plan.

Worksheet CE1-13: The Planning Loop and its Elements

Tasks:

1. Discuss the key tasks of each element of the planning circle.
2. Based on CISCOS Manual Chapter 4.2.4, discuss the following statements:
 - Planning processes for local implementation of the UN CRPD are political and start with agenda setting.
 - Local planning processes can be structured in different stages that form a planning circle.
 - Successful planning episodes can become a part of a collaborative local governance culture.



Worksheet CE1-14: Agenda Setting

Tasks:

Apply Tool 04 “Effective Agenda Setting” introduced in the CISCOS Collaborative Planning Toolkit to the scenario described in the introduction below.

Document your results on a pin board or flip chart and present them to the whole study course group.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Introduction:

The CISCOS Manual Chapter 4.2.4, section “Agenda Setting”, provides an introduction to the topic of agenda setting as the initial phase of a change process and therefore the first step of the CISCOS Planning Circle. It also introduces some tools that can assist the work of a group of promoters for change in this early phase.

Imagine you are part of a group in a municipality or district which strives for improving the accessibility of public space within the district following the principles of universal design (see also CISCOS Manual Chapter 4.1.4). You have organised a group meeting in order to begin planning a change initiative.

Worksheet CE1-15: Initiation of a Planning Process

Task:

Use one or both of the tools introduced in Chapter 4.2.4, section “Initiation” of the CISCOS Manual and develop a strategic objective as described in the introduction below.

Document your results on a pin board or flip chart and present them to the whole study course group.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Introduction:

Chapter 4.2.4 of the CISCOS Manual provides an introduction to the topic of the initiation of planning processes as the second step in the CISCOS planning loop. It also introduces two tools that can assist the work of a group of promoters for change in the initiation of a planning process.

Imagine you are part of a group striving to initiate a planning process towards enhanced participation of people with all types of impairments in the decision-making processes of your municipality or district. You have organised a workshop with key local actors from local government, service providers, self-representation and academia to develop a strategic objective for the planning process.

Worksheet CE1-16: Authorisation of a Planning Process

Task:

Based on the scenario described in the introduction, please use Tool 07 “Effective Advocacy at the Local Level” introduced in the Collaborative Planning Toolkit to develop a draft advocacy plan aimed at bringing about a decision by the local parliament on the development of a comprehensive action plan on the implementation of the UN CRPD.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Introduction:

The initiation of a planning process, as it is described in step 2 of the CISCOS planning loop (see CISCOS Manual Chapter 4.2.4) ideally results in a political decision of the local parliament. However, convincing the local parliament to officially launch a planning process and take the responsibility and lead for this process cannot be taken for granted. The political authorisation often requires strategic preparation as key decision-makers must be convinced of the importance of taking over responsibility for and investing in such planning processes.

Imagine you are part of a group of promoters aiming to bring about a decision by the local parliament on the development of a comprehensive action plan on the implementation of the UN CRPD in your municipality or district.

Worksheet CE1-17: Planning Structure

Task:

Based on the scenario described in the introduction, please use Tool 09 “Building a Steering Group” introduced in the Collaborative Planning Toolkit to develop a planning structure for the development process of this action plan on the implementation of the UN CRPD in your municipality or district.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Introduction:

The local parliament has adopted a resolution on the development of a comprehensive action plan on the implementation of the UN CRPD in your municipality or district. As a next step, the development process of this action plan needs to be outlined. Therefore, a planning structure must be established in order to define how the development process will be organised and who will be in charge of the different aspects of this process.

Imagine you are part of a small group appointed by the local government to set up a planning structure.

Worksheet CE1-18: Assessment of the Baseline Situation

Task:

Based on the “Dimensions of Developing Inclusive Communities” introduced in Chapter 4.1.2 of the CISCOS Manual and the approach of how to implement an assessment on the baseline situation also introduced in the CISCOS Manual, develop a comprehensive list of relevant issues on which information should be collected within the framework of a baseline assessment of the implementation status of the UN CRPD in a municipality or district.

Time:

Please take 20 minutes for group work and 5 minutes for presenting to the plenary.

Introduction:

The assessment of the baseline situation builds the foundation of every planning process. As introduced in Chapter 4.2.4 of the CISCOS Manual, observation and collection of information is the first and a recurring step of the systemic loop that guides the CISCOS approach on local planning. Assessing the current situation is crucial for the professional coordination of the planning processes. It sets the basis for being able to measure the progress and success of a change process. Moreover, it generates the valid information needed to steer it in a pro-active and informed way, develop strategies, set goals and decide on practical interventions.

Chapter 4.2.4 of the CISCOS Manual introduces an approach on how to implement an assessment on the baseline situation with regard to the status of the implementation of the UN CRPD in a municipality or district. The approach is based on the “Dimensions of Developing Inclusive Communities” section in Chapter 4.1.2 of the CISCOS Manual.

Worksheet CE1-19: Open Forum, Arena, Parliament

Tasks:

1. Describe how relevant stakeholders can participate in the discussion of the recommendation. Feel free to discuss and include other participatory approaches that you find appropriate.
2. What are the necessary conditions, advantages and disadvantages of discussing the recommendations in open forums, arenas and parliaments?

Time:

Please take 15 minutes to read the recommendations, take notes and discuss your results with the person sitting next to you.

Example: Planning Early Intervention Services on District Level

During a planning process on district level, data on early intervention services for children with disabilities has been collected. Based on their analysis, the planning group developed the following recommendations for future development in early intervention services in the region. The recommendations will now be discussed with the relevant stakeholder.

Objective 1: Awareness raising, counselling and qualification of parents and professionals for the early detection of health problems, developmental disorders and disabilities of children under seven years of age.

Measures:

- An information brochure for parents and experts in district Y will be prepared. The aim is to show the possibilities to help with diagnostics, treatment and counselling, even for infants who show behavioural problems as possible precursors for child and adolescent psychiatric diseases.

- There will be a regular advisory service on topics such as development, nutrition, care and observation of the development of small children, taking place in easily accessible rooms of the local authorities (e.g. in the rooms of the outpatient help centres).
- There will be an offer of low-threshold early detection consultation hours initiated.
- The tasks and personnel capacities at the health authority are defined with regard to consulting tasks and a stronger orientation of activities in socio-spatial conditions.

Objective 2: Structural improvement of curative education, counselling and support opportunities.

Measures:

- The existing range of early intervention services in district Y will be developed into an interdisciplinary early aid centre by extending the personnel and material requirements of existing services.
- The admission of children with disabilities to kindergarten and their transition to primary school will be organised by case conferences under the supervision of early intervention services.
- A project group "Early Intervention in District Y" will be set up with the aim of developing an early intervention concept for the district.

Objective 3: Improve early detection through new tools and systematic cooperation.

Measures:

- A checklist will be developed for children with developmental difficulties.
- In kindergartens, an early diagnosis questionnaire will be used for the preparation and qualification of existing tests.
- A network meeting representing all relevant services for early intervention in district Y will be organised.
- The experiences of existing preventive projects will be intensified.

Worksheet CE1-20: Strategic Plans

Task:

Based on the scenario described in the introduction, use Tool 17 “Theory of Change” introduced in the Collaborative Planning Toolkit to develop a draft pathway of change (“Theory of Change”, Step 1) aimed at enhancing the awareness and knowledge of the general public in your municipality or district on the rights and needs of citizens with various forms of impairments.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Introduction:

The implementation of a change process through a written plan, as it is described in Step 7 of the CISCOS Planning Circle (see CISCOS Manual Chapter 4.2.4) requires several steps of preparation. Before setting up a plan that facilitates strategic coordination and operationalisation of a change process, a basic strategic approach and course must be developed and well thought out. Any kind of implementation plan should build on a clear and agreed strategic concept.

Imagine you are part of a group of promoters aiming to develop a strategic approach for a change process towards enhancing the awareness and knowledge of the general public in your municipality or district on the rights and needs of citizens with various forms of impairments.

Worksheet CE1-21: Authorisation of the Implementation Plan through Political Decision

Task:

Based on the scenario described in the introduction below, write a draft resolution for the local parliament on the official adoption of the draft implementation plan developed by your group. Tool 20 “Resolution to Pass the Local Parliament” introduced in the Collaborative Planning Toolkit provides an example of a resolution.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Introduction:

The decision of a local government to develop a plan on a systematic implementation of the UN CRPD is ideally followed by a participative development process that leads to a final draft of an implementation plan, which should then be officially authorised through a decision of the local parliament on its implementation.

Imagine you are part of a group of promoters that has coordinated the development process of a plan for the systematic implementation of the UN CRPD in your municipality or district.

Worksheet CE1-22: Implementation

Task:

Based on the scenario described in the introduction below, please set up a draft monitoring framework for the implementation of a plan for the systematic implementation of the UN CRPD in your municipality or district.

Time:

Please take 40 minutes for group work and 5 minutes for presenting.

Introduction:

Once the implementation of a change process has begun, successful coordination and continuous steering requires information on the state of implementation and the effectiveness of the strategies and activities designed and agreed on during the planning process. As mentioned before, successful coordination and steering of a change initiative should be understood as a learning-oriented process that follows the principle of the systemic loop (see CISCOS Manual Chapter 5). Therefore, a monitoring framework that continuously provides the information needed for pro-active and informed steering of the process is recommended.

Imagine you are part of the project management team managing the implementation of a plan for the systematic implementation of the UN CRPD in your municipality or district.



Curriculum Element 2:

**Community Development and
Consequent Implications for
Service Providers**

Worksheet CE2-1: What is Community Development?

Tasks:

1. Based on CISCOS Manual Chapter 5.1, discuss these questions with the person sitting next to you:
2. What are your thoughts about community?
3. What different communities are you a part of?
4. Have you been engaged in community development?
5. Do you know about any community development projects in your country?
6. What is your opinion about those projects?

Time:

Please take 15 minutes to read the text, take notes and deal with the tasks.

Community and Community Development – Background and Definitions:

Community development is a key approach of social work when it comes to supporting disadvantaged groups. It started in the late 19th century as a way to organise the individuals in a neighbourhood and enable them to be heard by politicians. It was then taken up by social work activists in the late 1960s and has been an important way of empowering marginalised groups ever since. The CISCOS project has taken inspiration from the **European Community Development Network** (EuCDN)⁵, that published a Framework for Community

5 EuCDN is a European NGO, with 11 member organisations, that published a Framework for Community Development in 2014.. This framework was developed within an EU project, building on the Budapest declaration regarding community development (described in the next section).

Development in 2014.

EuCDN defines **community** as “people who share a common neighbourhood, as well as those with a common identity or interest”. Communities can be location-based, identity-based or organisationally based. In the CISCOS context, community members have something in common, while also sharing a place that is situated in a given geographical area.

Community development can be defined as a long-term, value-based process that aims to address imbalances in power and bring about change founded on social justice, equality and inclusion. The process enables people to organise and work together to identify their own needs and aspirations, take action to exert influence on the decisions that affect their lives, and improve the quality of their own lives, the communities in which they live and societies of which they are a part of.

Worksheet CE2-2: Political Territories and Social Communities

Tasks:

Based on CISCOS Manual Chapter 5.2 and the UN CRPD Article 9 displayed below:

1. What are the strengths and weaknesses in our country when it comes to the distribution of services to all citizens and persons with disabilities?
2. To what extent are persons with disabilities included in the local context (e.g. access to services, employment, education and media)?
3. To what extent can political administrations on the local level realise the UN CRPD Article 9?
4. To what extent are parts of Article 9 only possible to realise in cooperation between different political levels, political level private actors, political private civil cooperation and so on.

Discuss these questions in small groups. Consolidate your results and present them to the whole study course group.

Time:

Please take 30 minutes for group work and 10 minutes for presenting.

Article 9: Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural

areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

- a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
- b) Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures:

- a) To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
- b) To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
- c) To provide training for stakeholders on accessibility issues facing persons with disabilities;
- d) To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
- e) To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;

f) To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;

Worksheet CE2-3: Human Rights and Community Development

Tasks:

Based on CISCOS Manual Chapter 5.1.3 and the texts displayed below:

1. Discuss local examples of community development. In what ways are people with disabilities included and excluded?
2. Discuss the Articles 5, 12, 19, 28, and 29 of the UN CRPD. To what extent are these articles implemented in your country, in your region and on the local level?
3. Discuss the concept of self-advocacy. What advantages and disadvantages do you see?
4. Do you know of any local examples where self-determination, empowerment, participation and advocacy have been the focus of a process involving people with disabilities?

Discuss these questions in small groups. The study course leader may assign a different question to each group. Consolidate your results and present them to the whole study course group.

Time:

Please take 30 minutes for group work and 5 minutes for each group's presentation.

UN CRPD and Community Development:

While the UN CRPD⁶ does not directly address community development, it does provide guidance on many related issues. These include poverty, social inclu-

⁶ United Nations 2006.

sion, personal empowerment, anti-discrimination, political participation and active citizenship. The five main articles in these areas are Articles 5, 12, 19, 28, and 29.

Article 5 addresses equality and non-discrimination. It includes a requirement for reasonable accommodation to achieve equality, and notes that programmes to promote equality are not a form of discrimination. This could include community development programmes.

Article 12 deals with equal recognition before the law. It includes the idea of legal capacity, that a person's decisions should be respected and recognised before the law, and that all people should be presumed to have the capacity to make decisions. This is important in enabling the individual to take part in community development programmes.

Article 19 is partly focused on the importance of social inclusion, and mentions the importance of community services in achieving this (see more below).

Article 28 focuses on the need for an adequate standard of living with a note that living standards should be subject to continuous improvement. This is an important goal of many community development programmes.

Article 29 addresses participation in political and public life. This includes the right to vote, the right to be elected, the right to effectively take part in public life, and the right to join and form political organisations. Of all of the articles outlined here, Article 29 may be the most relevant when it comes to people with disabilities and community development.

According to article 19, States Parties to the Convention recognise the right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate the full enjoyment of this right and **their full inclusion and participation in the community**, including by ensuring that:

a) Persons with disabilities have the **opportunity to choose** their place of residence and where and with whom they live on an equal basis with others.

Furthermore, they are not obliged to live in a particular living arrangement.

b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to **support life and inclusion in the community**, thus avoiding isolation or segregation from the community.

c) **Community services and facilities** for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Advocacy and Self-Advocacy

Advocacy is the representation of views, feelings and interests of one person or group of people by another individual or organisation. **Self-advocacy** is the capacity of people with disabilities to advocate on their own behalf to achieve their goals, and secure entitlements in their own lives. **Accessible environments** and access to **assistive technologies** may be needed for this to be possible.

Worksheet CE2-4: Practice of Community Development

Tasks:

Based on CISCOS Manual Chapter 5.2 and the text below, discuss these questions with the person sitting next to you:

1. Do you know of any community development programmes in your town or neighbourhood? If so, what do you see as their strengths and weaknesses?
2. In what ways do you think community development can be an effective tool for people with disabilities to participate and have an impact on local development?
3. What accommodations do you think are most important to make in order to ensure the equal participation of people with disabilities in community development?

Time:

Please take 20 minutes to read the text, take notes and deal with the tasks.

Methods and Desired Outcomes of Community Development:

It is important to keep in mind that community development aims for **collective outcomes**, such as collective contributions to community or policy change. According to EuCDN, the following **methods** are included in community development: bringing people together around their shared experiences and interests, identifying and exploring the factors underpinning their marginalisation or exclusion, building and owning evidence and a future vision, developing confidence, skills and understanding, mobilising and organising, networking and strengthening visibility and taking action.

In community development, the desired **outcomes** involve change, but the-

se changes occur at various levels. The levels proposed by EuCDN include the community level, the policy level (also called the structural level), and a broader level to do with ideology and culture.

In order for community development to result in **real and lasting change** in the lived experiences of communities, certain requirements must be met. Communities need to be at the heart of the process, the analysis and action needs to be centred around the experiences, concerns and interests of the communities, and social injustice and inequality must be addressed. The approach should be participative, with a shared vision of what the community wants to achieve, and the forces and interests that could help or hinder must be analysed. In order to reach the outcome in the most effective way, a **strategy** needs to be employed. In this strategy, various ways to reach the outcome need to be considered.

There should be clarity and accountability as well as a willingness to work towards continuous improvement through learning, action and reflection.

Worksheet CE2-5: Examples of Community Development Approaches Including People with Disabilities

Tasks:

Based on CISCOS Manual Chapter 5.3 and the texts displayed below, discuss these questions with the person sitting next to you:

4. What is the purpose of coalition building, and what are the stages?
5. Discuss the methods in the summary of the example from Louisiana below. How are they relevant in your local context?
6. Discuss the summary of the example from Littleton model community project below. To what extent can it be used in your country or neighbourhood?
7. What examples can you find in your country or neighbourhood of successful disability activism?

Discuss these questions in small groups. The study course leader may assign a different question to each group. Consolidate your results and present them to the whole study course group.

Time:

Please take 30 minutes for group work and 5 minutes for each group's presentation.

Coalition Building

The goal of one of the projects in Chapter 5 was to implement a community development process in four communities that would use **community coalitions** to enhance **community connections** for all stakeholders. A key principle of

the project was to acknowledge that all communities and the people in those communities have **both needs and capacities**. Civic engagement, community connections, and social capital were identified as quality of life outcomes that would support all individuals living in the community. The needs in each community were: expanded housing options for citizens on low incomes, including people with disabilities, reliable transport opportunities for all people who did not drive, and expanded leisure and recreation opportunities for young people.

Four **stages of coalition building** were identified: establishing the coalition, identifying value and mission, affecting systems change, and performing the functions of the coalition.

Summary of the example from Louisiana (for a more detailed description, see Chapter 5.6, Example 1, of the CISCOS Manual):

A **case study from Louisiana** was focused on **dependable transportation** options for all citizens who do not drive. The project went through several **stages**: a forming stage, a storming stage, a norming stage, a performing stage and an evaluation. The lessons from the project were that each coalition-building stage offered coalitions and stakeholders distinct opportunities and challenges. Some stages worked better than others in terms of being inclusive to people with disabilities and supporting their participation. The opportunities for people with disabilities to participate in and contribute to community development activities may take many forms and vary considerably. Creative strategies and enhanced support may be needed across the stages and the activities.

Summary of the example from Littleton (for a more detailed description, see Chapter 5.6, Example 2, of the CISCOS Manual):

In the Littleton model community project, representatives from the disability, business, education, public service, and health communities attempted to address **disability and ageing issues** from a community planning perspective. Their vision was to not just create another program for people with disabilities, but instead create a new and different way to support them in the community. This included ways to **break down both physical and attitudinal barriers**, and they sought a special form of flexibility to make the project work. **Nine factors** relating to the **process** were identified as critical to achieving the project goals: an empowerment evaluation methodology, cross-disability representation, a focus on community, a focus on issues that crossed agency territorial boundaries, support of town leadership, media coverage, celebration of small successes, identification and development of indigenous leaders, and the flexibility to respond to opportunities.

In the first three years, the focus was on four key areas: **assessment of needs**, **community-based solutions**, **accessibility**, and a **time-based exchange system**. In conclusion, the effectiveness of formal services was improved by the role that communities had in tackling systemic barriers to inclusion. Critical to this process was the involvement of people with disabilities themselves.

Worksheet CE2-6: Mapping and Assessment of Community Structures, Living Conditions and Needs

Tasks:

Based on CISCOS Manual Chapter 5.3 and the text below, discuss these questions with the person sitting next to you:

1. Can you think of a reason why you would like a community profile to be carried out in your community?
2. In what ways do you think a community profile could lead to community development based on inclusion and participation for all?

Time:

Please take 20 minutes to read the text, take notes and deal with the tasks.

What is a Community Profile??

The term '**community profile**' is typically used to refer to a range of projects undertaken or initiated by different organisations including communities themselves, statutory agencies and voluntary organisations. It covers both **needs** and **resources** and the whole range of issues that may be affecting communities. A community profile should have active community involvement, as well as be aligned with key community development principles.

A comprehensive community profile should address the following aspects of people's lives: the area as a **place to live**, a **social community**, an **economic community**, a **political community**, a **personal space**, and as **part of its city**. Things to consider are the types of resources in the community, needs (which should inform decision-making on resource allocation), active community involvement and producing an action plan.

Why undertake a Community Profile⁸?

Research carried out by a community group can help to:

- Assess the particular needs and wants of a group of people or a local community.
- Find out if people's needs are being met.
- Identify trends in services.
- Map existing local services and organisations and find out what others are doing.
- Monitor and evaluate a service or project.
- Provide information for fundraising, lobbying or campaigning.
- Deliver services and activities in a way that is best for people.
- Prioritise and make best use of limited resources.
- Create a good relationship with those who use services.
- Encourage people to be involved in your group or organisation.
- Promote your group or organisation as open and accountable to users.

Worksheet CE2-7: Roles in Practical Community Development

Tasks:

Based on CISCOS Manual Chapter 5.4.3 and the text below, discuss these questions with the person sitting next to you:

1. Make a shortlist of important local services and discuss their strengths and weaknesses when it comes to implementing the UN CRPD.
2. Discuss the need to change these services in order to align them with a human rights-based approach.
3. Are there community development work approaches being used by local authorities, local government agencies and local administrations to support individuals with disabilities?
4. Do staff employed in local government agencies responsible for disability use community development approaches?
5. Look at the different roles in the section "Who Does Community development?". Can you identify similar roles in the disability sector of your own country? How are they practising community development and incorporating community development approaches into their work?

Discuss these questions in small groups. Consolidate your results and present them to the whole study course group.

Time:

Please take 30 minutes for group work and 10 minutes for presenting.

Who Does Community Development? (For a more detailed description, see Chapter 7 of the CISCOS Manual)

Community development may be the sole focus for some organisations. Other organisations may be involved in service provision and have community workers who involve communities in their work. Other organisations may include community work as an element of their main work. **Examples** of roles in **disability organisations** that have elements of community development principles and approaches are described. They include community development workers, community connectors, family support workers, and community resource workers. Elements of community development in **local government organisations** are also described. Examples of social farming, practical advocacy courses, a local partnership and a description of what a sports inclusion disability officer can do are included in this chapter.



Curriculum Element 3:

**Adoption of Inclusive Models in
Service Providing Organisations
for Persons with Disabilities**

Worksheet CE3-1: Social Services: Inclusion, Quality and Funding

Task 1:

Based on CISCOS Manual Chapter 6.2, discuss the following questions:

- Why is it important to have both mainstream and specialist services?
- What is the difference between special services and segregation? Is this distinction always easy? What are the challenges?
- Why is making mainstream services inclusive and accessible not enough for the inclusion of persons with disabilities in local communities? Can you think of any examples in your region or community when services were accessible but people with disabilities were still not included in the community? Why?
- What do you think of the inclusive social services values? Are they easy to implement? What are the challenges?
- In your opinion, what does it mean for a service to be person-centred? Can you give any examples of services that are and are not in line with this value?

Task 2:

- Choose one **area** (e.g. education, housing) and discuss whether services in this area can be considered inclusive and of high quality.
- If so, what criteria are important to decide? What changes are necessary?

Task 3:

- Choose one service from those existing in your local community and analyse whether this service is compatible with **inclusive social services values**.
- If it is not, think about what changes are necessary.

Task 4:

- Select one example of a specific person with a disability (e.g. a young man with autism requiring intensive support, an elderly deaf-blind woman, an elderly man with Alzheimer's, a young woman with mild intellectual disability).
- Analyse what support this person could count on in the current system in your community. Think about what using a twin-track approach for these people means on a practical level.

Worksheet CE3-2: Funding Models

Task 1:

Based on the CISCOS Manual Chapter 6.3, discuss the following questions:

- What are the consequences of the following specific funding models for people with disabilities?
 - a) Reserved Markets
 - b) Public Procurement
 - c) Personal Budgets
 - d) Private Investment
- How can these funding models affect the quality and inclusiveness of social services?

Task 2:

Choose one service area (e.g. early intervention, education, employment) and list all the services that are available in your community.

- What is the funding model for these services?
- What are the consequences of how services are provided?

Task 3:

Choose one social service available in your community and discuss in small groups what the consequences are of changing the funding model to a personal budget.

- How will it affect the possibility of persons with disabilities living independently?

Task 4:

Choose one social service available in your community and indicate how it is funded and the consequences are of this funding model on different actors: persons with disabilities, families and carers, local government and service providers.

Discuss the consequences of changing the funding method to a different model.

Worksheet CE3-3: Inclusive Community-Based Services and the Right to Independent Living

Task 1:

Based on CISCOS Manual Chapter 6.4, discuss the following questions:

- How can a deinstitutionalisation process cause resistance and fear?
- What kind of fears and concerns of deinstitutionalisation could different actors have (e.g. persons with disabilities, their families, local authorities, management staff)?
- How can these concerns be addressed?

Task 2:

Based on CISCOS Manual Chapter 6.4.2, discuss the following questions:

- How is the personal assistance service in your region organised?
- Is this service in line with UN CRPD?
- If not why?
- What changes could be made to align it with UN CRPD?

Task 3:

Think about what the right to independent living means in practice for people with various disabilities (e.g. a young woman with intellectual disabilities, an elderly man with Alzheimer's, a deafblind person) in terms of professional activity.

- What does independent living mean for these people?
- What support should be available in the local community?

Task 4:

Imagine there is a plan to close a large-scale institution for persons with disabilities in your region. Plan a transition from the institution for specific people with disabilities living there. Examples of such people can be worked out in a group.

- a) Find out who the relevant stakeholders in this process are and discuss their interests by using Tool 03 “The Interest-Influence Grid” of the CISCOS Collaborative Planning Toolkit.
- b) Develop scenarios of the objectives and pathway of the aspired change process by using Tool 05 “Developing Scenarios” of the CISCOS Collaborative Planning Toolkit. Consider the following questions:
 - What support should be provided in the community?
 - What are the risks associated with the deinstitutionalisation process? How can they be addressed?
- c) Make a detailed plan of how the change process could look by using Tool 17 “Theory of Change” in the CISCOS Collaborative Planning Toolkit.

Worksheet CE3-4: Policy Successes and Failures

Task 1:

Based on CISCOS Manual Chapter 6.5, discuss the following questions:

- What socio-cultural conditions affect the support system and services for people with disabilities in your country?
- What is the significance of socio-cultural conditions for implementing inclusive social services?

Task 2:

Based on CISCOS Manual Chapter 6.5, discuss the following:

- How could an attempt to create a deinstitutionalisation strategy look in your region or district?
- During the discussion you can mention the role of people with disabilities, service providers and central and local authorities.

The CISCOS Planning Loop Chapter 4 and the Tools of the CISCOS Collaborative Planning Toolkit can provide guidance for the discussion.

Worksheet CE3-5: Conceptual Basics and Action Steps for the Organisational Development Process of the Blue Rider Institution

Task 1: Simulation Game

Minimum playing time 1.5 hours, optimal time 4 hours for small groups.

Based on the scenario of the Blue Rider organisation presented in Chapter 6.7 of the CIS-COS Manual, divide your group into four teams. Each team separately receives information about their own objectives, primary negotiation goal and the limit of possible concessions. The goal of the game is to understand the different sides of the dispute, regardless of the players' personal views. The negotiation game formula also allows you to depict barriers and arguments used to stop changes.

Introduction to the Game (for all players):

The gradual implementation of the UN CRPD at the local level, examples of media reports about irregularities in nursing homes and the state-announced deinstitutionalisation strategy are all factors prompting you to take action for change. You have set up a special working group and the first negotiation meeting is coming up. You have a maximum of three rounds of negotiations to reach a compromise accepted by each party. If you fail to do so, everything will remain the way it is for a while, but in the near future Blue Rider will go bankrupt and the transition to services provided in the place of residence will be painful.

Information for Separate Sides:

Group 1:

- You are Blue Rider employees who are proud of what the company does. Unofficially, you would prefer not to change anything and to pile up as many problems as possible so that the deinstitutionalisation process is postponed or reformulated, resulting in as little change as possible. This could be by offering assisted housing on the premises of the facility for temporary stay (similar to a hotel) and by providing all activities in the resort area. You can also argue that the changes may threaten the employment situation, and besides, home customers do not see the need for change. However, your minimum goal is to guarantee the company a subsidy or lump sum cost compensation for a minimum period of three years in order to have the time and resources to adapt to the new situation.

Group 2:

- You are a local advocacy organisation representing people with disabilities and the main representative of the position to accelerate the implementation of the UN CRPD at the local level. You know the law is on your side and you need to speed up deinstitutionalisation. Your main goal is to set the closing date for the whole institution, preferably in a year's time. This means the need for increased support available locally and strong local government involvement. However, you know that you might face opposition from both the company and the local authorities. This is why your minimum goal is to begin deinstitutionalisation now and create a change schedule for a maximum of five years.

Group 3:

- You are representatives of the local government, that is aware of the need to change the forms of support and approves of these forms. However, you know that due to the crisis caused by the coronavirus pandemic, you must cut costs and reduce expenses.

Therefore, you would prefer not to get financially involved. You support changes, but not if they require significant funding from the local government. Your main goal is for the deinstitutionalisation process to go on but without your participation. However, if there is a risk of blocking the changes, you would be able to contribute costs spread over several years.

Group 4:

- You are representatives of current and potential future Blue Rider customers, as well as their family members. You would prefer to receive support close to your home in your place of residence. However, you are afraid that the company will go bankrupt or be forced to limit its activities, leaving you without support. Therefore, your main goal is to keep the support at the current level, whatever form it takes and wherever it is provided. Only if such an approach fails will you seek deinstitutionalisation and change the form of service provision.

Debriefing and Evaluation:

When the game is over, start a discussion with the participants.

- What were the arguments of the individual actors? Were these arguments convincing? Why?
- Have you managed to reach a compromise? If so, did the compromise ensure that the rights of people with disabilities are respected and the right to an independent life is guaranteed?
- How should the real-life discussion about deinstitutionalisation look in order to make sure that the perspectives of all local actors are taken into account?

Task 2: Group Work

Discussion and Case Study (for larger groups):

As a group choose one of the larger institutions operating in your area, for instance, a social welfare home. In subgroups, discuss the biggest barriers and concerns related to the deins-

titutionalisation process and how they can be minimised, taking the perspective of:

- a) Institutions (optionally separated into management and regular employees).
- b) Local government.
- c) Potential service providers.
- d) Current and future customers of the facility (optionally a separate group of parents and guardians of such persons).

In addition, you can develop a theory of change for the deinstitutionalisation process and identify milestones of the entire process. Use Tool 17 “Theory of Change” in the CISCOS Collaborative Planning Toolkit.

Worksheet CE3-6: Examples of Good Practice

This worksheet can either be used with the examples presented in chapter 3 of the CISCOS manual or with others that fit to your context and that you find appropriate.

To discuss:

- How does the person-centred approach become active support?
- What difficulties and barriers related to the person-centred approach can you think of (e.g. country-specific issues)?
- What are the benefits of using the community resources in service providing?
- Read the Good Practice Examples and formulate how each resource appears in these examples?

Collaborative Ways of Working

- Think through how the following aspects might appear in your work. How would these characteristics of collaboration affect the partnerships you maintain?
 - High levels of trust and stable relations.
 - Thick communication flows.
 - Tactical information sharing.
 - Systems change.
 - Dense interdependent relations and goals.
 - Shared power.
 - Pooled, collective resources.
 - Commitment and accountability to the network first.
 - Relational long term time frame requirements (e.g. 3-5 years).

Do you know any good practices that include all these characteristics?

Accessibility

- What are the obstacles to accessibility in your country?
- How has this changed since the ratification of the UN CRPD?

Safeguarding

- What is the significance of the safeguarding process in personalised service delivery?
- In what cases can this be useful?

Do you know a case that would have benefited from a safeguarding protocol?

Task: Early Intervention (GP1)

Exercise 1: Discuss the following questions in relation to your own national context:

- What could help children who suffer from the contemporary environment with strong symptoms? If the children cannot handle the environment we generally refer to as school (e.g. buildings and classrooms that look alike, desks and an established teaching model) what could be done? How can we change the teaching methods and circumstances?
- What do the children who cannot blend into the formal educational system need? How can the stigmatisation of these children due to an unsuitable pedagogical environment be avoided?
- In what educational environment could children recover by themselves?
- What do the children need, what skills will they need in the future?
- How can we shape our social and community life with regard to education?

Exercise 2: What solution did the developers of the Good Practice Method find for these problems? Discuss each solution based on the description of the method. What methods address these problems in your own practice?

Exercise 3: What aspects of inclusion are being put into practice in this example? Use the following principles to analyse this:

Person-centred	Building on personal needs and strengths as a basis for developing further skills.
Locality-based	Based on locality means recognising the relevant community resources in the target area and mobilising community resources as capitals in service providing.

Task: Job Crafting (GP2)

Exercise 1: What aspects of inclusion are being put into practice in these examples? Use the following principles to analyse this:

Person-centred	Building on personal needs and strengths as a basis for developing further skills.
Locality-based	Based on locality means recognising the relevant community resources in the target area and mobilising community resources⁹ as capitals in service providing.

⁹ The mentioned community capitals: natural, cultural, human, social, built, political, financial. See: Emery, Fey, and Flora 2006.

Collaborative	Collaboration requires a system change, high levels of trust, extensive dialogue and strong and interdependent relationships between the diverse partners ¹⁰ .
Accessible	Of high quality and accessible, available, adaptable and affordable for all.

Task: Invema (GP9)

Exercise 1: What aspects of inclusion are being put into practice in this example? Use the following principles to analyse this:

Person-centred	Building on personal needs and strengths as a basis for developing further skills.
Locality-based	Based on locality means recognising the relevant community resources in the target area and mobilising community resources¹¹ as capitals in service providing.

10 Australian Research Alliance for Children and Youth 2013.

11 The mentioned community capitals: natural, cultural, human, social, built, political, financial. See: Emery, Fey, and Flora 2006.

Collaborative	Collaboration requires a system change, high levels of trust, extensive dialogue and strong and interdependent relationships between the diverse partners ¹² .
Accessible	Of high quality and accessible, available, adaptable and affordable for all.
Safeguarding	The safeguarding procedure helps to clarify the support people with disabilities to live free from abuse, harm and neglect.

Exercise 2: What aspects of inclusion are being put into practice in this example? Use the following principles to analyse this:

Locality-based	Based on locality means recognising the relevant community resources in the target area and mobilising community resources as capitals in service providing.
Accessible	Of high quality and accessible, available, adaptable and affordable for all.



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