

**OUTLINE of the Community Based OT PROJECT in participant country**

<b>Name of the project</b>  Community OT based practice with youths with learning disabilities and social disadvantaged attending Vocational training in Professional School for Industrial Technologies in Rousse, Bulgaria	Institute: University of Rousse Country: Bulgaria Students Name: Petya Mincheva e-mail: petyamin@abv.bg Address: Bulgaria Rousse, str. "Otec Paisii" 7 Phone: 35982828535 Fax:
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**Rationale (background, occupational needs, problem description):**

A short description of background and problem on a societal level of the occupational deprived group; the occupational needs and how those were assessed

**Unemployment** is a serious issue of the whole Bulgarian society in the period of transition. In June 2005 the number of officially registered unemployed persons was 411 586, which represents 11,11% of the active population. The problem is even more serious for young people (39%), and especially for those with disabilities, who face unemployment as one of many other barriers that hinder their participation in community activities and better quality of life.

**Purpose of the project; objectives to be achieved**

Description of purpose; objectives to be achieved

The aim of the project is to contribute to social inclusion and accessibility of young persons with learning disabilities in particularly to the work area, which is one of the priorities of the European policies concerning persons with disabilities (Action plan EC, 2003).

An occupational therapy approach for facilitating employment opportunities at micro level are suggested by developing vocational profiles of the graduates, which will be used as a part of their application documentation.

**Objectives:**

- to assess the occupational abilities and interests of a group of at least 15 graduates of the vocational training programme
- to develop vocational profiles (VP) of at least 15 graduates based on their occupational assessment by the end of the school year;
- to enhance students' self-determination, responsibility and control over the process of getting, learning and keeping a job (Beyer et al, 2004) by raising awareness of their own employment interests and capacity;
- to enhance teachers' knowledge about the skills and abilities of the students and facilitate them to focus the training on their actual needs;
- to facilitate the local employment agency in identifying suitable jobs for at least 15 job seekers with learning disabilities by providing individual vocational profiles as a part of their application papers;
- to promote occupational therapy by making OT achievements visible in the target groups;
- to build collaborative partnership with all stakeholders involved in the project.

### Methods and Materials:

Short description of methods , intervention strategies and/or project implementation

- *Collecting information* –obtained either individually and/or in focus groups through interviews, checklists and observations. The duration of each activity should not be longer than an hour.
  - *Interviews* -conducted with the students, teachers, and family members..
  - *Questionnaires* – clear, simple and short checklists were used. Some of them are filled by the teachers, and others – with the students.
  - *Observation* of kitchen training – OT students attend practical classes and observe the students.
- *MOHO* (Kielhofner G., 1995) and *Job analysis* (Heron R, 2005) – they were used as a theoretical foundation for developing the template of the vocational profile.
- *Discussions* – individually and in focus groups to validate the template and the profiles.

*Evaluation* will be based mainly on the satisfaction level of the target groups manifested at the meetings.

### Indicators of Change and Outcomes

- ✓ Developed and introduced vocational profiles of 15 pupils.
- ✓ 5 meetings conducted
- ✓ Template of a Vocational Profile
- ✓ 3 checklists translated and elaborated
- ✓ 15 interviews recorded, 45 questionnaires completed
- ✓ 15 vocational profiles drafted, confirmed, validated, printed in 3 copies
- ✓ Meeting in Employment Agency conducted
- ✓ 2 articles written

### Short description of significance of project to occupational therapy practice

Relevance of project:

The project aims to contribute to social inclusion and accessibility of young persons with learning disabilities in particularly to the work area, which is one of the priorities of the European policies concerning persons with disabilities (Action plan EC, 2003).

The vocational profiles of the graduates will be a part of their application documents for employment. They were provided to the employment agency and they can provide them to the employers.

Sustainability can be achieved by involving future students to develop vocational profiles of each year graduates. The project can be extended including the other steps of the six-step approach, suggested as a best practice model for supported employment. At the next stage the efforts will be focused mainly on collaboration with employers.



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**Presentation:**

We like to present our project .....YES .....Yes  No

We have attached our presentation! In Ppt

We need the following audio visual equipment:

Video

Overhead

Any other : MULTIMEDIA

**Personal expectations for the module:**

- Sharing strategies and intervention for occupationally deprived groups with different culture colleagues
- Better understand the concepts of occupational justice and occupational deprivation to be able to use them in the future practice
- Understanding how is CBR developed in other countries in order to search what are the possible strategies for Bulgarian reality

## OUTLINE of the Community Based OT PROJECT in participant country

<p><b>Name of the project</b></p> <p>Community OT based rehabilitation with poor children</p>	<p><b>Institute:</b> ETOS Ergotherapieschule Osnabrück e.V.</p> <p><b>Country:</b> Germany</p> <p><b>Students Names:</b> Mareike Dohrmann, Christiane Doermann, Saphira Schlesinger, Annika Schaeckermann, Frank John, Kathrin Loesel, Kathrin Hilker</p> <p><b>e-mail:</b> <a href="mailto:enothe-ag@gmx.de">enothe-ag@gmx.de</a></p> <p><b>Address:</b> Senator-Wagner-Weg 2 49088 Osnabrueck</p> <p><b>Phone:</b> +49 (0)541 - 200 10 90</p>
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### Introduction

After long and comprehensive investigations and research about Community Based Rehabilitation (CBR) we found out that there are no occupational therapists working in this faculty, in the way how it is defined by the WFOT, in Germany.

However there are some OT projects in Germany which are working on the principle of CBR, but these projects are only organized for the development aid abroad. In Germany occupational therapists are not involved in CBR projects because other professions, e.g. social workers are responsible for it. Clients are usually referred to occupational therapists by the doctor and only if that happens, the health insurances are willing to cover the costs. Basically, everybody can get occupational therapy, but if there is no prescription, the person has to pay by himself.

Due to this we chose the project "Die Arche" (= "The Ark") on which, unfortunately, occupational therapists do not work yet but we think that this project is the closest to the principle of CBR.

We can see so many opportunities for occupational therapists to be active in this and other CBR areas in the future because of the fact that CBR becomes more and more relevant here as well.

### Rationale (background, occupational needs, problem description):

The occupational deprived group, on which the project is focusing, are children who are below the poverty line. In Germany, a person is below the poverty line if he earns less than the minimum income support plus housing benefit.

All over Germany, there are 6.5 Mio income support recipients, of which 1.6 Mio children are under 15 years. This means that 13% of the children under 15 need income support.

According to an official statistic, there were 965.000 children getting income support in the end of 2004 while now are already over 1.5 Mio children who are dependent on income support or some special support for children.

Under consideration of the estimated number of undetected cases the number even increases to 1.7 Mio children. These are 14.2%, so every 7<sup>th</sup> child in Germany (and every 4<sup>th</sup> child in Berlin) who is dependent on income support and is therefore excluded.

Children poverty in Germany is increasing faster than the average poverty rate of the population in Germany. In the beginning of the 90ies children and adults were affected to poverty still to the same extend, since 1994 these proportions are changing. Now children are significantly more frequently poor than adults. Over 10% of the children have to be classified as poor.

It is possible that children can grow up in welfare despite poverty. This is dependent on the coping behaviour of the parents and the level of social integration of the family.

But because there is a connection between the parental sense of control over their life and the ability of coping with problems and stress particularly in poor families, the opportunity to grow up in welfare despite poverty is most often not given.

Studies prove that children from less-well off families do often worse in school. There are three times more poor children in "Hauptschulen" (extended elementary school (classes 5-9) ) than in "Gymnasium" (= grammar school)

In addition, poor students are often excluded in school because they can't afford expensive clothes from special brands, their parents can't pay for grade vocation, they can't afford to go to the cinema with friends and they can't spend money for their birthday party.

This is a burden for those children and has a negative effect on their performance in school. Bad results in school leaving exams reduce the chances of a good practical training. The slip into unemployment seems inevitable. The vicious circle of poverty is complete.

## Purpose of the project; objectives to be achieved

### The institution



The Children and youth centre "Die Arche" was founded 1995 in Berlin. Those who support this centre are the "Christian children and youth organisation". Until today there are two centres of "Die Arche" in Berlin and one in Hamburg. Another one is planned in Munich.

The centre "Die Arche" our paper is about, is located in Berlin-Hellersdorf and is looking after over 250 children aged 0 to 20 years everyday and offers open and regular spare time activities such as: table tennis, pool, table-football, dancing classes, drama classes, youth service, services for the families organised by the children, hand-crafts, children and teenager groups, studying and homework support, health education, advice and different sport offers.

"Die Arche" gets financial support mostly from donations, which cover more than 95% of their costs.

The aim of this organisation is to get those children away from the street, to offer them sensible spare time activities, to work against social deficiency as well as to put those children back into middle of the community.

An additional aim of "Die Arche" is the support of life competences such as self-determination and self-responsibility. Awareness of health is also taught. The skilled workers in this institution give them an idea about a healthy socio-cultural and socio-economic life style.

## Methods and Materials:

"Die Arche" opens Monday till Friday from 9 am to 6 pm for children, to 8 pm for teenagers. On special occasions, this children and youth organisation is also open on weekends. In case of an emergency, parish priest B. Siggelkow is within reach anytime.

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“Die Arche” also offers a free hot meal. Besides, a “clothing chamber” opens every Thursday from 5-6pm. Children and young people can look for “new” clothes, accompanied by their parents. You can also find baby clothing, shoes, games, books, bed sheets, towels, tablecloths etc.



A fixed week program of “Die Arche” looks like this:

Monday 1pm – 6pm  
1pm: lunch, homework support  
3.30pm: Birthday party, games, movies

Tuesday 1pm – 6pm  
1pm: lunch, homework support  
3pm: hand-crafts for children & treasure box  
4pm: choir

Wednesday 1pm – 6pm  
1pm: lunch, homework support  
4pm: children party

Thursday: 1pm – 6pm  
1pm: lunch, homework support  
3.30pm: Time-out (reading bible)

Friday: 1pm – 3.30pm  
1pm: lunch, homework support  
3.30pm: playground activities, home visits

Additional offers of “Die Arche”

- Street children:



“Die Arche” additionally supplies more than 150 street children and homeless people each Monday night from 8pm – 10pm at different places in Berlin. “Supplying” means here:

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Workers of “Die Arche” are driving with a “moving kitchen” to places where most of the socially weak citizens are and hand out a hot meal, sleeping bags, warm blankets and clothing for those who are in need. They make conversation in order to give them hope and motivation.

- **Toddlers / very young children**  
Because of the fact that more and more young children aged from 3-6years visit the institution, “Die Arche” installed a special room for this target where pedagogies are working. Those young children are often taken with by their older siblings or are just “given in”. It even often happens that these children are entrusted to “Die Arche” because their parents don’t have the money for the day-care centre or kindergarten.
- **Private lessons**  
The social service doesn’t pay anymore for private lessons for children of socially weak families so “Die Arche” offers a free and voluntary programme for homework assistance. The aim is to teach them how to learn by playing so that school becomes more fun. The children get important basics for their future life without pressure.



Everyday, a private teacher with an honorary team is in reach for questions and is helping the children and teenagers with their daily homework. Independent learning is central. The students can get further information and knowledge in the comprehensive library.

- **Support of Health Awareness**  
The support of health takes place in different youth programmes, in small groups and in single conversation in a playful and vivid kind of way. They talk about topics like “healthy food”, “dental hygiene”, “drug prevention” and much more. In cooperation with these children they created “Theme gardens” and a garden for the support of all senses. All these supportive measures take the kids away from TV and PC, and animate them to play in the nature and to get awareness for a better lifestyle.
- **Youth camps**  
In the holidays, the work of “Die Arche” is the most effective. For a few years “Die Arche” has been organising so called adventure-camps. Six times per year, the organisation takes the kids in the surrounding country of Berlin to arrange a nice holiday trip in cooperation with the children. For several kids, this is the only possibility to go on holiday and to get a distance from their all-day life. In the last years, they organised trapper camps, canoe camps, holidays in bungalow and trekking-adventures for 20-80 kids.

The help of single citizens or their sponsorship made it possible for many children to take part in these camps.

On a regularly base, “Die Arche” is looking for sponsors to make it possible for the children to take part.

The single sponsor pays about 55 to 85€ of travel costs per child in order to facilitate an adventure-trip.

At present, “Die Arche” is planning an outdoor youth camp in “Schoenwalde (Hartmannsdorf)” just outside of Berlin.

The aim for the long term is to create a possibility of integration for children who got out of the community.

- Programmes  
Within the framework of prevention and health, “Die Arche” is offering them new projects permanently in which they can take part voluntarily.
  - First-Aid courses for children
  - Prevention of accident, security training
  - Healthy food and healthy sleep
  - The senses: consequences of visual defect and hearing loss
  - Healthy dental and body care
  - Exercise and sports
  - Beach volleyball
  - Handling with the nature and its resources
  - Negative effects and prevention of drug abuse
  - Avoiding environmental risks that trigger diseases.

## Indicators of Change and Outcomes

Until now there is no scientific evidence of the long-term affects of the project “Die Arche” due to the short period of time the project exists.

The aim of “Die Arche” is to break the vicious circle of the children’s poverty in the local region. To accomplish this challenging goal “Die Arche” has several offers in the health and educational area.

One effect is the improvement of the immune system which can be proven by the decreasing time the children feel sick. This is mainly the result of regular and more health oriented nutrition, the outdoor exercises and activities, the increase sense of hygiene, the support with better clothes in winter and the care and attention of the Co-Workers.

In the long term view these main results are supported by the workshops like “healthy food and healthy sleep”, “healthy dental and body care”, “avoiding environmental risks that trigger diseases” etc.

Another evidence of the effectiveness of “Die Arche” is the resocialization of the children. Caused of this effect the children learn the cultural behaviour and how to interact with other people.

The previous aspects and the offered help with homework and educational difficulties lead to improving achievements in school.

All in all the characterised effects let the children be happier and probably have an easier life to hopefully break the vicious circle and see a perspective in there life.

## Short description of significance of project to occupational therapy practice

As already mentioned in the beginning of this paper there are no occupational therapists involved in this project.

Due to our research we see a great opportunity for occupational therapists to be successfully helpful and a benefit for the children because occupational therapists have special knowledge in enabling people to explore, achieve and maintain balance in their activities of daily living in the areas of personal care, domestic leisure and productivity.

Today it is proven that children raised in an environment with social weaknesses often have deficits in their development. At this point the support of occupational therapists could be useful in order to reduce the lack of the children’s personal development in regard to the individual, their occupations in every day life and their environment.

Another important engagement aims to identify and solve occupational performance problems.

The professional knowledge, experience, beliefs and values enable OT’s to work with people who have problems with social, educational, functional, economic and cultural difficulties.

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## **Abstract**

### **Klenica – Kidsproject**

Ehsal occupational therapy students are doing practise in the Polish village Klenica. They assist on a therapeutic level in a centre for children with a multiple handicap. This project started out as an initiative of a few Flemish volunteers. Not only Ehsal joined the project, but also Ter Bank, a school for special education is part of the network. This Polish institution has absolutely no lack of professional knowledge and devotion but has a great need for therapists, logistic and financial means and support.

The institution is ran by the sisters of Maria Immaculata. They take care of over 30 children with a multiple handicap. Most of them are given up by their parents at birth. The institution depends on donations, financial and material sponsoring, good deeds and professional sponsorship. The project is focussed on realising the ideas of the volunteers and the staff.

For students this is the ultimate opportunity to develop their possibilities and professional skills. They learn to be creative and to give good therapy with limited means. For the children of Ter Bank it is a very valuable experience concerning giving logistic support. They feel they can mean a lot to the children of the institution. The children need a special care and much attention, for which there are not enough means and staff members. You can really talk about “occupational deprivation” because of that. We try to improve their situation with our project.

As we can talk about occupational deprivation, the objective is to give the handicapped children as much as stimulating therapeutic activities as possible . Considering personal limitations, the main goals of the revalidation are:

- a maximum development of those biological forces and possibilities who are least damaged.
- reinforcing and improving the mental and physical factors.
- compensating developmental deficits

Those objectives are obtained by using different forms of therapy:

Veronica Sherborne, knillow, shantala, snoezelen, morning circle, ADL, ...

Other medical therapies in their centre are physiotherapy, light therapy (Bioptron) and therapeutical massage, inhalation, heat therapy

Project coordinator: Luc Vercruysse : [luc.vercruysse@ehsal.be](mailto:luc.vercruysse@ehsal.be)

## **Community based rehabilitation in Denmark**

A lot of the Occupational therapy in Denmark is community based rehabilitation. It is mainly practised by the occupational therapy in the municipalities. The clients at the municipal OT are not necessary occupational deprived persons, but clients with all kind of activity issues.

The Danish health care service can be divided into 2 sectors: the primary health care and the hospital sector.

The hospital sector deals with medical conditions which require more specialised treatment, equipment and intensive care.

Denmark is divided into municipalities, which takes care of the primary health care. A municipality manages different kinds of duties such as economy, schools, environment, health and welfare work. It deals with general health problems and preventive health issues

All municipalities in Denmark are working within the same frames and laws that lay down what the municipalities are obligated to offer the citizens and how. Within these frames and laws the municipalities are free to administer their economy.

The costs of the municipalities are financed through taxes. We pay in average 45% of our income in taxes which means there are no further payment for seeing a doctor, get treatment in hospitals, go to school, elderly care and occupational therapy.

Therefore we have very few OTs with private practice in Denmark. Most of the occupational therapy is practised in hospitals and municipalities.

The local OT, who is the municipal OT, can be the link between the local authorities and the citizen, provided that the citizen needs occupational intervention. The local OT is a public and free offer for all citizens in the municipality. You can approach the OT in various ways – the individual citizen or his relatives can approach the OT if necessary. Also the home help, and in rare cases the doctor, can contact the OT.

The local OT meets a lot of different types of clients, and in that way many different tasks. Therefore the OT has a field of activity, which is professionally broad. We are not necessarily specialized.

The basic part of the local OT's work takes place in the clients own home, where the OT among other things advises on possible occupational-issues and how these issues can be granted. The OT use a lot of time on interviews to gain an insight into the citizen's everyday life and activities and to find an individual solution to the citizen's needs. A solution might be changes in the home, ADL-training or to hand over and adjust aids. People have a right to the aids they are estimated to. Another angle to a solution might be trying to get the citizen out into society – for example by participating in activities in a club for senior citizens or in a local union.

Because much of the OT's work takes place in the client's home, the OT gets to know the local community very well – such as which activities the community offers and which activities are needed.

Denmark is a nation of unions. They are often based on interests. A lot of people spend their spare time on activities in these unions – some play football, some learn a new language or how to draw. These are just some of the activities you can join. Unions can also take care of larger field of interests such as religion, diseases or politics. There's even a union for dissolution of unnecessary unions! Unions are a large part of Danish culture. 1/3 of the population in the age 3 – 29 years are members of at least one union. The unions are mainly based on volunteer work, and take place in the local community. Therefore they are ideal for CBR!

A union could for example contain citizens with mental disorders, where they have the possibility to practice social skills and maybe be physical active with other people.

We're thinking that an OT can help find a suitable union and if necessary make contact for the client.

Beside the occupational therapist can help inform the union about a citizens special needs in order to be able to participate.

The unions' activities can have two rehabilitating purposes – motivation or skill-training. For instance a young man with brain injury can be motivated to practise dressingskills, in order to participate in football practice again. And another young man can use the same activity as social-skill practice.

We think the Danish health system is good, but we're facing some big structural changes in the public system. This gives us possibilities to expand the use of CBR. In order to make it happen, Danish occupational therapists must get better at using or starting private initiatives. We could learn something of OTs in countries with a lot of private practising OTs.



**OUTLINE of the Community Based OT PROJECT in participant country**

<p><b>Name of the project</b></p> <p>Enabling Inclusive Employment for Adolescents with Learning Disabilities in Georgia: Families' Perspectives - Disaffiliation, Challenges and Capacity Building</p>	<p>Institute: Tbilisi State S-S Orbeliani University/ENOTHE/TEMPUS project Country: Georgia Project Coordinator: Anna Arganashvili Expert: Hanneke van Bruggen Students Name: Maria Kapanadze Tamar Loria Lali Kitiashvili Sopho Tsignadze</p> <p>e-mail: <a href="mailto:mklevee@yahoo.com">mklevee@yahoo.com</a> <a href="mailto:Tamar_loria@yahoo.com">Tamar_loria@yahoo.com</a> <a href="mailto:lalikitashvili@yahoo.com">lalikitashvili@yahoo.com</a> <a href="mailto:s_tsignadze@yahoo.com">s_tsignadze@yahoo.com</a></p> <p>Address: Chavchavadze #32 0179 Tbilisi, Georgia</p> <p>Phone: Fax:</p>
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**Rationale (background, occupational needs, problem description):**

A short description of background and problem on a societal level of the occupational deprived group; the occupational needs and how those were assessed

**Introduction**

The first descriptive part of paper will cover the means for CBR using as the participatory strategy<sup>1</sup> and forms it takes in Georgian context.

The accent would be posed upon the understanding of 'inclusive employment' issue by the beneficiaries- families of adolescents with learning disabilities- and significance of their active involvement in decision-making when basing up the community project in collaboration with the professionals involved.

The discussion will be facilitated around the importance of operating within the widened circle of stakeholders, building partnerships in support of social change toward the improved participation and 'equal citizenship'.

The contribution of the occupational therapists would be matched in correspondence to the each cycle of Participatory Action Research<sup>2</sup>, used as methodology for parental group facilitation.

**Background**

The project proposal has emerged from parents of adolescents with learning disabilities who currently attend the day care center for children with disabilities. The group of parents has expressed their worry about the uncertain future of their children: as soon as these adolescents become adults they will encounter incredible gap of services in Georgia, they will face with the 'process of weakening and rupture

of the social bounds', in situation when 'economic loss becomes complete deprivation and relational fragility becomes isolation'<sup>3</sup>.

Georgian Occupational Therapists Association (GE-OTA) has been approached by the initiative group (parents) to set up the 'employment project' for adolescents with learning disabilities. The collaboration between GE-OTA and parent group employed the 'social inclusion project' –designed and successfully implemented by GE-OTA at the above mentioned day care center for children with learning disabilities (2005-2006)

Consequently GE-OTA has applied to ENOTHE to guide the project formulation and implementation process as a totally new experience for Georgia.

The employment of people with disabilities in Georgia is stated as a crucial problem. According to official data, 198 000 people /to 2000/ are classified as having disability (using the wide ranging definition of disability developed in the soviet era). 81% of this people depend entirely on state benefits, 17% have an irregular income in addition to the state benefit and only 2 % are classified as having a suffusion income.

Social integration of people with disabilities in Georgia belongs to significant problematic issues as well; Different initiatives deriving from the state and non-governmental organizations have been noted during the last 10 years. Though public awareness on disability issues is still low. It important to mention, that the wide community stakeholder dialogue and, in particular, the active participation of beneficiaries in program management is restricted.

Employment strategies for persons with disabilities have not been officially formulated in the social agenda of Georgian governments; This fact has logical reasons stemming from the lack of empirical experience to follow the needs of beneficiaries and the absence of legislative and economic readiness of the government. Moreover, one of the reasons of the low sustainability of programs lies in fact that DPO's are weak to influence the legislation composing and undertake relevant local actions. The Georgian Law on the Social protection of the persons with disabilities (1995) notably acknowledges the role of the state in supporting the employment of these persons, however doesn't provide any concrete sub-item determining the concrete measures aiming to reach that ultimate goal: standards of employing the persons with mental and/or physical disability; strategies to manage disability-related issues at the work-place; issues of legal contracting with the persons with disability etc.

Inclusive employment- representing one of the corner-stones of inclusive community and echoing the UN standard rules has never been experienced in Georgia; Different types of supported and "open market" employment sites are the goal of the future action - to foster the social integration strategies in its fullest range for the disabled citizens in this country.



**Purpose of the project; objectives to be achieved**

Description of purpose; objectives to be achieved

The overall purpose of the project was to facilitate the social integration of people with learning disabilities in Georgia.

The specific goal implied mobilization of micro-society (community) - families of adolescents with mild learning disabilities, who attend the Social Rehabilitation and Adaptation Center 'AISI'.

The specific goal recognizes importance of active involvement of beneficiaries in decision-making at the each step of the project development and adopts the position that families of adolescents with disabilities should 'own' CBR project.

Both positions are based on the expected contribution of beneficiaries to:

√ **overcoming ignorance**<sup>1</sup>- by sharing needs, own experiences, tailoring the own competences with the competences of the professionals involved, improved advocacy and facilitation of referrals to medical and social services

√ **promoting sustainability** – by setting up structures and support: which will enable family members to acquire daily living skills and provide the opportunity for vocational training and employment; establishing NGO, finding ways of sustaining individual PWDs, and making relevant connections between PWDs and prospective educational opportunities and employers (business sector). This will significantly stress cost-effectiveness of the project.

√ **promoting the validity and relevance of CBR activities**- being customers and consumers: involved identification of what is required and how it could be achieved; perspectives, hopes, needs, fears and deep knowledge of the barriers; expected input in legislation.

√ **promoting inclusive vocational training and employment**;

√ **supporting sustainable change**- raising public awareness on disability issues by facilitated networking-neighborhood, business sector, government, health professionals and other community members

See action plan in the next box

**Methods and Materials:**

Short description of methods , intervention strategies and/or project implementation

The fundamental philosophy of the project is based upon the principle of 'equalization of opportunities', which calls up the responsibility of each citizen to be equally responsible in building inclusive society.

The main strategy in planning and implementing the project is the "community-based approach", which implies to influence public awareness, the level of community participation by taking on community initiatives by the project principal beneficiaries (by the families and the persons with disabilities) and to mobilize all available resources. The latter coincidences with the position of the disability groups regarding adoption of equal rights by the society *Nothing about us, without us*(UN, 2004)

The Participatory Action Research process had started from the parent's mobilization, what included issue identification and initial planning, cycles of action, reflection and modification<sup>1</sup>.

The brainstorming phase<sup>2</sup> included facilitation of 'open dialogue' between 15 parents to focus their needs and wishes. The main OT's strategies included team work facilitation (empowering participant to take the active role in the process; following group dynamics phases), incorporating the educational approach by sharing the information on topics that were raised by parents: need in sharing the western experience and models of employment, providing the relevant information about local authorities and professionals in charge of issue, sharing own experiences on strength of children and opportunities/resources available; facilitation of further discussion, being sensitive to ICF and PEO models<sup>1</sup>; explanation the basic strategies of community- based approach.

After the first phase of brainstorming the initial planning was made:

- To form the NGO/Union of parents and professionals; facilitate project team.
- To organize inclusive employment site at the "open market" for adolescents with mild leaning disabilities
- To create community based transitional and sheltered employment day care center for adults with moderate and severe learning disabilities.

The cycles of action included establishment of partnerships by inviting business sector representatives, investigation and mobilization of the resources available, active participation in meetings with local authorities, bringing ideas to social actions arrangements and forming the NGO- 'NADI': dividing roles within, sharing responsibilities and insuring its functionality.

The reflections and modifications were done after each cycle of action, for which controlling the occupational therapists were responsible.

The main modification was brought to the second objective and focused the strategy to support from the beginning the small 'successful' local actions, that will narrow the primer goal to provision of inclusive vocational training for several adolescents with mild learning disabilities for their further employment at the 'open market' Café site, facilitating/preparing the social environment of Café and

mobilization of physical resources.

### **Indicators of Change and Outcomes**

The indicators of change were different for the each cycle. The formal indicators for the brainstorming process control and monitoring were note keeping, observations 'in situ', independent actions of parents, parental feedback and the level of 'being prepared' for the training (own input/intake) as well as attendance for each participant.

The indicators of change and outcomes for the implementation phase:

The families of adults with learning disabilities have organized themselves to form the parental and professionals' Non Governmental Organization-'NADI'- that aims to facilitate social inclusion of persons with leaning disabilities by organizing employment settings for them.

The major indicators of change<sup>1</sup> are:

- Existence of political lobby, campaigns, defending the rights. The members of the organization managed to organize meetings with the city municipality and the Ministry of Health, Social Welfare and Labor and related organizations while getting all the information about the legislation concerning person with disabilities. They commenced the movement for defending the rights of PWDs. They have managed to involve persons from the government in this process.
- Sharing the CBR project with local authorities. The parents of adolescents with learning disabilities managed to establish collaboration with the local business sector representative in Georgia. The result of this action is that the famous wine company suggested to be one of the main stakeholders in the project and proposed to employ the adolescents with disabilities in their settings.
- Success in getting attention for issues relevant for persons with disabilities-the organization is managing the charity action. In behalf of this action the adults with disabilities are organizing the performance and the exhibition and the main aim of this action is to raise public awareness toward person with disabilities and involve society in mobilizing recourses for making the employment settings for PWD.

**Short description of significance of project to occupational therapy practice**

Relevance of project:

The current project recognizes the following occupational therapy practice:

√ enabling participation of beneficiaries and other stakeholders in the social change<sup>1</sup>/ promote liaison and facilitate services - The employment of people with disabilities represents one of the strongest indicators of social integration all over the world; the employment should challenge and provide shift from habituated 'marginalized role' of people with disabilities to the expected acquisition of citizen's status and high self-esteem; as well as to promote the well-being, which is subjectively perceived and carries the meaning of improved health (in accordance to the health definition used by World Health Organization), relative economic welfare and etc.

√ establishing effective partnering- occupational therapists act as partners, but not experts- following client-centered approach, the clients are recognized as experts over own health and 'own destiny'. The professionals should ensure the 'collaborative action'.

√ being encouraged in continuous professional learning through action: integrate socio-cultural & political knowledge and skills- it means being flexible to sustain the change that should be brought timely in local context in regard to needs of beneficiaries and other community members involved.

√ sharing and expanding experience gained.

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Please send your reports in “MS Office Word” with the letter format Arial and 10 pt. With the pictures in jpg files before **1<sup>st</sup> of June 2006.**

Presentation: <b>Power Point</b> We like to present our project .....Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**OUTLINE of the Community Based- OT PROJECT in participant country**

<p><b>Name of the project</b></p> <p>Community OT based practice with deaf and hard of hearing young persons:</p> <p><b>“How to become equal in labor market”</b></p>	<p>Institute: Riga Stradins University Academic school of Occupational therapy</p> <p>Country: Latvia</p> <p>Students Name: Marta Trokša, Dita Rituma, Linda Grīnvalde, Agnese Uzkalna</p> <p>e-mail: <a href="mailto:tango33@tvnet.lv">tango33@tvnet.lv</a> (Dita) <a href="mailto:veveve@inbox.lv">veveve@inbox.lv</a> (Agnese)</p> <p>Address: Ergoterapijas akadēmiskā skola Dzirčiema 16, Rīga, Latvia LV - 1007</p> <p>Phone: 371 29683096</p>
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**Background:**

There are 2.31 million inhabitants in Latvia. Only 10% of all disabled population in Latvia are paid employed and 2-3% of them are persons with hearing problems and other associated pathologies. There is about 2800-3400 deaf and hard of hearing persons in Latvia, 1400-1600 of them are in giving age [1]. Communicational and perceptual limitations of information sometimes cause reduced cognitive skills. Frequently hearing disturbances are along with different problems like limited vision or mobility.

**Education:**

Primary education to deaf and hard of hearing persons is obtained in two boarding schools in Latvia.

That means dissociation (isolation) from family members and society because of school's closed community.

- Primary school- Riga's Deaf Infant boarding-school, Valmiera's partially Deaf Infant boarding school, Daugavpil's speech therapy boarding-school
- Secondary school- Riga's Secondary school Nr. 51, Riga's Raina ship Secondary School
- Professional schools- Barkavas's Vocational Secondary School, Alviski Professional School, Riga's Crafts School
- High school- Liepaja's Pedagogical High School, Latvia's University, Economical and Culture High School
- Jurmala's Social Integration Centre

**Employment:**

Welfare ministry of Latvia considers that employers have to engage persons with disabilities not only in state subsidized employment framework but also out of it in order to facilitate integration in working sale of persons with disabilities in state over all. People with disabilities are very loyal and reliable employees, which is a real plus in a good economy when the labour market is tight. Hiring a deaf person not only gets the employer a good worker, it also gets that person out of dependence on federal support.

There is necessity to prevent reasons that delay successfully development of employment for persons with disabilities. One of main obstructive factors in work place is inaccessibility in work place and in public places.

**Problem description**

**Occupational needs:**

There are disadvantage in productive occupation to deaf and hard of hearing youngsters. They have difficulties to realize workers role in their lives and become full-fledged workers. Deaf and hard of hearing youngsters are not active searchers for employment.

Low self-esteem and limited communication impacts process of learning, participation in labor market and even participating in some voluntary activities.

There is grate importance to vision, gesticulation, hearing aids, and high technology to facilitate and ease communication opportunities. Usually hearing impaired people can't use speech in their communication.

Limited possibility of communication gives influence to education and professional obtaining chance. Two out of three people with hearing disturbances have trouble in communicating with colleagues and managers in their workplace. Employees with hearing disturbance feel more tired and isolated than employees in general. 60 percent of them are looking for other jobs because people with hearing disturbance feel badly treated in their present jobs [2]. Many people do well in the labor market, but people with hearing disturbance are still more likely to be unemployed and lower paid than people with normal hearing. The workday may seem long and hard for them. Conversations with colleagues, and the concentration needed for communication during the day demand much energy, potentially affecting both mood and work efficiency. Persons who are deaf or hard of hearing can perform the majority of jobs available. However, there are factors that create communication barriers that can limit their participation in the workplace. These factors include physical and environmental barriers such as noise, light level within a room, and distance from a speaker. Attitudinal barriers are also factors that can limit participation of persons who are deaf or hard of hearing. They include stereotyping, ignorance, and focus on disability rather than abilities [3].

The work environment in labor market is unsuitable so that youngsters can't take part of full value even if they are graduated professional or higher educational schools.

Lack of information about the latest (newest) and highest technologies, technical adjuvant, services and facilities to acquire utilization of it. The insufficient knowledge about opportunities how to use high technologies is obstructive factor in participating to labor market.

There are no accordingly qualified educators who direct sign language and are able to teach students with hearing disturbance in customary schools and no offered and provided (with) educational publications, textbooks and methodic and accordingly trained lecturer and their assistants in professional college and university in Latvia to be able to ensure educational material acquirement for deaf and hard of hearing youngsters.



Deaf and hard of hearing youngsters have not enough information about opportunities how to get higher education, trade, and they don't have any experience and lack of skill how to get this information.

These persons sense bitterly about lack of interpreter service. Because of limited possibility of communication there are difficulties to use state and local government social service, to visit a doctor, to do shopping independently, as well as realize their interests.

Nowadays Occupational therapists are not only worker in medical institutions but works in municipality and solve problems in wider scale and build up strategies of CBR. There are still new requirements for services in society.

**Purpose of the project:**

To provide information about assistive communication devices for deaf and hard of hearing young persons, encourage to use them, therefore facilitating productive skills.

**Objectives:**

1. To ascertain and describe the situation of employment of deaf and hard of hearing young people in Latvia.
2. To search for and analyze occupational therapy intervention to improve the situation.
3. To gather information and develop a booklet about assistive communication devices.
4. Inform target group during intensive course.

**Methods and Materials:**

**Target group:**

Selection/ elimination criteria of aim group:

1. 16- 25 age
2. Different severity of audible disturbance level, without cognitive distribution

Staff and participant of Latvian Deaf Alliance/Community (LNS) and her friend's organization participant of Efraims.

**Methods:**

Project is carried out in 4 steps:

1. Description about situation in Latvia and occupational needs of target group.

- a) Analyzing statistical data;
- b) Studying scientific literature;
- c) Exploring institutional environment in Latvia.

2. Searching and analyzing OT strategies to facilitate productive skills for

target group.

3. Developing booklet about assistive communication devices.
4. Organize informative courses about assistive devices for target group (booklet as teaching material).

The fourth step of the project will be carried out in August-December 2006. Approximately 30 participants will be involved in the course.

### **Short description of significance of project to occupational therapy practice**

Relevance of project:

One of occupational therapy competencies to facilitate occupational performance and behavioural change is adaptation of environment. OT students will acquire information about assistive devices and will use them in OT practice in future. Therefore they will facilitate inclusion in community and labour market persons with communication restrictions – deaf and hard of hearing. The information about specific communication devices for employees will widen opportunities to participate in labour market for person with hearing disturbances.

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Presentation:

We like to present our project .....Yes  No

We have attached our presentation! In Ptt

We need the following audio visual equipment:

Video

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## 1. INTRODUCTION

Welcome to our presentation!!

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### Introduction:

First we will introduce ourselves

I'm Ilse and this is Miranda. We are both from the Netherlands. We study occupational therapy on the HAN University.

Miranda, twenty-one years old, is in the last year of her study.

Ilse, twenty-one years old, is half on her way; she has recently started in her third year.

---

### Here you can see what you can expect

#### Deprived group in the Netherlands

In the Netherlands the army of welfare collect the information about deprived groups

They conclude that more and more people can't participate in the society

It's more and more difficult for people to live a meaningful life

Living a meaningful live has to do with the feeling being one of a group and have a meaningful perspective for their future. that defines the quality of life.

---

In the Netherlands the situation is very complex. Caregivers have to prove their choices and treatments by evidence based medicine.

There is less information about the prove of prevention and rehabilitation programs  
So on this moment; prevention and rehabilitation programs are not taking an important place in our society

Many people are not able to ask the questions to the right persons and don't get entrance to the care they need.

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The risk is that those people that can't take their own responsibilities will fall in a gap

#### Our subject

For this presentation we would like to talk about a deprived group who seems to fall in a gap. Those that are coming back into society after removal from a psychiatric hospital.

---

## 2. INTRODUCTION OF EDUCATION AND WORK

### What is the value of work?

Before we will introduce the deprived group we've chosen.

I want to talk about the value of work for me and you.

First, I want to ask you. What is for you the most important reason to have a job or go to school?

I give you one minute to think about it for yourself, and to write down

-what are the most important reasons for you to have a job.

So when you think about the value of having a job; tell me some you have written down  
3 mensen vragen

So we've heard three examples

We've thought about it ourselves  
And we think the value of work has to do with

- earn money
- daily structure
- mean something for other people and society
- living a meaningful live
- social contacts
- being part of a group

The outcome of a resource in The Netherlands gives us this information:

---

32 percent of the Dutch people say that work is the most important thing after their family and more important than their hobbies.

Source

Schene, Van Weeghel, Van Dijk & Van der Klink (2005). Psychische aandoeningen en arbeid. I. de achtergronden. II. de interventies. In Schene et al. (red.), Jaarboek voor psychiatrie en psychotherapie 2005-2006. Houten: Bohn Stafleu van Loghum, p. 233-272

So we can conclude that have a job is very important for the quality of live

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### 3. INTRODUCTION OF OUR DEPRIVED GROUP

#### The deprived group

From this moment Ilse will represent Phill, one of the persons of our deprived group.  
He will tell something more about himself.  
With this case study we will give you more information about our deprived group.

Your attention for Phill Farmer:

My name is Phil Farmer, forty-one years old.

I've had a normal youth.

When I was 18 years old I came in a lot of trouble. Sometimes I heard voices and had hallucinations. I never talked about it with others, because I was ashamed.

At the beginning I used a lot of drugs because of the voices, only when I smoke cannabis I could sleep for a couple of hours.

I lost my job, I lost my home and I start wandering on the street. After 5 months someone found me on the street, I was unconscious. He brought me to hospital and after that they send me to psychiatric hospital.

In hospital the told me that I had:

- Psychotic disorder due to medical condition with hallucinations

I was shocked for a moment.

To give you a description of Phills disorder we used DSM-IV; this is a system that consists of ten groups of official descriptions of psychiatric disorders.

Phills diagnosis is one of the psychotic disorders.

Core symptoms:

Visual and auditive hallucinations

Now, they could give me a suitable treatment.

During the treatment I had a real hard time. I was young, shocked and I lived in a psychiatric hospital, how explain this to my friends?

Happily, the treatment brought me something good. After 6 months of treatment I could control myself, so I decided with my psychiatrist I would try to live on my own again. I was so happy I could live for myself again. But soon the first problems appeared, some that I wouldn't have expect when I was in hospital.

In hospital I got personal attention and structure and I was in a safe environment. When I came home, I seem to fall in a gap; because structure and help had disappeared. A hard task came on my way:

Reintegration in society.

When I came home I discovered how many impact my psychiatric illness had had on my live and how much impact it would have on my future. After my treatment I had a lot of big plans, Immediately I wanted to start working.

Do you think the value of work is different for me?  
When you think that; your are wrong

When I started working; again and again I got fired. I lost my motivation and my believe in myself and my competences. I didn't know what to do anymore. Which job could I handle? How could I find a job that could give me enough satisfaction, that also took into account my impairments?

This problem of Phil brings us to the core of our presentation:

**Reintegration in work or education after treatment in psychiatric hospital for dealing with a psychotic disorder**

**DEEL 2**

So as Phil just told, he has a psychiotic disorder. But he is not the only one.

*In the Netherlands plus minus 75.000 persons are dealing with a psychotic disorder.*

And he is not the only one with the problem he just described:

*Many of them, plus minus 90 percent, don't have a job.*

Source

Schene, Van Weeghel, Van Dijk & Van der Klink (2005). Psychische aandoeningen en arbeid. I. de achtergronden. II. de interventies. In Schene et al. (red.), Jaarboek voor psychiatrie en psychotherapie 2005-2006. Houten: Bohn Stafleu van Loghum, p. 233-272

But going back to school or work is not as simple for them as it is for most people.

What can we do to deal with this problem?  
- What can the OT do for them?

We introduce you to a possible intervention the MELBA to deal with this problem

### **3. MELBA**

In English MELBA stands for the characterize of the reintegration in work for people with less performance and disabilities.

Melba is developed in Germany at the University of Siegen in 1986  
At the end of 2001 the MELBA has been translated in the Netherlands

Melba is a system for documenting the possibilities of the person and on the other hand, to document the demands of the job.  
The next step is to match the possibilities of the person and the demands of the job

So if you want to find a suitable education or work; you can use the MELBA.

#### **Two profiles**

Melba exists of two profiles

A capacity profile

A profile of demands

Both profiles are standardised and can be used separately.

#### **Capacity profile**

The aim is to get an overview of the capacities and impairments of a person

**The capacity profile makes it possible to:**

- communicate systematic about strong and weak aspects of the client, with client employer or other persons
- give argumentated advices
- follow the development because you can use it on several moments
- get an idea of the possibilities in different situations

#### **Profile of demands**

**The aim is to get an overview of the demands of the job**

The profile makes it possible to:

- get a trustful description of a certain job so you can compare jobs
- communicate systematic about the demands
- compare jobs on their demands
- adapt a job

#### **Matching**

Both profiles are identical and that makes it possible to compare them easily and so you can see which demands do most meet the possibilities of the person.

As system, Melba makes it possible for a person to:

- explore if a job is suitable
- select specific tasks or workplace
- see why certain jobs can give problems
- make a description of the things that are needed for doing a job, for example: courses, adaptations or changes
- talk with him or her and with colleegs

Melba is used as a base for communication;

### **Some extra information.....**

Melba is more and more used in many different branches where people reintegrate in work. This can be people with or without impairments.

Not only the occupational therapist, but also teachers, job coaches etc. use the melba

Handling the Melba is not simple compare demands or filling in some kind of simple form. Both profiles will seldom be the same. It gives a view of demands that can play a role in decision making when reintegration is wished. The system is validate and trustful.

You need courses to learn how to make a profile that is validated and trustful. What we told about the Melba is just to introduce you to it, so that you know it exists and what you can do with it.

### **More information**

If you want to know more about the MELBA:

Surf to: [www.melba.nl](http://www.melba.nl)

Or [www.melba.de](http://www.melba.de)

On the site you can chose your favourite language!!!!!!

### **4. Qualities of the OT**

Reintegration in work or education is an important development for the OT. Because education and work are things that give people feeling of one's own worth. It is important for the quality of live.

And that brings us to the core of OT: helping people to make it possible to live a meaningful live.

**So the OT seems to have an important task in this process. We look not only at the person, but observe also the environment, we know how to motivate people, how to make client centred aims. We have the capacity to observe and look at the whole context. So we finally get an overview of the core of the whole problem. And that is just THEIR OCCUPATIONAL NEED.**

### **Development of CBR**

When they ask us to give a presentation about Community based therapy in The Netherlands,

We came to the conclusion that Community care is a hot item in The Netherlands

Community based rehabilitation in is still in his infancy.. because our society is based on individuals and less based on the community

But from this year a new law is introduced in the Netherlands.

WMO

The aim of this law is: participation in society for everybody

This law will give more responsibility to the municipality.  
They get the responsibility to perform the community care

On this moment there is a lot of obscurity about the law  
A big question is: How to perform the law?

The introduction of the law gives the OT the possibility to profile.  
We as OT can play an important role by helping people to participate in society. But it will  
took time until community care get of the ground.....

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**Occupational deprivation in physically disabled adults: An enjoyable approach of helplessness in paralyzed individuals through an OT project into the “Clinical Hospital for Medical Rehabilitation, Băile-Felix**

Burlău Mirela Carmen, Physical Therapist, and (nearly) qualified Occupational Therapist

**Background/ Introduction**

Since 1985, the Clinical Hospital for Medical Rehabilitation, Băile-Felix/Romania through its treatment establishment equipped with facilities for physical therapy, occupational therapy, hydrotherapy, electrotherapy, and massage offers treatment to 150 adult inpatients suffering of rheumatic diseases, neurological disorder, and orthopaedic conditions.

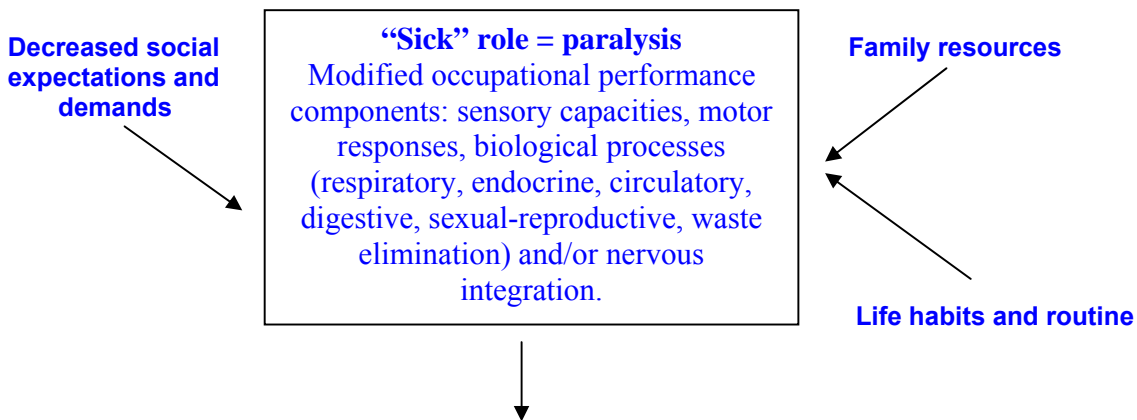
In the last 5-6 years, the adult population seeking for medical services in our clinic struggles with consequences of paralysis due to traumatic brain injury, spinal cord injury, cerebral-vascular accident, and operated brain tumors leading to a physical disability.

- The symptoms of paralysis, labeling the person with the term of handicapped express the conflict of “life in trouble.” (Kielhofner, 1983)
- Whether aware of it or not, health professionals are the first emissaries of society’s expectations for the person who is disabled.
- The individual experiences these expectations as guidelines and translate those demands into personal terms – greater self-control, development of skills, or commitment to goals.

**Understanding of the context in which the project is developed** is possible through concepts and tools provided by:

- Model of Human Occupation (Kielhofner, 2002) for building trust in client to take control of life
- The Canadian Occupational Performance Measure (Law et al., 1994) for allowing client to detect self-perceived change in occupational performance over time

A “sine qua non” condition for an **individual** to have access to hospital and care periods is to be ill. The way a person experiences the presence of illness and its care is resumed in the concept of the “*sick role*” (Parsons, 1958).



**Occupational disruption → Occupational dysfunction → Disruption of social reality**

Difficulties in putting on clothes, getting out of bed, getting into the car, and so forth met by these people in day-to-day activities will encounter the complex process of becoming gradually physically disabled individual crossing different dimensions of occupational engagement:

- Occupational disruption (Whiteford, 2000) when the person normal pattern is disrupted due to the illness/ injury from which full recovery is expected.

- Occupational dysfunction (Whiteford, 2000) represents a by-product of occupational disruption characterized by atrophy of one or more occupational performance components. That reflects a “life in trouble” (Kielhofner, 1995) a so-called a “crisis” or disruption of social reality, when the person and family make efforts to understand and adjust to the new condition. Previously valid routine are no longer legitimate as well as background expectancies, which served to maintain and legitimate those routines.

The **clinic**, as a microcosm of society may increase skills of a person with an acquired physical disability or turned him/her into a handicapped one generating feelings of uselessness and hopelessness. The shortcomings of the physical environment disabled them, but social environment is what really enables or hinders occupational opportunities through the process of institutionalization of healing.

<b>Social network</b>	<b>Hinders/ Enables new skills, routines and habits development</b>
<u>Family</u>	Is a <u>strength</u> that need and must be educated and trained how, when, and what kind of support to give. If not used properly while counseling, training, and advising concerning the use of compensatory and adaptive approaches, the family may hinder the client’s willing and ability for independence.
<u>Multidisciplinary team (?)</u>	<u>The lack</u> of communication among professionals and non-professionals decreases the effectiveness of skills acquisition and their transfer into the client’s home environment. Lack of coherent and general assessment and re-assessment tools used by all staff members makes difficult to follow the client’s progress in a realistic and measurable way. Lack of professionals as the psychologist, the speech therapist, and orthesist overwhelms PT, OT, nurses, and caregiver’s work in a one-by-one relationship with the client.
<u>Occupational therapist</u>	<u>Supports</u> the client and the family to identify and priorities occupational performance issues in daily life (COPM). Helps clients relearn or acquire modified skills such as eating, dressing, toileting, locomotion, transfers, and so forth starting the intervention plan right in the client’s ward and continuing it into the OT department. Advises and educates the family and client in understanding the illness/injury and consequent atrophied occupational capacities. Advises in making small home adaptations. <u>Have difficulties</u> to provide quality and continuity to its work due to the amount of work (24-30 clients/ 7 hours) and short hospitalization period. No link with the client’s community resources. Impossibility to make adaptations for clients – lack of resources.

Their everyday experience of occupational deprivation (Whiteford, 2004) is a “state of preclusion from engagement in occupations of necessity due to factors, which stand outside of the individual’s control.” Whether aware of it or not, health professionals are emissaries of society’s expectations for the person who is disabled. The routine of inpatient treatment in the clinic rely on:

- Morning rehabilitation care program, between 7.00 am – 2.00 p.m. when inpatient follows a treatment plan developed by a physician including physical therapy, massage, hydrotherapy, electrotherapy, occupational therapy, and thermotherapy. For most of the clients, that program is loaded in comparison to
- Afternoon free time and rest program, between 3.00 p.m – 6.30 p.m. when the client’s rest and relaxing period depends on each interest, possibilities, physical barriers (elevator schedule, stairs, wheelchair size and weight, etc.) and family member’s availability (age, health condition, endurance to effort, willing).

What the opportunities are for that time-period?

- In the summer when the outdoor swimming pool is functioning, the patients that can get in and out of the pool, with/without physical support may have a swim.
- Others may have a walk or rest outside on benches enjoying the sunny days and having social contacts.
- The most disabled and aging persons prefer to stay in their wards and socialize with roommates.

- The young adults concerned with their fitness may continue physical exercises within the gymnastic hall without the PT supervision.
- Alternatively, they can reach the OT department where chess, backgammon, and remedial activities are available.

The socio-cultural context oscillates between two main concepts:

#### What means to be “normal”?

##### Social status

To be mother/ father/ son  
 Colleague / student  
 Leader/employee/employer

##### Habits and routines:

- Related to work/ education
- Well-established
- Well-organized

##### Feelings:

- proficiency
- happiness
- satisfaction
- meaningful
- socially valid



#### How is to become “handicapped”?

##### Social status

“sick” role  
 subtle marginalization =  
 “handicap retirement”

##### Habits and routines:

- limited to self-care and indoors leisure time

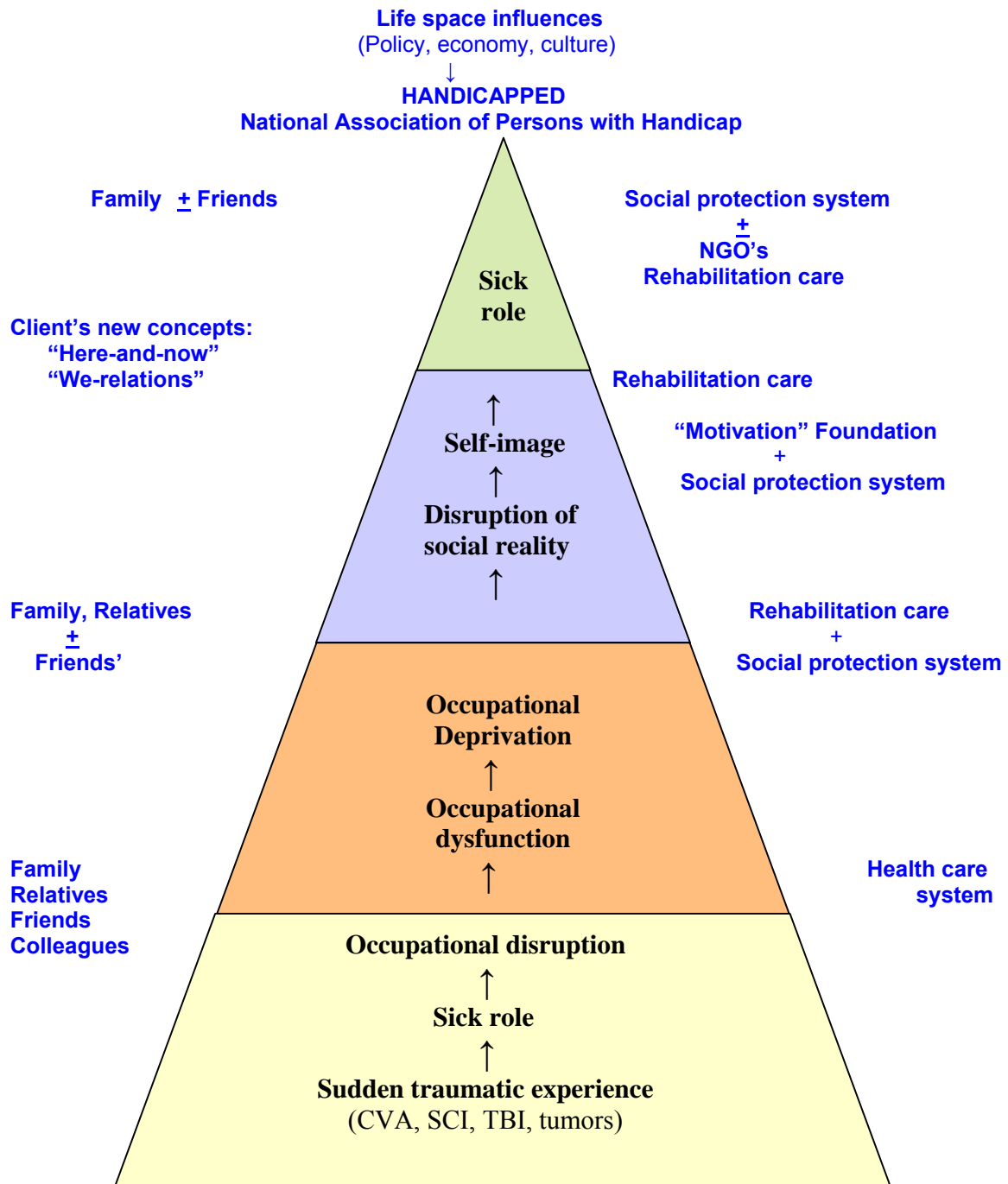
##### Feelings:

- unhappiness
  - usefulness
  - isolation and loneliness
- socially incapable
- dependency



#### Romanian national policy in the field of adult population with disabilities

- Legislation:
  - Provides rights for “**handicapped**” people
  - Provides tax system facilities for employers
  - Does not develop guidelines and methodology for access and engagement in occupation
  - The concept of Community-Based-Rehabilitation is unknown
  - Lack of education in professions related to people with disabilities: occupational therapist, vocational trainer and counselor, orthotist - prosthetist.
- Governmental and non-governmental associations
  - National Association of Persons with **Handicap**
  - NGO’s are mostly initiated and financially supported from abroad
  - Lack of links between rehabilitation care system and community resources
  - Social services, voluntary organizations and home health services very few, even in big cities
- Public-private partnership
  - Non-existent



**HOW does the clinic environment facilitate a positive resolution of an adult “life in trouble”?**

**The long-term goal:**

In the effort to redefine and validate the damaged self-image of the clients, with the conscious involvement of family in non-treatment activities the occupational therapy project attempts to *facilitate an afternoon daily program within a safe physical environment where paralyzed individuals make use of various play and leisure opportunities:*

- Fostering a better quality of life and staying during their rehabilitation period
- Fostering we-relations by designing group activities that allow clients to interact in ways not defined by their disability or traditional restrictive rehabilitation therapy.
- Raising awareness on obnoxious behavior. Allow the client the freedom to express oneself, even inappropriately, as an attempt to identify a self-image.

**WHY leisure activities? (Ward-Wimmer, 2002)**

- It is spontaneous
- It is natural
- It is creative
- It is a holistic experience that invites body-mind integration
- It is competitive focusing on group importance and interdependence
- It is relaxing
- It is affirming
- It is impossible to do wrong, in a therapeutical context

**Short-terms goals:**

<p>1. Develop a collaborative partnership between the medical institution for rehabilitation care and the educational network for occupational therapy. To be completed in 2 - 3 weeks.</p>	<p><u>Used activities:</u></p> <ul style="list-style-type: none"> <li>- Inform the clinic's board</li> <li>- Inform the medical staff</li> <li>- Use questionnaires for both clients and staff</li> <li>- Share with clients and staff, the questionnaire answers, and discuss about the issues</li> </ul> <p><u>RESULT:</u> a written agreement among partners with shared responsibilities</p>
<p>2. Facilitate a safe and accessible physical environment for physically disabled adults by changing and adapting non-human characteristics of the existent Occupational Therapy Department resources. To be completed in 2 months</p>	<p><u>Used activities:</u></p> <ul style="list-style-type: none"> <li>- Negotiate for the physical environment accommodation and modification.</li> <li>- Design a plan in terms of accessibility and safety guided by Accessibility Guidelines for Buildings and Facilities (ADAAG)</li> <li>- Advise and negotiate on details concerning physical environment adaptation, appropriate equipment and facilities</li> <li>- Provide the environment with equipment for play and leisure activities.</li> <li>- Check with clients, physical safety, aspect, and endowments issues; negotiate on most appropriate leisure activities.</li> </ul> <p><u>RESULT:</u> an accessible and safe space for individuals using a wheelchair, walking frame or canes: structured according to possible visual-perceptual impairments – colors for space determination, and visual cues; created atmosphere invites playfulness with materials, and activities.</p>
<p>3. Developing together the afternoon program of clients and their family within the new, adapted, and equipped physical environment To be completed in 4 weeks</p>	<p><u>The criterion</u> follows the clinical studies requirements. <u>The methodology</u> includes observation, interviews – COPM (Law, 2000), and tests – Lin Interest Check List (1991), Daily Occupational Experience Survey (Blanche, 2003), and satisfaction measurement questionnaires. <u>RESULT:</u> the best developed formula for afternoon program that allows client's access to leisure opportunities.</p>

4. Re-organization, based on accumulated experiences.	<u>Used activities:</u> Observation, un-informal interviews, and clients' satisfaction questionnaire. <u>RESULT:</u> Internal regulation within the "Afternoon club" For the medical staff /For the clients
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**Project outcome and budget**

<b><i>Quantitative results</i></b>	<b><i>Qualitative results</i></b>
A new created physical space, based on available resources – 500 Euro Equipment and materials – 500 euro 10-15 inpatients benefit from the afternoon program 3-5 family members participate in it, too	<ol style="list-style-type: none"> <li>1. Use free time in a meaningful way and prevent isolation</li> <li>2. Develop and improve communication/interaction skills among clients</li> <li>3. Facilitate emotional components such as confidence, self-esteem, relaxation among client and own family</li> <li>4. Increase occupational performance components</li> </ol>

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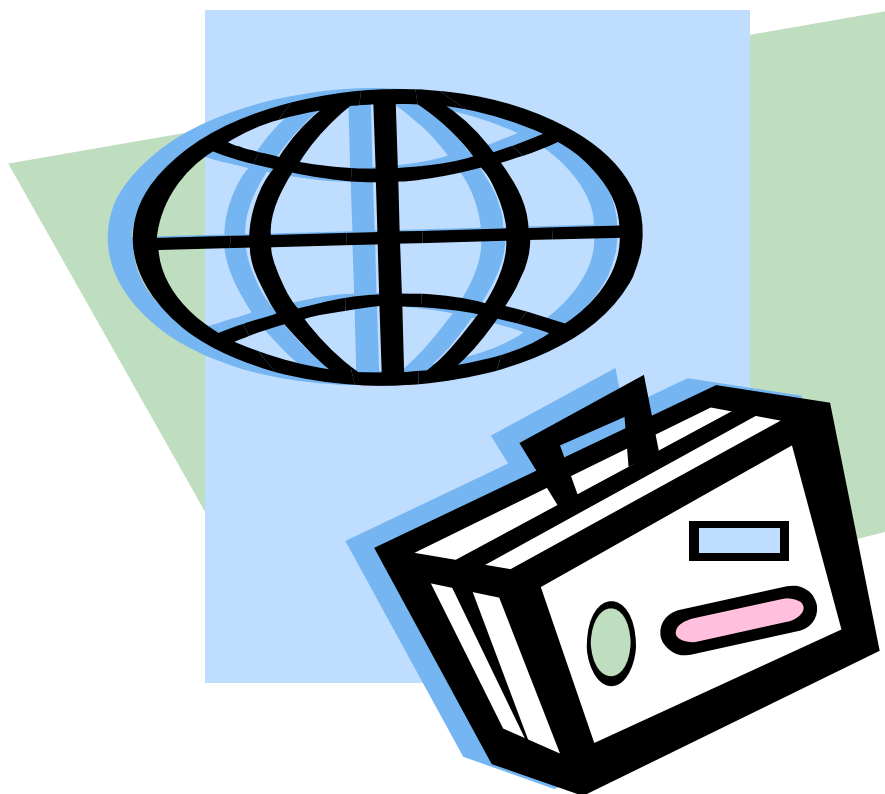
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**STUDENT PROJECT DESCRIPTION**

**THEME:**

**“ADULT CANDIDATES FOR ASYLUM IN REFUGEE CENTRES”**

**BY**

**Susanne Wilhjelm and Lene Pedersen, Denmark, CVSU-Fyn, 7<sup>Th</sup> of Sep. 2006**

**12<sup>Th</sup> meeting of ENOTHE  
October 2006  
In  
ANKARA**

## **Student project description – Occupational deprived group**

We have chosen **adult candidates for asylum<sup>1</sup> in refugee centres** as our target group in the description of an occupational deprived group. Our reasons for choosing this group are following:

- The integration and treatment of candidates for asylum in Denmark is a very "hot potato" and often discussed in the media and therefore of current interest. ( Refer to the enclosed article)
- We believe that the intervention with candidates for asylum is a topic which have low priority and the candidates for asylum suffer from these circumstances.
- We have not heard about Occupational therapists working in this field in Denmark and we have wondered about that. We would like to do some further research on this.
- We believe that this is a field where Occupational therapists can contribute strongly with their special acknowledgement about the importance of meaningful activities for the individual human being.

To emphasize why the adult candidates for asylum are occupational deprived we have chosen to analyse their situation through the Canadian Model of Occupational Performance.

First of all it is important to understand that the candidates for asylum who come to Denmark to seek asylum are wiped out from their home country and safe and secure conditions and are far away from the everyday life they used to live. It is important to emphasize that this happens against their own will.

### **Analysis by Canadian Model of Occupational Performance:**

#### Person

*Spirituality:* As a refugee you are in the hand of other people and a government and therefore you loose the power of and the ability to take responsibility of your own life. This might affect your personality and interfere with your personal values.

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<sup>1</sup> A candidate for asylum is a person who is in Denmark because of war or other disasters in his or her home country. In Denmark it can take 2 years before you get either temporary or permanent asylum. Until that happens the candidates have to live in a refugee centre. At the moment the circumstances in these centres and the circumstances for candidates for asylum in general are discussed in the media.

*Cognitive:* Many candidates for asylum have experienced traumatic things or been subject to torture - this will often affect their mental ability.

*Affective:* Refer to *Cognitive*.

*Physical:* Often the candidates for asylum are very weakened after having lived in refugee camps and having been through a long struggle to get to Denmark. Their everyday life in the refugee centre is marked by inactivity and this also affect their physical condition.

### Occupation

*Productivity:* The fact that you have a job is a part of your identity and as a refugee you are deprived from this. Especially many male candidates for asylum have taken an education as eg. engineers but because of their situation as a candidate for asylum they do not have labour permit.

*Self-care:* Without the possibility to control what is going to happen with your life as a candidate for asylum you might loose the interest in eg. personal care because your life and meaningful decisions are in authorities hands.

*Leisure:* Because the refugee centres often are placed away from the cities there aren't many possibilities to attend activities. Money and language can also be a barrier. The candidates for asylum everyday life is not divided into work and spare time. The days are very much alike and does not content the joy of being off work and having spare time.

### Environment

*Institutional:* When you are a candidate for asylum and seek asylum in Denmark your future life is in the hands of the Danish government. Candidates for asylum do not have the same rights as the Danish people and might feel like second-rated persons.

*Physical:* In refugee centre you often live under spartan circumstances and without the possibility to have a private life. Often the environment is in bad shape and there are many people living together on few square meters.

*Social:* Many candidates for asylum come to Denmark without their family and suffer a great loss because of that. People with different background live involuntarily together in the refugee centres and they might not be able to talk to their neighbours because they do not understand their language.

*Cultural:* Refer to *Social*. The candidates for asylum are also in an unknown country with a culture which can be very different from the one they know. This can be a big challenge to adjust to.

Our present knowledge above about candidates for asylum and their conditions are based on information from the media and volunteer work at and a visit to a refugee centre. The contents of the above written words are therefore a subjective description based upon our poor experiences and reflections on this topic.

### **The Occupational Therapist's intervention**

We have done some research upon our topic and among other things we have got contact with a Danish Occupational therapist who works with refugees. As far as she knows there aren't Occupational therapists at refugee centres but only in rehabilitation centres, and today she is the only Occupational therapist in Denmark working in rehab. We have made an interview with her in order to get to know more about her work. We plan to involve some of her experiences in the following description. We will emphasize that our target group are candidates for asylum without residence permit and therefore our intervention will concern the acute phase. But we are aware of that this phase can last up till 2 years!

As we described above many candidates for asylum are very inactive, and through our interview with the occupational therapist we got to understand that this behaviour is a cause of PTSD (Post Traumatological Stress Disorder) Therefore it is important to be aware of this through the intervention. It is also important that the Occupational therapist is present and is able to make the candidates for asylum feel confident and build up a trustful relationship with them. The OT must be available and be flexible. E.g. if the OT senses that a person has a need for "listening ears" the OT must know when to meet this need.

The focus of the intervention should be on the family. Many of the candidates for asylum who come to Denmark have a poor network and some family members are left behind or even dead. Therefore it is important that the OT starts from this and helps both children and parents from a holistic point of view.

Finally the Occupational Therapists have to work interdisciplinary. The most important co-worker is from our point of view a Translator, but to create a holistic intervention we recommend to involve following persons depending on the individual candidates for asylum needs: Physical therapist, Nurse, Social worker, Psychiatrist, Psychologist, Teacher etc.

Generally speaking we plan the intervention to contain following:

- Professional conversation, individually in order to clarify the candidates for asylum former daily life and what the person wishes to get involved in now, and what the person feels he or she can overcome at the present state. The outcome of this conversation can be useful for the future intervention for the refugee.
- Activities in groups. The purpose of the activities is to create a place where the candidates for asylum can get their mind focused on something else than the present condition of their life. Also a way to get new hope in their life and try to create a meaningful life under their limited condition. Examples:

*Work group:* Clarify work skills, visit Danish places of work and help the candidates to hopefully get a labour permit. (Refer to the enclosed article)

*Cooking group:* Both Danish and foreign food. Foreign food to contribute with something from their home country and feel appreciated – Danish to learn something about our culture.

*Physical activity groups:* E.g. walking and bicycling. To be in the nature can help integration of senses, body and mind.

## **Conclusion**

In the long run we believe that the candidates for asylum will profit from activity and the fact that the Occupational Therapist supports the candidates, helps them to take responsibility and shows them the possibilities to create a meaningful everyday life – even under their present circumstances.

We believe that both the candidates for asylum and the society will profit from this early effort because it might make the traumas less permanent and damaging for the person. In the long run this can have the effect that the candidate will be able to start working again and the society will save money in rehabilitation work.

Starting from the Canadian Model of Occupational Performance we believe that we must, as Occupational Therapists, consider each individual as a unique person with the ability to take care of his or her own life and we must create the possibilities for him or her to do so.

*Lene Pedersen and Susanne Wilhjem, Denmark, CVSU-Fyn, 7<sup>th</sup> of Sep. 2006*

## **A normal life for candidates for asylum**

Candidates for asylum should be allowed to work while they wait for asylum. It makes stronger people, who afterwards will be able to manage by themselves – no matter if they are going to stay in Denmark or will have to leave.

**By Kamal Qureshi (Member of the Danish Parliament, Socialistic Party – SF)**

**26<sup>th</sup> of April 2006**

Candidates for asylum who are allowed to work , are of use to themselves and to Denmark , and now a big examination shows that a larger number of candidates also return home again if they have got the possibility to live a normal life in Denmark while their case has been dealt with.

The examination from the Nordic Council nail the cynical logic of the Government and the Danish Public Party (Dansk Folkeparti) that rejected candidates for asylum will be neglected. In the end it will be so unbearable for them that they will leave. That is not true!

To neglect candidates of asylum will on the contrary destroy the candidate´s mentality, physique and courage to go home and create a new life in their home country. Therefore they will not be able to go home.

On the contrary if they have been allowed to make themselves useful and use their skills in Denmark and have a normal life in the Danish society they will be stronger and more able to take care of themselves. This regards no matter if they are allowed to stay or have to leave. But maybe the purpose of the Government and the Danish Public Party is something completely different: That is to send so disgusting a signal to the persecutes of the world about the treatment of candidates for asylum in Denmark, that no one will come?

**(This translation is performed by the students of this project – Lene and Susanne – and is our responsibility. This is done with permission from Kamal Qureshi´s private secretary Lars Bramstrup Nielsen.)**

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*25 spørgsmål og svar om flygtninge* Dansk flygtningehjælp 2005

Interviews:

*Winnie Snedker Jørgensen* Occupational therapist – Vejle sygehus, Psyk. Afd.

*Merete Jeppesen* Occupational therapist – RIC, Rehabiliterings- og integrationscenter Horsens



OUTLINE of the Community Based OT PROJECT in participant country

<b>Name of the project</b>  Community OT based practice with street children  <i>Off the Street and Back to School</i>	Institute: Hacettepe University Country: Türkiye Students Name: e-mail: Address:  Phone: Fax:
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**Rationale (background, occupational needs, problem description):**

A short description of background and problem on a societal level of the occupational deprived group; the occupational needs and how those were assessed

Children working in the streets are those who spend part of the day in the streets working in order to contribute to the family budget or to meet their own financial needs, and who come back home early or late at night. They still have some contact with their families; however, they spend a considerable part of the day in the streets away from family protection and far from the environment in which they live. Children living in the streets, on the other hand, maintain their lives in the streets for short or long periods. Children who are driven away from home, who do not have parents, or who are left on their own although they have parents also constitute this group

Street children, as young as 6 years old, are the most visible part of the population of Turkey. Their precise numbers vary from city to city and often depend on the season of the year. They stand out begging for gum or just a few coins. The problem of street children has grown dramatically in the last few years. About a thousand people a day leave the rural areas for the city to allegedly better their lives.

Children living and/or working in the streets are at risk of encountering or interfering in violence, sexual abuse, substance addiction and of acquiring infectious diseases and also they have not a life like ordinary child

Numbers of children living and/or working on the streets of Turkish cities have visibly increased in recent years. Many children who live at home are forced by their parents to work on the streets in order to supplement household income.

Some who come from abusive families seek refuge on the streets.

Unable to apply themselves to study or even to attend school, many of these children have dropped out of the educational system and grow up with little hope of gaining appropriate training or certification for a skilled job.

While on the streets, many of these children are subject to maltreatment, physical and/or sexual abuse, disease, malnutrition and substance abuse.



It is not surprising that numbers of street children in Turkey are reaching such high levels when available statistics show that roughly 15 million families live on the poverty line and 9 million children live with families who are at risk. The population of Turkey is estimated to be 63,416,000, with 25.4% in the 6-17 year age group. According to the Household Labour Force Survey conducted by the State Institute of Statistics jointly with ILO in October 1999, there are approximately 16,088,000 children in the age group 6-17, of which 1,635,000 (10.2%) are employed. Of these children 61.8 % are boys and 38.2% are girls. In the same age group approximately 78.8% of the children attend school. As for the reasons for children working, the greatest number cited was 38.4% who worked to help support economically the family household followed by 19.7%

In Turkey, there is a considerable problem of many thousands of street children, although their precise numbers vary from city to city and often depend on the season of the year. Police sources in Istanbul have reported that there were between six and seven thousand children on the streets. There is an almost permanent problem in the western, southern and south eastern cities, with large numbers of migrants. As a country, Turkey is in transition from a rural to an urban setting and from an agricultural to an industrial economy. The trend of migration to major metropolises, together with the disintegration or



non availability of familiar social support network, means the phenomenon of working children is becoming more apparent, particularly, the numbers of children working in marginal sectors and on the streets in order to help support family income levels.

A range of factors related to poverty such as;

- rising unemployment,
- massive internal migration,
- family breakdown and
- low access to quality basic social services contribute to the deterioration of the safety not for children.

Taking the case of Diyarbakır as an example, we see that although the numbers of children living on the street could be counted in the hundreds as recently as 1995, these children now make up a group of as many as 20,000 in this city today.

In 1992 Turkey was one of the initial six countries to undertake direct action to combat child labour through IPEC programs and assistance. The Memorandum of Understanding between the Government of Turkey and the ILO was signed in 1992 and was extended till September 2006. There was a total number of 101 action programmes implemented from 1992 . IPEC projects carried out over the last 12 years have reached approximately 50,000

children. Sixty percent of these children have been withdrawn from work and placed in schools. The remaining 40 percent have benefited from improved working conditions and health, nutrition and vocational training services. Furthermore, approximately 25,000 families have received counselling services and assistance. The strategies developed and objectives of the Programme are coherent with national policies and objectives and reinforce and strengthen existing national structures.

IPEC Turkey is now in the process to increase assistance to constituents in the effective implementation of Convention No: 182 through the development of national time bound programme that formulate concrete policies and programmes to eradicate the worst forms of child labour within a determined period of time. The strategy paper was prepared by the Government in collaboration with all the related parties. The Time Bound Policy and Programme Framework delineates the roles of all participating organizations and will act as a guide in the successful implementation of co-operative efforts across sectors. Within this framework of principles and commitment, the Government has adopted as its basic target the elimination of the worst forms of child labour (WFCL) within a period of 10 years. In response to commitments made by the Turkish Government, as part of a USDOL-funded programme, IPEC agreed to provide support to the implementation of the national TBPPF through a Time-Bound



Programme Support Project. The Action Programmes for the selected sectors are under preparation and will be ready for implementation as of October 2004. The implementation of the time bound programme will demonstrate the impact that a significant reduction of worst forms can have on sustainable development. This experience can help generate wider financial and political support so that child labour elimination is mainstreamed into regular government programmes and budgets.

Street childrens occupational lives are influenced by all kinds of spaces and objects to which they can access. Such access is routinely restricted to deprived people. Feelings of hopelessness and a sense of powerlessness are internalized when living under oppressive circumstances

Occupational therapist can play in promoting social change at the individual, group or organizational level. Both personal and environmental factors that influence occupation is important

**Purpose of the project; objectives to be achieved**

Description of purpose; objectives to be achieved

In this study, it was aimed to determine the social-demographic characteristics and needs or requests of children living/working in the streets by improving the lives of children and their parents.

Also it is aimed to organize a social event that integrates these children with the community.

**Methods and Materials:**

Short description of methods , intervention strategies and/or project implementation

Under the guidance of ILO/IPEC research on working street children project we decide to make an open ended interview with the street children to determine their volition, habituation and performance capacity according to MOHO.

MOHO was designed to guide practice with people whose deprivation interfere with their participation in occupations. Within MOHO humans are conceptualized as being made up of three interrelated phenomena: volition, habiuation and performans capacity.



To implement the project we have worked with the cooperation of Ankara Municipality, Children working in the streets centre.

The Centre for Children Working on the Streets of Ankara was established by the Municipality of Greater Ankara within the framework of IPEC. The centre was established to improve the working conditions of children in the short term and to prevent child labour in the long term. The main strategies adopted proved to be effective for addressing the problems of children working on the streets.

The programme views the problem of child labour in the context of the family, school, centre and work environment. Therefore the centre interacts and coordinates with groups and individuals influencing the lives of the children. This model which takes into account the social context has created an effective structure for addressing the multi-faceted problems of children working on the streets.

Currently there are 1,054 children registered in the centre and 3,823 more children have been contacted by the centre's social workers, while working on the street, or through contacting families and visits to the local primary schools. The centre is located within a market area where many children work. The approach is centre-based with mobile work and outreach activities in order to benefit the children who work at a distance from the centre. Field work is a vital part of the activities for reaching children and their families on a case-by-case basis.

In this centre children are participating to activities given in the centre like sports, folk dance, art, chess.. They also attend courses for playing music, using computer. Organizations are made for cultural and geographic trips. They also get psychologic and health support.

Our main strategy is to organize a social event for these children to be integrated with the community. To form this we will take permission from the municipality to make a carnival in a city park . With the carnival regular children who are not working or living in the streets and children attending to the Children Working in the Streets Centre will play together. Also their parents will attend to this organization

For these needs a strategy is determined to make social and cultural organizations to support their education, to give them a chance to be aware of their skills and hobbies like sports, chess, handcrafts, art etc., to give health service and to make them feel that they are important.

Main needs of the children are education, prevention of the conflicts faced with in the streets , support to maintain a life away from violence, diseases etc., encourage to go on with their lives as a children and belief of an another future

### Indicators of Change and Outcomes

After assessments it is seen that;

- These children want to have a future away from the streets
- They want to have time to play with children
- They do not want violence at streets, home or at school
- These childrens families were very poor that they need to work even they do not want to
- They only have chance to finish the primary school
- Their cognitive level on orientation is low because of the lack of education
- They have serious health problems

### Short description of significance of project to occupational therapy practice

Relevance of project:

With this project.

- The community will be aware of these children have to work on the streets
- Community will look at the children on the streets from another aspect
- Street children will see they are not very much different than the other children
- This project will be a reminder for the needs of community based rehabilitation in Turkey



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Please send your reports in “MS Office Word” with the letter format Arial and 10 pt. With the pictures in jpg files before **1<sup>st</sup> of June 2006.**

Presentation:

We like to present our project .....Yes  No

We have attached our presentation! In Ptt

We need the following audio visual equipment:

Video

Overhead

Any other

ÇİĞDEM ÖKSÜZ

SEMİN AKEL

EVREN AÇIK

HÜLYA YÜCEL

EVREN AÇIK



**OUTLINE of the Community Based- OT PROJECT in participant country**

<p><b>Name of the project</b></p> <p>Community OT based practice with occupational deprived groups (like street children)</p>	<p>Institute: Vilnius University Medical Faculty OT programme Country: Lithuania Students Name: Julija Kaziukevic Kristina Bufaite Tatjana Dementjeva Ausra Adomaviciene e-mail: <a href="mailto:tania.dementjeva@gmail.com">tania.dementjeva@gmail.com</a> <a href="mailto:julija.kaziukevic@gmail.com">julija.kaziukevic@gmail.com</a> <a href="mailto:alma.cirtautas@santa.lt">alma.cirtautas@santa.lt</a> Address: Vilnius University Hospital, Santariskiu Clinics, Rehabilitation, Physical and Sport Medicine Center, Santariskiu st. 2, Vilnius, Lithuania Phone:0037052367004 Fax:</p>
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**Rationale (background, occupational needs, problem description):**

A short description of background and problem on a societal level of the occupational deprived group; the occupational needs and how those were assessed

Kids spending their time in streets and littered areas are an urgent and painful problem in Lithuania. Usually, these kids don't attend the school and can't get any profession or education. This leads to the fact that the children we are speaking about, are never going to break through.

Homeless youth are the endives younger than 18 years old, living without the appropriate care of their parents, tutors or related institutions. The most common reasons for this issue are: problems in families, lack of economic wealth and sustainability of a living place. A big part of homeless youth have left their home after they had years and years suffered from a physical and emotional violence, harmful habits of family members and lack of attention from their parents. Part of them looses their home after the families had had a financial crisis, caused by the continuance of affordable living place, limited opportunities to get a job, too little salaries, lack of health insurance and inadequate social care. Frequently children become homeless when they for one or another reason leave orphanage. Because of their age, there are a lot of problem for these children to find a legal way to earn for a living in the streets, therefore a lot of them starts selling their bodies for sexual exploitation to get money for food, clothes and shelter. In this way they are in danger to be infected by AIDS and HIV. They often suffer from worrying and depression, poor health and eating, bad opinion about themselves. Having no opportunities to gain education, they can hardly change their way of living.

According to the data from the Department of Statistics, in the beginning of the year 2005, there have lived 746, 3 thousand children, what is one fifth of all Lithuanian population and this number is constantly reducing. During the decade from the year 1990 to 2000, the number of children decreased by 125, 4 thousand or 14, 4 percent. During the last 15 years, the number of children decreased by one fourth, especially pre-school aged children.

3267 children lost the warship of their parents. 41% of them were not older than 7. Only 10% of the children were orphans. The biggest part of homeless children was from the socially rotten families. 2004 m. at home was patronizing 745 (2003 m. – 721) children and 731 (2003 m. – 665) person at risk group and his family. In the account of governments child's right protection services, 16,9 thousand families have been included in the year 2004. They have been raising 36,9 thousand children. Over the next year, the number of these families has reduced by one thousand and by 2,3 thousand or 6% children.

According to the data of the services of child's right protection, during the year 2004 the number of orphans and homeless children has increased by 306 and at the end of the year the total number was 14,5 thousand, from which more than half had been taken care of in the families, the others in various children care institutions.

Situation in Lithuania shows that it is more based on general prevention, which is implemented among youth and oriented to all country citizens. In the meantime, there is lack of experience implementing prevention project, which would be oriented to street children, risk families, drug-takers, youth and other risk groups. Street Children remain one of the most problematical groups among children taking drugs. According to the results of research in year 2000, 81 percent of respondents claimed that they tried drugs at least once.

In the process of United Nations Development Program, UNICEF and World Health Organization RAR project, a research was carried out about "Intoxicating drug usage and sexual behaviour immediate evaluation of street children from foster homes".

A research was done in order to find out who are the children of the street as well as to examine the peculiarities of their drug usage and sexual behaviour. This study also analyzed the social and psychological problems of street children, the possible solutions, the existing service, future interventions and discussed the need to collect the other necessary data concerning children of the street.

**Research conclusions:**

- The results of the study show that children from foster homes, day centres or other foster organizations did not have any social practice from early childhood or proper attitude towards life.
- Smoking, alcohol and drug usage is widespread among children of the street and already become part of their life.
- 81 percent of respondents, and almost all of the boys, at least once tried some kind of drug. Generally, drug usage starts at very early stage.

- Most of the respondents overuse alcohol and drugs already for a long time and this in turn suggests that there are many addicts among them.
- The main part of street children suffer from physical violence (commonly boys) and sex abuse (commonly girls);
- The behaviour of sexual experience of street children is huge. Street children have sex at early age, especially boys;
- Children, that take drugs and practice risky sexual behaviour, have to be appreciated as a carries of dangerous disease in our society, like HIV/AIDS;
- Misbehaviour among street children is common and is held as a normal lifestyle. Especially picking and stealing are frequent;
- 49 % of girls and 28.3 % of boys tried to commit suicide at least once, it shows that street children are alone with their problems, unhappy and waiting for help;
- Street children find out about possible support and help mostly from each other or from social workers, working in the street;
- Children often land on the street level because of parents' alcoholism, inappropriate children upbringing or difficult economic family conditions (lack of money for food lead to begging and stealing). Some children spend more time in the street or leave home in order to take various drugs or just smoke;
- Children often estimate foster homes or suchlike institutions by people working there. The most estimated by children workers' characteristics are: kindness and capability to listen, understand;
- Children emphasized that they need more material and financial support. Only some of them mentioned that they wanted to gain experience, that would be useful in the future independent life;
- Children get used to the support and charity very quickly and start to claim for it. Experience, sense of duty and responsibility not enough cultivated;
- There is no close cooperation among organizations working with street children.

Since 1998 East and Central Europe countries and also Lithuania have started to implement the "street children" program. This is two years' program, supported by Open Lithuanian Foundation and King Baudouin Foundation (Belgium). Aim of this program – establish and activate non-governmental organizations (NGO) and personal network working with "street children", organize trainings according to NGO needs, establish methodical centre for people working for "street children", inform society about "street children" position in Lithuania and also change our society's viewpoint about this children. Implementing this program methodical centre was established and also trainings were arranged for people working with risky group's children. In 1999 international seminar "Street children – Baltic countries' experience" was organized.

Nowadays in most Lithuanian towns and districts “Children Day Centres” are operating. Main purpose of “The Day Centre” – children employment organization, realization of equal opportunities between countryside and city children, care of socially derelict children and their families. Now it is active, very necessary organization. In mostly LR towns working the Children’s Day centres. The main goal of Children’s Day centre is the leisure time organization of children, the realization of equal opportunities between town and village children, the carry of derelict children and their families. Presently it is very active and necessary institution. Children can visit the Day centres few times per week. There working social workers, teachers, psychologist and voluntaries. In the day calendar is intended the time for children home work, accessory education. During occupations are developing daily skills, artistically training. Also children are teaching to work with computer, have the sports and games. Is organizing the universal activities: discussion, meeting with psychologist, with specialists of children’s liberties, cognitive excursion in LR and summer camps. The main occupational purpose is the purposeful occupations after school, developing the good social conduct.

**The visitors of Day centers in 2003-2004 years**

Visitors	In all		Boys		Girls	
	2003	2004	2003	2004	2003	2004
Children with handicap	900	1500	500	800	400	700
Children from risk factors families	6900	7400	3300	3600	3600	3800
Risk factors children	1200	7700	200	3500	1000	4200

We are going to perform our project because kids spending their time in the streets are very urgent and painful problem in Lithuania.

Problems:

- Usually, these kids don’t attend the school and can’t get any profession or education;
- Smoking, alcohol and drug usage is widespread among children of the street and already become part of their life;
- The main part of street children suffer from physical violence (commonly boys) and sex abuse (commonly girls);
- Children, that take drugs and practice risky sexual behavior, have to be appreciated as a carries of dangerous disease in our society, like HIV/AIDS;



Street children are isolated from the society, that's why they need:

- attention;
- communication with peers;
- example of good behavior;
- education;
- occupation.

**Purpose of the project; objectives to be achieved**

Description of purpose; objectives to be achieved

Description of the purpose: To involve street children and children from the secondary school in the preparation for the event dedicated for the International Children Day (1st of June)

Wider objectives:

1. To integrate street children into the community.
2. To help them become a real members of the community.
3. Motivate communication between street children and their peers.

Project-specific objectives:

To improve: cognitive skills; creative skills; emotional skills; solving problems skills and self-sufficiency; social skills (communication, learning, relationship and cooperation).

**Methods and Materials:**

Short description of methods , intervention strategies and/or project implementation

**Interventions:**

During the project different community groups will be involved:

- Street children (7-12 years old)
- Pupils (7-12 years old) from the secondary school and their parents
- Teachers
- OT students
- Parents of street and secondary school children
- Volunteers
- Other event participants

**Assessment:**

- Interviewing (talking with the children, to identify children's needs, what they like, what they want to do, what they expect)
- Observation (how children communicate, how they involve into group working)
- Questionnaire (for children, school community)
- Person-Environment-Occupation model (PEO)
- Work and result analysis

**Indicators of Change and Outcomes**

**Indicators of change:**

- Monitoring by day center's workers and teachers
- Discussion on TV and radio with centers' workers, teachers and representatives of society
- Estimation and criticism of the project made by experts (inner experts - centers' workers and teachers; external - from Baltic states)

**Outcomes:**

- Articles in the local newspapers
- Program on TV and radio about event
- Interviewing about performance of the project (street children, pupils, parents, teachers and other participants)
- Good contacts for continuation the project (preparation for different festivals and holidays)

**Short description of significance of project to occupational therapy practice**

Relevance of project:

In our country OT are working: in Rehabilitation centers, departments or hospitals with patients; in gerontology centers with old people; in children's development centers; in psychiatry (just starting work); in disabled Day centers and school.

In Lithuania OT is not working with the street children yet. So our project will be first step in starting to work with street children. During this project students can get an experience working with children. Also students will improve their social, cognitive, emotional skills.

**References:**

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- Occupational theory. Principles and practice. Alice J. Punwar, 1988, Williams & wilkins 428 East Preston Street Baltimore, MD 21202 U.S.A.

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Presentation:

We like to present our project .....Yes  No

We have attached our presentation! In Ppt

We need the following audio visual equipment:

Video

Overhead

Any other notebook, Microsoft Power Point



## OUTLINE of the Community Based OT- PROJECT in participant country

<b>Name of the project</b>  "Community OT based practice with substitutes"  About an existing project run by ABO-Prolog that we are referring to.	Institute: Wannsee-Schule e.V. Zum Heckeshorn 36 D- 14109 Berlin -Germany- Tel: 0 30- 80 68 6 – 2 00 Fax: 0 30- 80 68 6 – 2 01 Students: Dagmar Lipinski e-mail: damilo@gmx.net
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### **Rationale (background, occupational needs, problem description):**

A short description of background and problem on a societal level of the occupational deprived group; the occupational needs and how those were assessed

Participants are/ were addicted to drugs.

There are multiple factors that cause to the drug abuse: Unorganized family structure, unemployment, early contact to drug users and loss of perspective in life, exclusion from the society. etc.

Occupational needs were assessed by evaluation of other projects with higher demands, for example longer working hours, higher working loads (production)...

It was also helpful for the OT's to talk to the participants about their needs and experience.

### **Purpose of the project; objectives to be achieved**

Description of purpose; objectives to be achieved

Intention of the ABO-Prolog:

Based on clients difficulties in other programs

To recover basic skills

To build regular day structure

Increase self-esteem and self-confidence

To reduce the parallel use of drugs

Practicing self-evaluation

To reach the next project/work

To recover social contacts

To broaden a perspective of life

### **Methods and Materials:**

Short description of methods , intervention strategies and/or project implementation

**Areas:** Kitchen, Two workshops, Office, Media room

**Team:** Coordinator, Occupational therapist, Social worker, Educator, Home economist teacher

The participants are challenged to take part in cooking activities, sewing, working on the computer, activities of daily living, social contacts, and fieldtrips!

OT Methods:

Assessment through individual observation

Self-assessment and evaluation

Keeping constantly close contact to participants

Offering open activities

Flexibility and conflict capability

**Indicators of Change and Outcomes**

Participants come frequently, start being on time, start taking care of themselves and small jobs, finishing projects and find a role in the society.

**Short description of significance of project to occupational therapy practice**

Relevance of project:

There are only two projects in Berlin working with substituted clients who are allowed to have parallel consumption of drugs.

The tasks are at low level and therefore easier to achieve.

They don't brake up the project as often as in others.

**References:**

**vista**

**Verbund für integrative und therapeutische Arbeit gGmbH**

**Geschäftsstelle und zentrale Verwaltung**

Alte Jakobstraße 85/86

10179 Berlin

Tel.: 20 08 99- 0

Fax: 27 90 98 80

[info@vistaberlin.de](mailto:info@vistaberlin.de)

**Project:**

ABO- Arbeit, Bildung, Orientierung

Zwinglstr.35

D- 10555 Berlin

Contact:

**Kerstin Kallerhoff**

Tel.: 0 30- 3 92 72 20

Fax: 0 30- 3 91 19 77

[arbeit@boa-berlin.de](mailto:arbeit@boa-berlin.de)

<http://www.boa-berlin.de>

Presentation:

We like to present our project :Yes

We have attached our presentation! In Power Point Presentation From

We need the following audio visual equipment:

- Overhead projector
- Laptop
- Beamer



**OUTLINE of the Community-Based OT PROJECT in participant country**

<p><b>Name of the project</b></p> <p>Community OT-based practice with <i>refugees and asylum seekers</i></p>	<p>Institute: Hogeschool van Amsterdam Country: The Netherlands Students: Name: Marije Verschuur e-mail: marijejip@hotmail.com Address: Parklaan 23, 2011 KP Haarlem Phone: 0031 6 42152203 Fax: 0031 84 7347283</p>
	<p>Name: Miriam Wijermars e-mail: m.wijermars@home.nl Address: Holtenbroekerweg 58, 8021 VG Zwolle Phone: 0031 6 28126412 Fax: /</p>

**Rationale (background, occupational needs, problem description):**

Short description of the background and problem at a societal level of an occupationally deprived group, the occupational needs and how they were assessed.

The ability to carry out daily tasks has been stated as an elementary component in the promotion of good health.<sup>[1]</sup> Article 25 of the Universal Declaration of Human Rights states that every individual has the right to a standard of living that ensures good health and well-being.<sup>[2]</sup>

There are many factors that shape or influence occupational deprivation; social, economical, cultural, environmental, historical, geographical and political.<sup>[3]</sup> Because of these factors, several specific groups of Dutch society are at a higher risk of developing occupational deprivation.

Population groups at risk of occupational deprivation in The Netherlands are: people living on or below the minimal income scale, refugees/asylum seekers, prisoners, addicts and the unemployed.

For this project we have chosen refugees and asylum seekers as our occupationally deprived group. With the numbers of asylum seekers arriving in the country, this issue is currently high on the political agenda.

Asylum application [ (up to 6 months or with extension up to 12 months). Result:

1. Asylum granted. A temporary permit for a fixed time. Then two possibilities: permanent residents permit or deportation.
2. Asylum denied. Higher appeal, if not granted: deportation.

Occupational needs will be identified and assessed by a process of interview, conference and the introduction of a detailed plan of action.

**Purpose of the project; objectives to be achieved**

Description of purpose; objectives to be achieved

Refugees and asylum seekers would feel more comfortable and secure in The Netherlands if several occupations were to be provided. This would ensure a smoother transition into the host society, and, for those successful in securing permanent residency, integration would be made easier.

Integration is "multi-dimensional in that it relates both to the conditions for and actual participation in all aspects of the economic, social, cultural, civil and political life of the country of resettlement as well as to refugees' own perceptions of, acceptance by and membership in the host society."<sup>[5,6]</sup>



### **Methods and Materials:**

Short description of methods, intervention strategies and/or project implementation.

The first step is a visit to one or more refugee camps to assess the facilities available for recreation, work and social activities.

The second step would be the planning of interviews with asylum seekers and care workers in the camp. The wishes and needs of the resident asylum seekers can be established during the interviews, and should be noted and filed for future reference. It is also important to gain insight into their feelings – these can then be considered in planning possible solutions.

During the interviews with care workers, topics such as accessible facilities, personal and team needs/wishes, availability and willingness of the team to cooperate and participate should be discussed. It is also very important to discuss with the supervisor or financing organization the possibility of adding occupations to the daily routine and existing occupations of the refugee camp. If another organization is responsible for the financing and running of the camp, an interview with that organization must be carried out as the third step in the process.

#### **Example:**

Interviews with the resident asylum seekers in a refugee camp indicate that there is a need for English language lessons. A teacher, multi-lingual interpreter, appropriate space and study materials are required. Is this an attainable goal? Is the refugee camp or financing organization willing and able to make the necessary provisions?

If the financing organisation and the care workers are all willing to contribute their efforts to providing other possible occupations, then the fourth step constitutes drawing up a detailed plan showing how this will be achieved.

After the assessment phase, the information will be analysed and appropriate and achievable occupations that are linked to occupational therapy are selected.

The selected occupations will be reviewed in consultation with refugee organisations throughout the Netherlands, as they are better informed about the needs of refugees and asylum seekers.

After this consultation phase it will be assessed whether it is possible to provide these occupations in the refugee camp or surrounding area.

Contact with the refugee organisations will be maintained throughout the entire process, to ensure that the organisation or other occupational therapists are able to maintain the project after the involvement has ended.

The follow-up process for refugees consists of a series of three interviews. During these interviews it will be assessed whether the refugees are experiencing any benefit from the new occupations and how the needs of the refugees are changing.

### **Indicators of Change and Outcomes**

Our aim is to provide a programme that actualises the wishes of refugees and/or asylum seekers associated with self-care, work and play.<sup>[3, 7]</sup>

This programme could then be used by therapists working in occupationally deprived communities, or other areas, such as hospitals and rehabilitation clinics, where refugees and/or asylum seekers seek the expertise of the occupational therapist.

### Short description of the significance of this project to occupational therapy practice

Relevance of project:

Problems carrying out occupations are specifically targeted by the occupational therapist in consultation with and with the cooperation of the client (group).

The occupational therapist can tap into the beliefs and values of the population, because he/she has the opportunity to use different frames of reference, such as biomedical, psychosocial, neuro-developmental, cognitive-perceptual, etc.<sup>[8]</sup>

With the cooperation of a client or client group, occupational therapy can contribute to improving quality of life.

The relevance for occupational therapists involved in this project is that they work from different frames of reference, so adaptation to the special needs and wishes especially of people with different ethnic backgrounds is much needed.

Occupational therapists are used to looking at a problem from all perspectives and also incorporate the effect of culture, religion, and other elements of social life into their approach to all groups of people.

The occupational therapist leading this project should be available for an extended period of time to investigate the need for occupations amongst the asylum seekers and care workers. Weekly office hours are advised for interviewing the residents and further time should be reserved for meetings with refugee camp staff, care workers, management and financing organisations (if required).

### References:

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ENOTHE STUDENT GROUP, 12<sup>th</sup> Annual Meeting, Ankara, Turkey

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Please send your reports in "MS Office Word" with the letter format Arial and 10 pt. With the pictures in jpg files before **1<sup>st</sup> of June 2006.**

Presentation:

We like to present our project *Refugees & Asylum Seekers: Enabling Occupation* Yes  No

We have attached our presentation! In Ptt Yes  No

We need the following audio visual equipment: Yes  No

Video Yes  No

Overhead Yes  No

Any other: *Audio/video projector for PowerPoint Presentation on laptop.* Yes  No