# Supported Employment Model for People with Intellectual Disabilities: Place, Train, Maintain

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# Supported Employment Model for People with Intellectual Disabilities: Place, Train, Maintain

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*For all individuals having special needs…*

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# Supported Employment Model for People with Intellectual Disabilities: Place, Train, Maintain

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# Preface



This book is the outcome of the project titled with "*Job Coaching*: Place*, Train, Maintain for People with Intellectual Disabilities (ID)"* created by the project partners from Alexander Technological Educational Institute of Thessaloniki, Greece *(Greek Group),* Akademia Wychowania Fizycznego Jozefa Pilsudskiego w Warszawie, Poland *(Polish Group),* The Down Turkey Association, İstanbul *(Down's Syndrom Group)* with the Yeditepe University Physiotherapy and Rehabilitation Department *(Yeditepe Group)*. The principle goal of this book is to present the information about the status of the partner countries in offering facilities and opportunities for the people with ID, not only regarding to education but also in relation to the inclusive employment and social life style. In this context, we aimed to offer the general frame of the approaches of the governmental bodies, schools and families on supported employment for the people with ID in Turkey, Greece and Poland. We hope, this may be the first step for improving the supported employment for people with ID in these countries.

Hopefully, the colleagues from other countries may prefer to contribute to this unfortunately neglected area and accept this book as a model for sharing and delivering the knowledge and experiences in supported employment best practices.

We also believe that, the other important aspect of this book is the collaborative work of the academicians and the young researchers for the real-time case studies under the concept of supported employment: *Place, Train, and Maintain.*

For the sustainability of any project, of course, the printed materials as well as webpages are very important. And this book is one of the examples of these aspects. However, the other important and much more productive outcome of a project as far as the university education is concerned is the training of young people. We provided this by offering elective courses for our students in the partner Universities. You may find the course curriculums in the webpages of the each partner University. The suggestions for the universities interested to fallow the same route as well as the explanations of the students enrolled to these courses, their opinions on their gains, and expectations can be found in the web page of the project.

Let us give a brief history of this collaborative and voluntary work performed by the project members and their students.

We, as Yeditepe Group started to work on supported employment for people with ID in 2012. Our colleagues, Mr. & Mrs. BİLİR have pointed out the need of supported employment of youngsters with ID who already had vocational training in their schools but not able to find a job or perform the requirements of the vocations they have trained in the actual job environments, and also not able to stay in their jobs for longer periods as their peers, in Turkey. We were also very much impressed with the enthusiasm and excitement of Ms. Elmas IŞIK and Ms. Gülnaz TALOĞLU, the two Specialists in Psychological Counseling and Guidance who adhered the concept of supported employment years ago, and worked as job coaches on voluntary basis for at least their ten students that some of them are still working since 2007.

We were quite interested of all, and the Rectorship, especially, Prof. Dr. Nedret Kuran BURÇOĞLU the Vice-Rector in 2012 found this idea noteworthy and supported us to perform a workshop to learn about the details of this issue: Supported Employment for People with ID. The Director of Disabilities and Elderly of the Ministry of Family Affairs and Social Politics in 2012, Dr. Aylin ÇİFTÇİ was also very much interested with the idea realizing the needs of Turkey regarding to this issue.

Therefore, we as Department of Physiotherapy and Rehabilitation, Faculty of Health Sciences and the Consultation and Coordination Office for the Students with Disabilities of Yeditepe University organized the first workshop in March 1st-2nd, 2013, which was supported financially by BİLİR Family and Yeditepe University. Mr. Christopher (Christy) LYNCH from KARE (Promotion ofIInclusion for People with Intellectual Disabilities), Ireland kindly accepted to work with us as instructor and independent external expert during the workshop, and Mr. Luk ZELDERLOO from EASPD (European Association of Service Providers for Persons with Disabilities) supported the workshop as an independent external expert. The participants of the workshop were from the Department of Physiotherapy and Rehabilitation, Faculty of Health Sciences of Hacettepe University, Association of Pediatric Physiotherapists, Turkey, The Down Turkey Association, Ministry of Labor and Ministry of Family and Social Politics in addition to the Department of Physiotherapy and Rehabilitation and from the Consultation and Coordination Office for Students with Disabilities of Yeditepe University.

Our second step was to prepare the Erasmus Plus project, titled with Supported Emplement Model for People with Intellectual Disabilities (ID): Place, Train, Maintan (2014-1-TR01-KA204-013427) which was accepted in January 2015. The project was designed as a strategic partnership for adult education with the key action of KA2 – Cooperation and Innovation and the Exchange of Good Practices. We appreciated to work with our partners from Greece and Poland as well as with our Turkish partner The Down Turkey Association. Last but not the least, our supportive partner RIBEM of the BİLİR's and their teams. Though this book aims to cover the information achieved through the project in relation to supported employment concept in three partner countries as Turkey, Poland and Greece, the readers may find the photo album of the project act activities in the e-book published in the address of www.jobcoachingtr.com.

We appreciated very much the keen and sincere care of Prof. Dr. Sina ERCAN, the Dean of the Faculty of Medicine who singed the project as the Acting Rector just before we submitted it. We would also like to thank to Prof.Dr. Bayram YILMAZ, the Vice-Dean of the Faculty of Medicine for his trust to us.

We would also like to send our gratitude to Ms. Ayşe ÖKTEN and Ms. Gamze KEMERLİ from International Office of Yeditepe Universit for supporting us during the initial preparations. Especially, we would like to thank to Ms. ÖKTEN in guiding us to structure a sound and logical framework of the project that we believe strengthen us during the evaluation period. And we still have the taste of the cake we had in the International Office that we had just after the announcement of the granted projects by the Turkish National Agency.

We would especially like to thank to our partner university members on behalf of Prof. Dr. Panogiatis TSAKLİS and Prof. Dr. Bartosz MOLIK and their team for their pertinence to fulfill the requirements of this project, not only regarding to the academic and social actions as transnational meetings and on-line gatherings, but also regarding to the timing and punctually required completing this transnational book. We also appreciated immensely our Turkish partner the The Down Turkey Association offering us their facilities to be able to prepare some of the case studies presented in this book. Though they were not our partner, Sıdıka Doğruöz Special Education & Vocational School (Sıdıka DOĞRUÖZ Özel Eğitim İş Uygulama Okulu) was very much Interested to support us to perform our case studies for their students (graduates) under the cooperation of their families. Thus, we would like to present our gratitude for their sincere encouragements. We would also like to thank to Ms. Elmas IŞIK and Ms. Gülnaz TALOĞLU who are in our knowledge, the first volunteer job coaches of Turkey.

We would also like send our appreciations to the Office for Research Projects of the Yeditepe University and the Turkish National Agency of who guided us to have the project to reach to this end.

Last but not the least, we would like to send our appreciations to the Dean Prof. Dr. Serdar ÖZTEZCAN, the previous Vice-Rector Prof.Dr. Nedret Kuran BURÇOĞLU and the previous Rector Prof. Dr. Nurcan BAC and our Rector Prof. Dr. Canan Aykut BİNGÖL, who all supported this project starting from its beginning.

Though we had the grant to fulfill the requirements of this project according to its framework, we were fully supported by the Yeditepe University in this regard. Therefore, finally we would like to thank to the Executive Committee of the University and Mr. Bedrettin DALAN, The Honory President.

**Project Team**

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# Supported Employment Model for People with Intellectual Disabilities: Place, Train, Maintain

Chapter 1



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According to United Nations Convention, people with disabilities include those who have long-term physical, mental, intellectual or sensory impairments that are in interaction with various barriers that hinder their full and effective participation into society on an equal basis with others. The Commission will work together with the Member States to tackle the obstacles to a barrier-free Europe by taking up recent European Parliament and Council resolutions. This will provide a framework for action at European level, as well as with national action to address the diverse situation of men, women and children with disabilities. This strategy focused on eliminating barriers. Therefore; the Commission has identified eight main determinants for action: *Accessibility, Participation, Equality, Employment, Education and Training, Social Protection, Health, and External Action (Europe Commision, 2010; European Union, 2010)*. The relationship between poverty and disability is two ways: disability increases the risk of poverty and the conditions of poverty increase the risk of disability. Yet, little attention has been given as to whether social safety nets. Social safety nets have a role to play with regard to disability in terms of poverty alleviation, poverty reduction and development and prevention (Mitra, 2005; Mizunoya & Mitra, 2012). Quality jobs ensure economic independence, foster personal achievement, and offer the best protection against poverty.

Employment is very important factor for Disability Strategy (Yun-Tung 2010) and is also thought to be an opportunity of equal participation into social life for people with disabilities (Devandas Aquilar 2015). However, the rate of employment for people with disabilities is only around 50 % (Europe Commision, 2010). If people with disabilities

could be employed to any work placed within the community, they earn money, gain social rights and participate to social life and independent lifestyle (Ineson, 2015; Yun-Tung 2010). However according to the recent figures presented by the Ministry of Labor and Social Security, the employment rate of persons with disabilities over age 12 is 22.19% in Turkey (Metin et al., 2011). In Turkey, over 36 % of people with disabilities are illiterate, which is well over the general rate of Turkey, and 52.45 % are not included in any social security system (Fırat, 2010). With regard to provision of reasonable accommodation; as per the regulations on employment of persons with disabilities in private sector, The Turkish National Employment Agency (ISKUR) provides services both for people with and without disabilities who registered as unemployed through 109 offices in 81 provinces in Turkey (Devandas Aquilar 2015; Hirshleifer, Mc Kenzie, Almeida, & Cristobal, 2014). In spite of the laws and legislations for promoting integrated employment and the governmental organizations, such as ISKUR, the unemployment rates for people with disabilities are still higher in both developed and developing countries to connect the employer demand for this potential supply. According to employment rate and placement profile the individuals with intellectual disabilities are the most disadvantaged group. It is generally recognized that very few people with learning disability are currently employed in Turkey. Based on recent data from General Directorate of Services for Persons with Disabilities and the Elderly of The Republic of Turkey Ministry of Family and Social Policy, employment rate of people having difficulty in learning, doing simple calculations, remembering and concentrating was 14.9 % among the peer population of 15 years of age or over (Metin et al., 2011). These data shows us the severity of the condition regarding to the employment profile of the people with intellectual disabilities in Turkey (Hoekstra, Sanders, van den Heuvel, Post, & Groothoff, 2004). Finally, it can be argued that the high rate of unemployment of people with disabilities is a serious barrier for their participation to the social life, for them to have a more independent lifestyle and be productive and earn a salary (Hoekstra et al., 2004; Jenaro, Mank, Bottomley, Doose, & Tuckerman 2002). To find a solution for this problem, countries also are seeking specific measures, for example, quotas, and regulations for improving the employment opportunities for people with disabilities. In this context, the good employment models that will provide opportunities for people with disabilities to teach work, create a safe work environment, and to ensure its sustainability (Beyer, Brown, Akandi, & Rapley 2010; Beyer, Jordán de Urríes, & Verdugo, 2010)

## Models for Employments

### Sheltered employment

The sheltered workshop is the workplace with technical and financial support given by the government for people with disabilities who are facing difficulties to be integrated to the normal labor market. Their working conditions are specially arranged by the government in order to create a vocational rehabilitation program and provide employment facilities (Devandas Aquilar 2015; Metin et al., 2011)

Sheltered work provides employment in different facilities, either in a sheltered business or in a segregated part of a regular enterprise and is intended for those who were perceived as unable to compete in the open labor market. In Switzerland, as a country with one of the highest employment rates for people with disabilities, much of the employment is in segregated settings. In France, sheltered employment offers regular pay and full social security coverage for people with one third or less work capacity loss, and merely symbolic remuneration for those with more than two thirds of work-capacity loss. Sheltered workshops are controversial, because they segregate people with disabilities since they are associated with the charity ethos. The CRPD (Convention on the Rights of Persons with Disabilities) promotes the opportunity for people with disabilities to work in an open labor market. However, there may be a distinctiveness for moving people with disabilities working in sheltered workshops to the open labor market due to the treat of loosing their "best workers" (United Nations Enable, 2007; World Health Organization, 2011).

In contrast to sheltered employment, *supported employment* program can provide an important contribution to the employment of people with severe disabilities, particularly those with intellectual impairment and mental health conditions (Kamp, Lynch, & Haccou, 2013; Rogan, Banks, & Herbein, 2003; Spjelkavik, Froyland, & Evans, 2004). Supported employment can integrate people with disabilities into competitive labor market. Supported employment as the process supplies the opportunities of employment coaching, specialized job training, and supervision in the work place. Such as teaching the skills required the job , adapting the working conditions according to the people with disabilities, improving cooperation between the other employees and the people with disabilities, supervision are provided by the job coaching (Kamp, Lynch, & Haccou, 2013; Wehman, Target, & Cifu 2006). As a common term job coaching is an effective way for persons with disabilities to get a job in the open labor market but also keep the job and be a part of the job environment similar to the other employees. The key concept in supported employment is to focus on ability, but not on disability through its provisions of individualized support given to the individuals with disabilities. Additionally, it focuses on employers, and gives advices in relation to the needs of their workplace to structure an inclusive environment in the concept of supported employment (Alpine Learning Group, 2008; Anderson et al., 2002; Kamp, Lynch, & Haccou, 2013). It has also benefits for families of the individuals with disabilities as well as the supervisors and the co-workers in the work place due to its contributions, overall, we may state that it has valued benefits for the society due to the fact that supported employment improves the quality life of women and men with a disability by enabling them to become active participants in society. This will eventually improve the awareness of the society on disability and rights and need of the individuals with disabilities as the active members in the society (Gidugu et al., 2012; Kamp & Lynch, 2007; Lynch, 2002).

## Supported Employment Model

Supported Employment Model first *place* the individual with disability to a job that is nominated specifically for this person, and *train* him/her in the on-going job environment

and give all the support to *maintain* the job as long as possible. Therefore the concept is in contrast to the Traditional Vocational Rehabilitation Model aiming to train the individuals with disabilities then place to a job and expect continuation of the job without considering if the job is suitable for the person or not; or if the person would be happy in this job (Bond et al., 2001; Kamp & Lynch, 2007)

Supported Employment is for individuals having severe disabilities that may be considered as the least advantageous group compared to the other people without any disabilities but also to the ones having mild to moderate level of disabilities (Spjelkavik, 2012). The people with intellectual disabilities, severe physical disabilities, and psychological disabilities such as schizophrenia, autism and people having mixed problems such as person with cerebral palsy and intellectual disabilities or people having physical, visual and/or auditory problems, and so on are considered as individuals with severe disabilities. Due to the functional lost they have, the supported employment model is the most suitable type of employment model to find a position as an employer in the competitive labor market (Gidugu et al., 2012). This is because the supported employment model aims not just providing a job for person who seeks jobs but finding a job that is most suitable for the person according to his/her needs, desires, expectations; and train the person in the on-going job then provide support as needed to maintain his/her employability in the job (Kober & Eggleton, 2005).

## The Supported Employment Specialist:

The supported employment specialist or a job coach can be defined as a professional or possibly paraprofessional who provides individualized one-to-one assistance to the person with disabilities or the client in job placement, travel training, skill training at the job site, ongoing assessment and long-term assessment. The job coach is expected to reduce his or her presence at the job site over time as the client becomes better adjusted and more independent at the job (Wehman & Melia, 1985). However, a supported employment specialist is also a Job Finder, screens the market and finds suitable jobs for the clients. Thus, we may consider Market Screening as another function of the supported employment specialist who also makes Initial Contact with Potential Employers, Interview with Employers, Identify Job(s) by re-designing jobs and restructuring tasks in the job (Job Re-design, Task Restructuring), and negotiate job. Environment Analysis is the other function of the supported employment specialist aiming to observe the potential for the integration of the person with disabilities in the job environment and also in society.

The supported employment specialist performs these functions at different stages of the supported employment as *task related* and *non-task related functions*. The task related functions include systematic teaching of the tasks in relation to the requirements of the jobs, and then improving the skills to develop competence between the client and the other employees in the job environment. The other feature of the task related function of the supported employment specialist is to ensure that the job is done as it is required, and the employer is satisfied about the performed job and the client's performance. The non-

task related functions of the supported employment are for integration and equalization in the job environment as an employee but also in the society as an individual. Among these features the most important one is getting the same pay as others for the same job. Additionally, the other two important features of the non-task related functions are ensuring the opportunities for social integration on the job developing facilities for social competency. In this context, the supported employment specialist function not only as a job coach but also as a mentor to support the clients in the job environment to function productively and competently as an individual same as the other employees (M. Kamp & Lynch, 2007; Lynch, 2002). Therefore, the supported employment specialist are the individuals with severe disabilities who are seeking for jobs and the employers who are eager to hire an employee with severe disabilities for a certain type of job that is available or accept to modify or redesign the job according to the needs and skills of the individuals (Vornholt, Uitdewilligen, & Nijhuis, 2013).

## Components of Supported Employment Model

### Assessment:

To achieve job development, job matching, and job negotiations process the employment specialist needs to assess means getting to know for important corner stones for identifying long-term work goals for client. Assessment process will help match personal interests and current capabilities of the works and related occupational skills. For this purpose, interest of the person such as personal preferences, what he/she likes, interests, previous work experiences, the history of performed vocational training, the capacity of the person (intellectual, functional status, learning capability, having particular skills etc.), vocational profile, which teaching technics are needed with verbal or tactile stimulus or other (Anderson et al., 2002; Camuso & Baker, 2008). For understanding the attitudes of patterns and skills of the client interviews should be done with family members, close friends and teachers having valuable knowledge about the person with disabilities (Alpine Learning Group, 2008; Kamp, Lynch, & Haccou, 2013).

### Job Development:

In the job development process, the employment specialist will be able to become familiar with an individual's positive characteristics, preferences, their skills, potential needs, and family profile and community supports. In addition, the accomplishment of this step will help to define the roles and responsibilities for the customer and the employment specialist during job development. With the help of those information and the outcomes from assessments, the employment specialist understands the objectives behind each of the activities associated with job developing. The talks with family members and close friends may also help the employment specialist to create appropriate job opportunities (Camuso & Baker, 2008; Simonsen, Buchanan, & Luecking, 2011). All collected data from job development process will be utilized to find right job and job matching process for the client as person with disabilities.

## Job Placement:

As explained briefly, the supported employment concept is the method in which employment specialist, as a job coach provides structured "job placement "services, and it is highly individualized with intensive training by job site trainings (Alpine Learning Group, 2008; Anderson et al., 2002; Rogan et al., 2003). Before the job placement process to the firm, employment specialist prepare the orientation plan which must include the introducing him/her to the co-workers and super visor etc. and preliminary information (Camuso & Baker, 2008; Simonsen et al., 2011). Employment specialist will also teach the rules of workplaces and the workplaces safety and health. The person must also be aware the formal and informal structures and attitudes according to workplace for example lunchtime, breaks, coffee breaks, role of the co-workers (Simonsen et al., 2011). Well-structured orientation plan that takes account all risk factors is important to be able to adapt to the job. Additionally, the employment specialist must have a teaching plan to teach the job (Camuso & Baker, 2008) and the responsibilities for performing stages of the job.

## Job Site Training

After placement of the employee to the nominated job, introduction of the workplace is the first step. This includes meeting with the employer for greetings that he/she has meet while negotiating and deciding on the placement with the employment specialist. The second step is to get to know the worksite environment. He/she should be familiar with the places that that all the employees visit at different time zones of the day as changing room, coffee room, rest room, the communication board, etc. The support of the employment specialist is the main concept of these stages that will be with employer on full-time base for at least 6-8 weeks. The evaluation tools should be used to follow their learning progress and development in their skills and cooperation with co-workers.

Since the employment specialist has learnt the required tasks of the job prior the placement, the task training is planned by sequencing the activities according to the motor learning procedures as tasks from simple to complicated, and from easy to difficult. Clues as verbal, non-verbal, physical clues and modelling are used with reinforcements as numbers, collars, tag, rhymes etc. Although the support is given very closely at the beginning of the training as the client has learnt the activity, the withdrawal of the support is realized gradually (Rogan et al., 2003). Additionally, as the first two sequences of the task has learnt, the client is expected to combine both tasks and perform it as a whole task, with clues and supports first, and then with gradually withdrawn support. Then, the third sequence of the task is initiated with the support of the employment specialist, as required. This is followed by withdrawal, and so on, until the whole task is performed without any support, independently. However, depending on the clients' characteristics and the task requirements some clues may be temporary or permanent. Such as, for remembering the task sequences numbers or collars may be used, ribbons in different collars might

be matched with the tasks labelled with the same collars, and so on (Appendix 1). Withdrawal for minimizing the dependence of the client while performing of the tasks can be (1) just watching client just noting with head, (2) then watching behind while performing the task, (3) watching away from the task are, (4) just staying in another area or room, (5) waiting out of the building, (6) being away from the building and giving telephone support when needed. During these withdrawal steps the client is expect to perform the task successfully.

## Ongoing Support

As the client has learnt and independent in performing the task, the employment specialists pay visits occasionally to observe how is the client is doing in the job environment, how successful is he/she, what is the ideas of the employers, co-workers, supervisors or human recourses on the work performance? This will provide a close observation and communication between the parties, and if required, the revision or readjustments could be performed prior the problem becomes serious or late for recovery (Appendix 2).

## Key Components for the Job Satisfaction and its Retention

For the best practice of supported employment after placement and on-site- training of the job, both the employees and the employers should be satisfied. This may depend on positive employee outcomes as well as the achieved benefits for the employers. Thus, as seen *in* **Table 1.1**, the key components for the employees may include competitive employment, consumer choice, rapid job search, integration of services, attention to preferences, benefits counseling, and time-unlimited support (Yamatani, Teixeira, & McDonough, 2015) Since the main concern of the supported employment is to sustain competitive and long-term employment, the satisfaction of the employers is substantial. Simple and low cost modifications may result with employee satisfaction with and without disabilities that will guide them to work enthusiastically (Hartnett, Stuart, Thurman, Loy, & Batiste, 2011). The positive attitudes of the employers may be noticed by the customers that are the most desired issue of the employers, companies. However, the customers may have positive attitudes against the work places or companies employing people with disabilities but also the ones having severe disabilities (Yamatani, Teixeira, & McDonough, 2015). Overall, the best practice of supported employment is beneficial for both parties but also improves the public image of the employers and companies that may be considered as an added value of this model (Lengnick-Hall, Gaunt, & Kulkarni, 2008)

## The Benefits of Supported Employment Model

Supported Employment Model has a positive impact on the individuals with severe disabilities placed and trained in a job as well as the employers, co-workers, supervisors, human resources who can benefit from their contributions at work. However, the families and in a more general concept the society may benefit from the positive impacts of this specially designed model as given in **Table 1.2**.

**Table 1.1** The key components of the best practice of supported employment (Yamatani, Teixeira, & McDonough, 2015).

| No. | Key Components | Employee's Benefits | Employer's Benefits |
|---|---|---|---|
| 1 | Competitive employment | Key for success<br>Leads happier, productive employees | Key for success,<br>Giving equal rights for the least advantageous job seekers |
| 2 | Consumer choice | Good match of desires and abilities | Higher employee outcomes regardless of experience or disability status |
| 3 | Rapid job search | Provides jobs in relation to the job seekers' wills and abilities | Good for recruiting and retaining people with disabilities, integrate trained employees at work |
| 4 | Integration of services | Supported employment specialist and job coaches may communicate with vocational training and support services | May be required for achieving best employee outcomes |
| 5 | Attention to preferences | Preferences and strengths of the employees are important for the successful outcomes at job duties | Important for success of the workplace, but not always; it may be difficult to accommodate the job according to the preferences of the employees |
| 6 | Benefits counseling | Fear of loosing Social Security Income or health-related benefits;<br>counseling may help for confidence. | Confident employers in relation to their rights as employees |
| 7 | Time-unlimited support | Support of the employment specialist is possible whenever the employees need or require | Support of the employment specialist is possible whenever the employers need or require |

Overall, we may conclude that the supported employment is effective for the employability of the people with severe disabilities as well as their sustainability in the job. It is more effective than the sheltered employment model since it provides jobs in the mainstream of the society with equal wages, and social rights. This is because the job is selected and for the person with disabilities is prepared for this job, as well as trained and supported in the jobsite. Thus, we may express that the job is specifically tailored for the client however, the employees and co-workers were also prepared for this model of employment in their jobsite by the supported employment specialist regarding to how to share the facilities and the job environment with a person with intellectual or severe physical disabilities, and psychological problems such as schizophrenia, or autism. Besides the benefits to the person with disabilities, supported employment model provides benefits to their families not only due to their financial contribution to their family budget but also due to their increased confidence of future. Additionally, the increased awareness of the employees, employers on the employability of the people with disabilities may be appreciated by the customers that on long term base this may be also beneficial for the worksite or the company. The increased awareness of the people without any disability, and the increased self-confidence of the person with disabilities will contribute for their

**Table 1.2** The features of the benefits of supported employment model from the perspectives of employees with disabilities, employers, co-workers, and families (M. Kamp & Lynch, 2007)

| Benefits of the employee with Disability | Benefits of Employers | Benefits of Co-workers | Benefits of the Families |
|---|---|---|---|
| Earns income, have equal wages | Behavioural attitudes that individuals with severe disabilities can not work can be may changed | Behavioural attitudes that individuals with severe disabilities can not work can be may changed | Have an active role in the development of their son/ daughter |
| Shares ordinary places with co-workers without any disabilities | Facilitate a work role for individuals with disabilities | Learn how to work with a co-worker with severe disabilities | Have a child contribute to family income |
| Makes choises for the accomodation of the jobs according to his/ her physical or cognitive diversities | Especially individuals with intellectual disabilities or autism can work efficiently in simple, repetitive jobs that may not be often preferred by the others | Learn how to support a colleague with severe disabilities when required | Have a child become a contributing member of the community |
| Get respect and has social role in the work-site, but also in the society | They tend to remain in the given job for long period; no thread in loosing the trained employee | They respect and adhere to their jobs while working with colleagues having severe disabilities | Have a son/daughter participating to society as an active member |
| Grows relationships with the co-workers, not only at work-site but also in the society | They are reliable employees with low absenteeism and accident rates supported | May change their attitudes against the customers having diversities | Have a son/daughter as a person with ability and a future |
| Economic self-reliance, having a budget, shopping with his/her own Money, provide financial support to his/ her family | The existing jobs may be re-designed | Facilities for employees with disabilities (ramps, bars, telephone holders etc. ) may help the other employees to work easily and without getting tired | Have a son/daughter having equal wages |
| Get self esteem to perform the given tasks in relation to his/her ability, but also to improve | Gives chance to reorganize the company work processes | May consider the importance of performing a given task easily or under minimal stress | Have a son/daughter the same social security rights |
| Get self confidence, able to ask for a wage increase, some changes in the work tasks to improve his/her productivity | Supported employment is also the social responsibility of the firms, companies that improves their public image | Due to the possible flexible working hours accommodated under the supported employment model having low absenteeism and sickness leaves | Have a son/daughter without fear of future |

integration into the mainstreams of the society and accepted as an active member of the society. Therefore, we believe that it is the responsibility of the every member of the society to increase the employment facilities for the people with disabilities under the concept of the best practice of supported employment.

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# Appendix 1

## Supported Employment Model Task Analyses of A Person With Down's Syndrome In A Furniture Store

**TASK:** *Dusting of tea tables and the items on them in the furniture store.*

Since I am not working as an employment specialist, I have spoken with one of my friends working as a supported employment specialist who recently placed a young person with Down's syndrome to a furniture store. According to the information I gathered from him, I prepared an imaginary Task Analyses Report.

As I have noticed when I visited him at his home, he is able to dust the tea tables and the tables at home. His room was neat and organized. His mother and sister have also confirmed this while talking about his skills. He said he may work in a cleaning job but not in a small area.

Therefore, I thought that he could work efficiently in the furniture store to dust the items as bibelots, decorative objects, tea tables, the tables and chairs. He was interested with this job as well. Then, he started to work after having two meetings with the manager of the store together with him. During the second meeting, he met with the other colleagues and his supervisor. Thus, he is fine with the job environment, colleagues, and with his pay check that will be in his account monthly. He was also happy with the uniform of the store, a navy blue T-shirt with the logo of the store on his back and a trouser.

I gave the training for two months and he has learnt the requirements of his job, quite doing fine, but still he can be faster. I analysed his tasks by observing him while working.

Greetings in the Morning:

Greetings when he enters the store, I expect him to great the people with a smiling face, and say:

1. 'Hello! Good Morning.'
2. And expect the responses of the colleagues already there.

### Going to the Changing Room

It is at the opposite corner of the main entrance the entire do. He should walk towards the other end of the alley between of the two furniture groups totally twenty. Then, turn left and walk towards the changing room that the door is always kept close.

### Wearing the Uniform:

1. Go to the changing room to wear his uniform in his cupboard, and put on them. He does not need money during the working hours since the lunch and tea-coffee are the treat of the employer.
2. Hang his pans and shirt in the cupboard and lock it.
3. Put the key to his T-shirt's pocket and zip it.

### Going to the Utility Room to take the dusting cloths:

*The room is a small place by the lavatory across the coffee room of the employees in the opposite corner of the changing room.*

**1-** He should select the dusting cloths:
Yellow is for the bibelots and decorative items.
Blue is for the tea-tables and tables.
**2-** In the morning he is supposed to use the moist clots and afternoon dry.

### Starting Dusting:

Since we decided to number the furniture groups with small labels that may not be easily noticed by the customers, he is expected to start from number 1, the first furniture group by the right of the main entrance.

*Numbering the groups was appreciated by the employer and the other employees that was easier for them to localize and mention about the furniture groups. We also numbered the each corners of the tables. They were imaginary numbers, like a game.*

**1-** First, start dusting from the tea tables in the middle of the armchairs. I expect him to start dusting from one corner with round circling movements, and count till five as 1.1- 1.2- 1.3- 1.4.1.5 and reach towards the middle where the bibelot is.
*Dusting with circling movements is a good coordinated movement. Since it is combined with counting numbers as a verbal clue, makes this task a skilful coordinated activity.*
**2-** Then, go to the next corner and repeat the same action by counting as a rhyme, 2.1- 2.2- 2.3- 2.4- 2.5i
**3-** Turn to the other side of the tea table
**4-** Start dusting from the third corner, 3.1- 3.2-…
**5-** Dusting the fourth corner and counting 4.1- 4.2- …
**6-** Finally, the middle of the tea table and the bibelot will be dusted that was number 5 action

*While we were talking with employer during our second meeting, I suggested her to select the bibelots could be easily handled while dusting until he has learnt the job and be skilful. This was accepted kindly and the person in charge of the decorations selected the ones made of stone, cupper, marble etc. That was a nice and handy accommodation for us.*

Thus, he was comfortable in handling and dusting the decorative item in the middle of the tea table.

**7-** I expect him to hold and rise the item, and to dust the middle of the tea table as 5.1- 5.2- 5.3- 5.4-5.5. That was final.

*Until this step he did a one-handed activity, but the last step was an activity for both hands. This shows the skills of his hands and also his improved coordination. Since he counts, that means he can manage three activity at once.*

*If he manages all the steps, I expect him to proceed to the other tea table and so on. This shows me that he is skilful in dusting in this furniture store.*

## Appendix 2:

### Supported Employment Model Ongoing Support of A Person With Intellectual Disability

**CASE 2:** Jane (22yrs, ID) is working in a coffee shop and responsible to prepare the coffee to the customers.

I say **'Hello!' 'May I have a cup of coffee with milk without sugar, please?'**

if her response as **'Hello!'** and then **'Of Course!'**

*If she does this that means she is doing her job at the first sight, as expected.*

I wait while Jane prepares the coffee, and observe if she does the work skilfully or not? If she knows what to do or not? Here, I expect her to make the coffee and serve to me skilfully in an efficient period.

*If she is slow; massing up the bench; or missing the sequences, I noted these to my mind to write it down later to the form.*

*These will give me the idea that she knows what to do. And she can work in this type of a place or in a coffee house, if she likes, of course.*

Then I take the coffee she made it for me, then pay and thanked for her service.

*I expect her to respond me politely and thanked me. Or say, 'Enjoy it!'*

When she finishes her work, if there are no costumers waiting for her, I ask permission from her supervisor for a break to have a talk with her.

Then I open the conversation in a friendly and natural way:

**Question 1 : How did you find working in 7/11?**

I expect her to explain her idea about the work?

**Question 2: How did you make the coffee with this coffee maker? It is very delicious.**

Here, I expect her to explain the steps she follows. So I understand if she can express what she does properly.

*This may give clues for her future responsibilities that she may take over in the work-place, either this one or another one.*

**Question 3: Do you prepare a lot of cubs? What do you think about this workload?**

*I expect to understand what is her idea about the workload. Does she feel tired in standing*

**Question 4: What about the customers, what else they usually ask to buy?**

Here, I try to understand if she pays attention to the people around and things in the shelves or refrigerators.

*This may give clues about her attention in the workplace, but also, if she has too much free time during the working hours.*

*If she is busy enough with the coffee service or not!*
*Is there somebody else to do it or does the shop have less customers asking for ready-made coffee?*

**Question 5: What else you may do in the shop, what do you think?**

I try to understand since she pays attention to the other things in the shelves, she is interested to deal with them, either?

*This will give the clue that she may have some other responsibilities in the coffee shop or in the second trial of situational assessment, she may have an another responsibility that requires a higher skill then using a coffee machine.*

**Question 6: What about your co-workers? What jobs are they doing?**

This will give information about her thoughts on her co-worker/s.
*Whether they act as an usual manner as they act to each other or not!*
*Whether they give enough responsibilities for her or not?*
*Whether they let her to perform her job freely.*

*This will also give clues for the future situational assessments in this particular worksite.*

*May be, I could not explain at beginning what are we (as me and her) expecting from them as employer and co-workers.*

*This should be clarified until the next trial of another person.*

*However, she may have some fears and doubts about the co-workers or the workplace. I noted this to discuss this with her family, vocational trainer, school teacher, and if required I ask for professional help to solve this paranoia behavior.*

**Question 7: Bye the way, how do you spend your free time in the breaks?**

This will give me clues on how she feels herself in the work environment.

*Is she chatting with her co-workers in the break or not? Does she seem social enough?*

*Or;*
*If she is alone in the break; if the others are busy;*
*If she goes to a silent corner of the workplace and sits, while the others are chatting!*

*Whether she goes out and just sits to finish the 10mins break, for instance. Or; if she sits and have snacks, makes a coffee for herself, listens the music she likes on her mobile phone, calls to her Mom or friend pet the cat in the garden…*

**Question 8: This is interesting which type of snacks do you prefer usually?**

This may give information about her eating behaviour, if she is on diet due to health problems *or obesity, which is a common problem of people with ID.*

*Then, I should inform the co-workers and the employee to take care in this and inform the family about and learn what could be the snacks she can have during the breaks. Then, inform the co-workers and the employee to suggest her to have one of those food as snack while she is choosing from the shelves or refrigerator.*

*This will give clue to me for the next trial of her.*

**Question 9: This is nice, which music do you prefer to listen?**

*This will give me clues about her habits. This may give clues for the next trial, for instance I may find a workplace for her that keeps a light music on.*
*That can be a coffee house, a restaurant or a music store.*

**Question 10: I am impressed your work here, Jane! Before leave, I wondered who prepares the coffee for Mom or Dad?**

If she says 'me', that means she carries the skill she has learnt at work into her life and likes to share her talents in her social life.

*Then, while I am leaving I ask when I come to visit her at home would she made a cup of coffee for me?* (Even if, she answered that answered this question as somebody else is preparing the coffee in her home.)

*This may give an idea to her that she can do coffee as she does at work and share her this skill at home with her parents or relatives.*

*Then, I thank for the conversation and say Goodbye, shake hands.*

*While I am leaving, I check if she goes back to work to the coffee machine area.*

*This will give information about Jane's social relations,*

*How she greets the person who came to visit her and knows what to do afterwards.*

*This is important for the other trial of situational assessments; for instance, in a place that she greats or welcomes the customers, such as in a hotel lobby or in a restaurant or a shopping mall.*

# Disability and People With Intellectual Disabilities

Chapter 2



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World Report on Disability (2011) defines the status of person with disability as a person who has physical, mental, intellectual or sensory impairments, which is in interaction with various barriers hinders their full and effective participation in society. Therefore, disability is considered as a social model rather than a medical model, as it used to be defined in 80s. Although, inclusive lifestyle in society is one of the important intensions of this definition, the age, gender, education, and vocational and educational status of the person with disabilities may still limit their roles in the society. Thus, they should be considered as a whole with their particular personal features and status, as well as within their environment (Palassino, Cambell & Harris, 2006; Barnes, McGeary & Stobo, 2007) **(Figure 2.1).**

Since, disability is a biopsychosocial situation (ICFD-2, 1999), it should be considered seriously by each society as well as country, regardless of their economic level. As the poverty of the country is increasing the level of disability felt by the person is also increasing (EC,2002; Barnes et al., 2007). Therefore, specific approaches should be handled in relation to the arising needs and the sociocultural requirements of the persons with

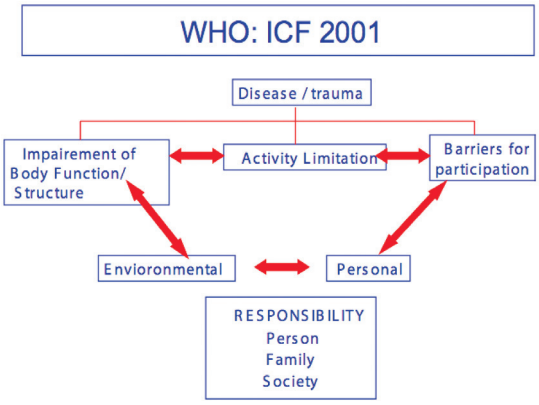


**Figure 2.1** The definition of Disability according to International Classification of Function (ICF)- 2001 (Palassino et al. 2006).

disabilities. One of the most important needs of the person to have a role in the society is the employment facility in equal circumstances with the people without any disabilities. International Classification of Function (ICF)-2001 is focusing on this by defining environmental and personal barriers as the contextual features of disability (Palassino et al. 2006) (**Figure 2.2**). The education and vocation are defined among the personal barriers that should be overcome to be able increase the active participation of the people with disabilities. However, the responsibility is not only for the person or the family but the society as well.

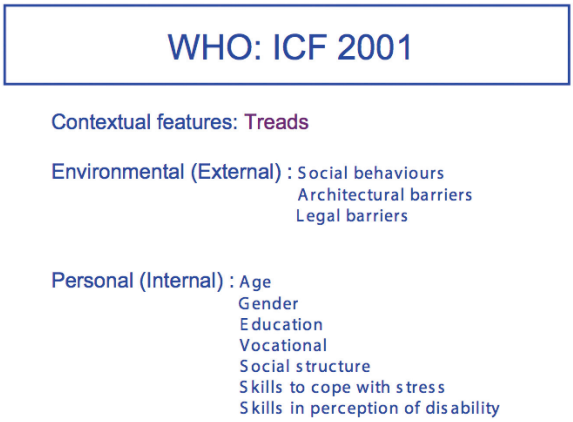


**Figure 2.2** The contextual features of Disability according to International Classification of Function (ICF)-2001 (Palassino et al. 2006).

Regardless of socioeconomic level of the countries, disability may cause similar problems for the people with disabilities. Therefore, we may consider them as a special minority of the world. Since the overall frequency of having a disability is ranging from 5% to 10-15%, worldwide, this is quite a population. In Europe, among the people between the ages of 16-64 years 15.7% have a disability (EC, 2007; EULFS, 2007). In United States 11.9% of the whole population has a disability (Annual Disability Statistics Compendium, 2011) and this is 18.5% in Australia (Disability, Australia, 2009) 14.2% in Poland and 9.3% in Greece (IDRM, 2007). This is 12.29% of the whole population in Turkey (Turkey Disability Survey, 2002).

The sociocultural and economical differences between countries may affect negatively the social inclusion of the people with disabilities. The implication of social, attitudinal and environmental barriers may limit their participation in society. On the other hand, the degree of disability is likely to have a growing impact on opportunities for social inclusion (Gannon, Nolan, 2010). Therefore, as the barriers against the people with disabilities are increasing the felt disability severely increased in the society. However, the individuals with ID are assumed to feel those barriers much more severely due their limited social, emotional and behavioural skills that are required for successful social adaptation

(Hardiman, Guerin & Fitzsimons, 2009). As it was focused on ICF-2001 (Palassino et al.; 2006), employment facilities for the individuals with ID would be an access for inclusive and secure life style in the society.

We consider that, people with disabilities living in Turkey are experiencing those barriers much more severely than many other developed countries, especially in educational and vocational facilities. Improving the educational and vocational facilities for people with disabilities may present the added value to improve their participation into social life, another words, facilitate their social inclusion. Supported employment is one of the solutions that enable the promotion of the placement of people with disabilities, especially the ones with intellectual disability.

## 2. Classification of Disability:

A person with disability is defined as a person who is limited in the kind or amount of activities because of ongoing difficulties due to a long-term physical condition, mental condition or health problems (IDRM, 2007). They recommended identifying the population with disabilities in broad categories based on the ICFD-2 (1999) disability concept as;

1. Visual difficulty
2. Hearing difficulty
3. Speaking difficulty
4. Moving/mobility difficulty
5. Body movement difficulties
6. Grasping/holding difficulty
7. Learning difficulties
8. Behavioural difficulties
9. Personal care difficulties
10. Other (specify)

However, International Classification of Function (ICF)-2001 attempts to achieve the *biopsychosocial* approach a synthesis to provide a coherent view of different dimensions of health at the biological, individual and social levels (Palassino, 2006; EULFS, 2007). Therefore, a positive approach is recommended to question the function of the person with disabilities in any age or in any activity level (Mbogoni & Me, 2002) as,

1. Visual
2. Hearing
3. Learning and applying knowledge
4. Mental functions
   a. Attention functions
   b. Memory functions
   c. Thought functions
   d. Higher level cognitive functions

5. Carrying out daily routine
   a. Managing daily routine
   b. Completing daily routine
6. Communicating
   a. Receiving
   b. Producing
7. Changing and maintaining body position
8. Carrying, moving, and handling objects
   a. Lifting and carrying objects
   b. Fine hand use
   c. Hand and arm use
9. Walking and moving
   a. Walking
   b. Moving around
10. Self care
    a. Washing oneself
    b. Caring for body parts
    c. Toileting
    d. Dressing
    e. Eating
    f. Drinking
11. Major life activities
    a. Education
    b. Work/employment
12. Community, social and civic life
    a. Community life
    b. Recreation and leisure
    c. Religion and spirituality

According to American Association on Intellectual and Developmental Disabilities-AAIDD (2010) intellectual disability is characterized by significant limitations both in intellectual functioning and adaptive behaviour as expressed in conceptual, social, and practical skills, which are apparent prior to the age of 18.

The most recent consensus on definition of ID was put forward in 2002 as *"a disability characterized by significant limitations both in intellectual functioning (intelligence, general mental capacity-problem solving, learning, reasoning) and in adaptive behaviour as expressed in conceptual (exp. language, literacy, money, time, numbers) social (exp. interpersonal skills, social responsibility, self-esteem, social problem solving) and practical adaptive skills (activities of daily living-ADL, schedules, routines, safety, use of money/telephone, health care, occupational skills)."* (AAIDD, 2010; Bertoti, 1999; Melville, Cooper, McGrother, Thorp & Collacott, 2005). ID, as an early childhood neurodevelopmental disability is evident at an early age and lifelong, requiring systems of support throughout the lifespan as familial, educational and vocational (Shevell, 2010).

According to the TUIK (2010) among the 12.29% of the total disability ratio, 25.6% have a long term illness, and 74.4% have a disability (physical, intellectual, visual, hearing and speaking) as it defined in ICF (2001) (Palassino et al., 2006) (Table 2.1). Intellectual disabilities are covering a wide range of intellectual functioning as it was defined by AAIDD, 2010. However, as the severity of the ID is increased their level of physical fitness would most probably be decreased compared to their peers (Skowronski, Horvat, Nocera, Roswal, & Croce, 2009). Golubović, Maksimović, Golubović & Glumbić, (2012) also reported a significantly lower performance on the initial fitness assessment in children with mild to moderate ID when compared to typically developing children. Lauteslager (2000) relates these features to the abnormal course of development and reduced motor abilities of the persons with ID, including the Down's syndrome. Besides their cognitive, social and adaptive behaviour limitations in different degrees, individuals with ID may have some health problems that specifically effect their physical functioning and increase the risks of injuries that they may face to such as systemic diseases (Diabetes mellitus, congenital or acquired cardiovascular diseases; hypertension, asthma), epilepsy, allergy, obesity and several postural problems may commonly be seen among people with ID (Lauteslager, 2000; Golubović et al., 2012). Thus, it is important for human resources and the employers to secure the work environment. However, they may also have multiple disabilities due to physical, visual or auditory problems that may limit their inclusion into the society. However, as it was focus on ICF-2001, it is mainly the responsibility of the society to prepare the job environment appropriate even for the ones severely affected due to their disability.

**Table 2.1** Distribution of the disability ratio (74.4%) according to the WHO (2001) definition of disability in Turkey (Pleasing, 2006; TUİK, 2010).

| Type of Disability | Ratio of Disability (%) | | Gender (%) | |
|---|---|---|---|---|
| | | | Male | Female |
| Physical | 8.8 | | 58,6 | 41,4 |
| Intellectual | 29.2 | | | |
| | Mild | 20.54 | | |
| | Moderate | 26.49 | | |
| | Severe | 18.32 | | |
| | Very severe | 19.66 | | |
| | Missing | 14.99 | | |
| Visual | 8.4 | | | |
| Hearing and Speaking | 5.9 | | | |
| Mental and Psychological | 3.9 | | | |
| Language and Communication | 0.02 | | | |
| Multiple | 18 | | | |

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# Employment Facilities for People With Intellectual Disabilities in Turkey

Chapter 3



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In Turkey, although there are education and training facilities for individuals with intellectual disabilities in state or private vocational schools, unfortunately, the inclusive education is limited only for the ones with mild ID (Mauerbergde Castro, Klavina, Kudláček, Sit, & Inal, 2016). Though, they may have efficient training on certain skills (housekeeping, catering, cleaning, arts and crafts, etc.) in these schools, these may not be actually ascertained by the teachers after detailed evaluations and job analyses regarding to the specific features and skills of the individuals with ID nor by the school managers after a detailed observation regarding to the needs of the sector or the market (Karatas, 2009). Therefore, in most cases after the completion of the education/training at the age of 18-20s, they may not be always lucky to find a job or to be hired for a job. However, this is not very much different for the people with other types of disabilities, as well. On the other hand, we may convey that being an individual with ID (Yilmaz, 2004; Oren, 2004; 2005) or being a woman with a disability (Carkcı, 2011; Ozdemir, 2012) brings the persons into the least advantageous group of the society in the country. To overcome this problem, increasing the opportunities as well as the quality of education and increasing the employment facilities may be the most effective tools that should be worked on. Thus, this chapter is aiming to present the employment facilities for people with ID in Turkey, and observe the strengths and weaknesses of the on-going system.

## Employment Facilities for Individuals with Disabilities

According to Turkey Disability Survey (2002) 78.29% of persons with disabilities over 15 years old are not in the labour force. Within this figure, 15.46% is unemployed and 21.71% of persons with disabilities are employed and the rest of the people (62.83 %) are economically inactive. The people with intellectual disabilities between the age of 20-29 years whom were considered as the labour force 58 % were male and 38 % were female. However, the employment rate is very low (0.9 %) among those young people with ID who already had a vocational training (Turkey Disability Survey, 2002; IDRM, 2007). The rate of employment of people with ID compared to the people with other types of disabilities is also very low (3.5 %) (Yilmaz, 2004). The first reason of this problem

may be the difficulty to find a job in the market appropriate to the training they had. The other reason may be the indifference and discrimination of the employers and the market against the employees with ID (Seymen & Bolat, 2005).

Although, the government is urging the governmental and private enterprises to hire people with disabilities by giving the quota[1] of 4 % for the governmental and 3 % for the private sector having employers 50 and more, this is not efficient enough. The Turkish Employment Organization (ISKUR) is stating that there are still vacancies in public and private sector due to disorganizations throughout the country (Orhan, 2013). This may not be due to the inaccessibility that is common especially among the people with physical, visual or hearing disabilities (IDRM, 2007), but rather attitudes or believes of the society (Oren, 2004; Gursoy, 2012; Orhan, 2013).

Some of the employers prefer to pay the penalty, but not to hire employees with disabilities, and some prefer to hire the ones having mild disabilities (Meshur, 2004). There are also employers suggesting to hire the person as employee and pay the wages regularly but without having him/her in the job environment or just kindly suggesting this not to make them tired or force them with the burden of the job (Meshur, 2004; Ozbey, 2015). Thus, it was stated that this quota system is not utilized efficiently (Analysis of Workforce in relation to Disability, 2011), yet unless strictly followed and controlled by the governmental bodies.

Seymen and Bolat (2005) analysed the discriminative attitudes of the employers towards the people with physical and intellectual disabilities (PID). They defined this discrimination as 'if the employer, manager of the organization or the manager of the human resources can not justify the reason of their undesirable manner against the person with PID' or 'if they fail to allocate an appropriate job or duty to the person with PID and if they can not justify this unsuccessful action.'

Ozbey and Diken (2010) reviewed the studies done on the vocational training and employment facilities of people with ID between the years of 1990-2010. They have found that among the 25 studies 12 were focusing on "teaching pre-vocational skills, vocational and employment skills", two were on "the transition of these individuals to work", five were on "their employment status", and six were focusing on "the preparation of these individuals for employment". According to their results, Ozbey and Diken (2010) summarized the outcomes of these studies as,

Regarding to studies done on pre-vocational training, placement to job environments;

1. Studies performed on vocational skills and employment were mainly on people with mild to moderate ID,
2. Studies are mainly focusing on vocational training, but not on the rules of the job environment, job discipline, job security, as well as job application skills,
3. Studies are not focusing if the pre-vocational training is required in the area where the person with ID living,

1 2003/4857 Employment Law, Art.30.

4. Personalized training of the person with ID for the job, and placement to the job and observation are not considered in the studies.
5. They reported limitations on placement to jobs, however, they have not analysed whether the prevocational skills are required for the employers or not.
6. It seems that the cooperation between the families and the schools are not efficient.
7. Families are not getting the responsibilities; they may have difficulty in communicating with the employers.
8. Sheltered jobs may be beneficial, if the person with ID cannot work in the labour market.

Regarding to studies done on the attitudes of the employers, superiors, co-workers, and other employees;

1. The attitudes of the male employers were more positive than the females,
2. As the age is increasing the attitudes of the employers were getting better,
3. The attitudes of the university graduates were more negative than the less educated employers
4. The studies were not mentioning the importance of the in-service training on the characteristics of the people with ID and their rights for employment as well as inclusive life style.

Employment facilities improve the inclusive lifestyle of the individual with ID (Ozdemir, 2012). As they contribute to the productivity of the society their activity involvement increase and they tend to expect individualized and authorized lifestyle. The families may feel insecure for this increased confidentiality of their children, which is actually common for every parent. As the individual with ID involve with his job efficiently and learn his/her tasks very well, the performance presented may be habitual anymore. So they may be interested with surroundings and may have some desires on personal relationships and life style, such as having some feelings against the other gender, having the idea of living in his/her own home alone, and/or some aggressive manners that all need to be consulted by the authorities. Sports and recreative activities planned for the free time of the individuals with ID can be quite beneficial to keep the person active and social, as well.

## Finding a Job in the Ordinary Market

Although, the special vocational and technical schools that they received their certificates or the Turkish Employment Organization (ISKUR ) are providing job facilities for people with ID, however, not many of them can be allocated in the ordinary job market (Oren, 2005). One of the reasons of this situation is that they cannot find apprentice facilities to understand and assess their actual job qualifications and personal skills during the last year of their training. The other reason is that there may be limited interaction between those organizations, schools and the families. Of course, the families are key to decide

on the appropriate job for their children since they are very much aware of the personal interest areas, capabilities and accomplishments of their children. However, the awareness of the family on supported employment and the cooperation between the parties are important (Seymen & Bolat, 2005). However, in most cases, the families are left alone after the school was over, and they start to search for job opportunities. Unfortunately, this is a most common situation in Turkey. The families who have efficient facilities and personal relationships may search for a job for their children in the market with regular and equal amount of a wage similar of their peers. This is of course, not an organized and sustained action and is limited with the personal relationships of the families. On the other hand, there may be different factors effecting the job environment. For instance, a young boy (B.E.; 23yrs) who was hired to work as an office boy in a company that the owner was close family friend, enthusiastically stated to the job and worked efficiently. However, the second day he stayed in home, did the regular things as he used to do. He seemed quite calm and fine. The next day and the following next 10 days he was at home did not go to job nor mentioned about the job. He was quite happy. On the other side, the family were very much worried about him, thought that he was fired because he was not appropriate for the job. The manager in the office as well as the other employers and the owner of the company preferred to be silent, and not speak with the family. They expected him to come when he feels he was ready, not to be forceful, as a employer. On the other hand, they blamed themselves by thinking if they have hurt him with any of their manner or words. Unfortunately, both the family and the worksite were very uncomfortable with the situation, but they could not communicate for not to annoy each other in this sensitive condition. Finally, after almost ten days, his mother asked why he was not going to work, what was happened in the job. His answer was very simple. He said, *'I finished my job.'* So he went to job, worked that day and finished his work.

In this context, we may conclude that finding the job is not the only task should be done. The observations of the employee with ID and communication with him/her, family, as well as the employees, managers are required for a successful and sustained job facility.

However, even if they are allocated to a job, the families may be over reactive or overprotective against their children. They may heavily involve with job environment and the other people who may be employers, human resources units or the other employees. This may negatively affect the job environment and of course the individual with ID, even though he/she has not have any concern at all. Therefore, a job coach working in the context of supported employment would be quite beneficial to overcome these problems.

## Sustaining in the Job

The attitudes of colleagues or employers are important for the sustainability of the individual with ID in the job. However, they may not fulfil the actual requirements of the jobs, as well. They may also face with difficulties in their social interactions in the job environment due to their possible limited communication skills (Orhan, 2013) and the

negative attitudes of the other employees or the employers (Seymen & Bolat, 2005). Some may not approach with empathy and understanding against the special needs and existing competencies of their employee or the co-worker with ID may result with inappropriate behaviours.

On the other hand, the employer or the human resource manager may be over-giving or feel pity. Of course, these discriminative approaches hurt the person with ID, and loose enthusiasm to work.

Additionally, the attitudes of the family or the person with ID may create barriers in the job environment (IDRM, 2007; TUIK, 2010 World Report on Disability; 2011). This may be due to misadjusting to the job environment or being over demanding as we mentioned previously. Thus, the sustainability of the person with ID in the assigned job may fail. The employers may discharge the person with ID or he/she may quit the job if feels the negative discrimination and exclusion.

There is also quite a common way of discharging from job in Turkey that is the cancelation of the job after the official probation period given by the government (Yilmaz, 2014; Orhan, 2013). This should be under the responsibility of the authorities and the employees with ID should be protected from this type of abuse.

Boyraz (2010) stated the other types of abuse common against the individuals with ID in Turkey are the lower level of wages and not to have efficient promotion compared to able-bodied peers. On the other hand, I believe the most important one is mobbing, social discrimination, and regretfully, physical and sexual abuse.

Therefore, the persons with ID may need guidance and counselling in their actual job environments, even if, they had the proper training for their assigned jobs. However, they all need an orientation period to be familiar and confident in the job environments (Spjelkavik, Frøyland & Evans, 2004; EUMAP, 2005). In this context, not only finding a job but also having a specific training and orientation in the workplaces is important for their sustainability in the jobs. Therefore, the supported employment programs in the context of place, train and maintain are beneficiary not only for the indivıduals with ID and their families but also for the micro level for employers and the employees, for the macro level for the sector, region, country, and the world globally.

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# Job and occupation analysis, employment, unemployment rate and statistical results for People with ID in Turkey

Chapter 3



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The Convention on the Rights of Persons with Disabilities and its Optional Protocol (A/RES/61/106) was accepted on 13 December 2006 at the United Nations and was submitted for signature on 30 March 2007 to the partner countries. It can be argued that this is very valuable consensus covering 82 signatories to the Convention. Therefore UN declared the protocol on the Rights of Persons with Disabilities having the highest number of signatories in history to a UN Convention, it was the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be open for signature by regional integration organizations (United Nations Enable, 2007). The Convention entered into force on 3 May 2008 in the countries. Another compressive report having objectives of the European Disability Strategy by actions in eight priority areas for 2010-2020 was declared by EU. In this declaration, to promote the active inclusion and the full participation of people with disabilities in society, in line with human rights approaching on disability issues are involved This approaching is involving also at the core of the UN Convention on the Rights of Persons with Disabilities (European Commission, 2017; Europe Commission, 2010).

- *Accessibility,*
- Participation,
- Equality,
- Education and training,
- Social protection,
- Health,
- External Action,
- Employment.

This strategy is intended to attach the combined potential of the EU Charter of Fundamental Rights, the Treaty on the Functioning of the European Union, and the UN Convention, and to make full use of Europe 2020. It grows the action of process to empower people having disabilities, the declaration can support the participation fully in society on an equal basis for people with disabilities and others. Thus, the actions will have contributions to promote the quality of life level of people having disabilities.

## 1. Accessibility

'Accessibility' is defined as meaning that people with disabilities have access, on an equal basis with others, to the physical environment, transportation, information and communications technologies and systems (ICT), and other facilities and services.

## 2. Participation

Participation include the right to free movement, to choose where and how to live, and to have full access to cultural, recreational, and sports activities. For example, a person with a recognised disability moving to another EU country can lose access to national benefits, such as free or reduced-cost public transport.

## 3. Equality

This will involve providing protection from discrimination and implementing an active policy to combat discrimination and promote equal opportunities in EU policies.

## 4. Education and training

People with disabilities, in particular children, need to be integrated appropriately into the general education system and provided with individual support in the best interest of the child. With full respect for the responsibility of the Member States for the content of teaching and the organization of education systems, the Commission will support the goal of inclusive, quality education and training under the Youth on the Move initiative. It will increase knowledge on levels of education and opportunities for people with disabilities and increase their mobility by facilitating participation in their life.

## 5. Social protection

Lower participation in general education and in the labour market lead to income inequalities and poverty for people with disabilities, as well as to social exclusion and isolation. They need to be able to benefit from social protection systems and poverty reduction programs, disability-related assistance, public housing programs and other enabling services, and retirement and benefit programs. Thus, expected precautions and legislations provide equal opportunities by social protection, will perform improvements in the social protections for these purposes.

## 6. Health

If people with disabilities have limited access to health services, including routine medical treatments, ıt couldn't incompatible with health equalities in the society. In the society, all people have equal access to healthcare, including preventive healthcare, and specific affordable quality health and rehabilitation services. This is mainly the task of the Member State of EU.

## 7. External Action

The Strategy aims to promote the rights of people with disabilities within the EU external action, including EU enlargement, neighbourhood and development programmes.

## 8. Employment

The Strategy aims to enable more people with disabilities to earn their living on the open labour market. The employment situation of women and men with disabilities needs to be improved through quality jobs in open, inclusive and accessible work environments (European Commission, 2017; Europe Commission, 2010).

People with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The Commission have focused together with the Member States to tackle the obstacles to a barrier-free Europe, taking up recent European Parliament and Council resolutions. This Strategy provides a framework for action at European level, as well as with national action to address the diverse situation of men, women and children with disabilities. The relationship between poverty and disability is two way: disability increases the risk of poverty and the conditions of poverty increase the risk of disability, yet little attention has been given as to whether social safety nets. Social safety nets have a role to play regarding disability in terms of poverty alleviation, poverty reduction and development and prevention (Mitra, 2005). Quality jobs ensure economic independence, foster personal achievement, and offer the best protection against poverty. However, the rate of employment for people with disabilities is the only around 50 % (World Health Organization, 2011).

### The General Profile of the People with Disabilities in Turkey

In 2016, according to Population and Housing Survey, the total population of Turkey is reached to 79 814 87, While Turkey has one of the fastest growing economies, social and economic indexes indicate our country have some problems to be urban populations in all respects, including social services and educational opportunities (Turkey Statistical Institute, 2016).

According to statistically study conducted by the Prime Ministry Administration for People with Disabilities in 2002, population of the people with disabilities in Turkey is 12,29% (8.431.937) (including those with chronic diseases). On the other hand, in Turkey by 2011 Population and Housing Survey", percentage of the population with at least one disability (3 years of age or older) is 6.9 % (4.876.000 people). While the percentage is 5,9% among men, it is 7,9% among women." In the last survey, 2011, persons with multiple impairments were not considered as a separate category (Arun, 2014; Aytac, 2015). In Turkey, according to 2011 Population and Housing Census, number of population who have at least one type of disability (in seeing, hearing, speaking, walking, climbing stairs, holding or lifting something, learning, doing simple calculations, remembering and concentrating compared to peers) was 4 million 882 thousand and 841. In other words 6.6%

of the total population have at least one type of disability (Arun, 2014; Aytac, 2015) (Table 4.1).

Social and economic data on individuals with disabilities were collected in the "Research on the Problems and Expectations of the Disabled – 2010" conducted by the General Directorate of Services for Persons with Disabilities and Elderly People and Turkish Statistical Institutions (TURKSTAT). According to this research, 41,6 % of disabled individuals registered in the database system are illiterate. 18,2% know how to read and write but do not have a primary school education. 22,3% of them are graduated from primary school; 10,3% received education at the level of primary-secondary education and 7,7% received high school education or higher education (Devandas Aquilar, 2015) .

**Table 4.1** Distributions of Types of Disability in Turkey (2011)

| Types of Disability | % |
|---|---|
| Difficulty in walking, Descending/ascending stairs | 3.3 |
| Difficulty in seeing | 1.4 |
| Difficulty in hearing | 1.1 |
| Difficulty in speaking | 0.7 |
| Difficulty in learning, doing simple calculations, remembering and concentrating when compared to peers | 2 |
| Difficulty in holding or lifting something | 4.1 |

While in the Turkey Disability Survey of 2002, the types of disabilities were categorized to orthopedically disability; visually impairments, hearing impairments, speech disability, mental disability and having more than one impairment. By Population and Housing Survey (2011), It was asked having seen, hearing, speaking, walking, climbing stairs, holding or lifting something, learning, doing simple calculations, remembering and concentrating compared to peers. Therefore; it was reported number of populations who have at least one type of disability (in seeing, hearing, speaking, walking, climbing stairs, holding or lifting something, learning, doing simple calculations, remembering and concentrating compared to peers) was 4 million 882 thousand and 841. In other words, 6.6% of the total population have at least one type (2011). The proportions of disability types are shown in Table 2. In Turkey, 2 % was showed the disabilities having learning, doing simple calculations, remembering and concentrating difficulties when compared to peers. Therefore, it can be said that people having difficulties in learning, doing simple calculations, remembering and concentrating (DL- Cal- Rem-Conc) is the third prevalent disability by %2 in the population.

The findings of the educational level also showed 23.3 % of the people with disabilities as illiterate, for10.9% for men and 32.4% for women (Table 4.2). The percentage of female who being only literate or have not primary school education is 20.1 %. According to gender distributions in the field of the education, women are seeming as the most disadvantaged group in the whole people with disabilities in Turkey.

**Table 4.2** The distributions of education level among people with disabilities according to gender (2011)

| Educational Status % | Total population | Male | Female |
|---|---|---|---|
| Illiterate | 23.3 | 10.9 | 32.4 |
| Literate but no school completed | 19.0 | 17.6 | 20.1 |
| Primary School | 36.1 | 38.5 | 34.3 |
| Primary education/junior high school or equivalent | 12.5 | 19.3 | 7.6 |
| High school or equivalent | 6.5 | 9.7 | 4.2 |
| Higher education | 2.6 | 4.0 | 1.5 |
| unknown | 0.0 | 0.1 | 0.0 |

When the disability types in relation to education level were compared, the findings showed to us for people having difficulties in learning, doing simple calculations, remembering and concentrating (DL- Cal- Rem-Conc) have the lowest education profile group. As you can follow from **Table 4.3** the highest ratio for being illiterate is seen in people having DL- Cal- Rem-Conc. According to the findings of the Turkey Disability Survey 2002, 29.5% of physical impaired individuals, 34.9% of visually impaired individuals, 36.9% of hearing impaired individuals, 53.1% of individuals having speech problem, and 66.9% of intellectual disabled individuals are also reported not literate As it can be observed in **Tables 4.4**, those who having intellectual disabled and those with more than one impairments differ from other groups in terms of their educational level and are placed together with those in the non-literate category.

**Table 4.3** The distributions of education level among people according to types of disability

| Educational Status % | DSe | DH | DSp | DW& Des-As | DH | DL- Cal- Rem- Conc |
|---|---|---|---|---|---|---|
| Illiterate | 23.2 | 29.1 | 32.9 | 27.4 | 26.1 | 34.9 |
| Literate but no school completed | 17.7 | 19.7 | 27.2 | 18.3 | 17.7 | 27.1 |
| Primary School | 33.7 | 32.8 | 21.0 | 37.4 | 38.3 | 24.9 |
| Primary education/junior high school or equivalent | 13.4 | 10.3 | 12.2 | 9.7 | 10.4 | 9.2 |
| High school or equivalent | 8.2 | 5.7 | 5.2 | 5.2 | 5.5 | 3.0 |
| Higher education | 3.7 | 2.4 | 1.5 | 2.0 | 2.1 | 0.9 |
| Unknown | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

*DSe: Difficulty in seeing; DH: Difficulty in hearing; DSp : Difficulty in Speaking; DW& Des-As : Difficulty in Walking or Descending / Ascending Stairs; DH: Difficulty in holding or lifting something; DL- Cal- Rem-Conc: Difficulty in learning, doing simple calculations, remembering and concentrating when compared to peers*

## Employment, unemployment rate for People with ID in Turkey

According to the Turkey Disability Survey 2002, 78.29 percent of persons with disabilities over 15 years old are not in the labour force. Employment rate is 25.61 percent in urban areas and 17.76 percent in rural areas. Only 6.71 percent of women having disabilities are working. According to the 2011 Population and Housing Census results, unem-

ployment rate was 7.9% in total population, while it was 8.8% in the disabled population (Table 4.5) (Turkiye İstatistik Kurumu, 2016). Based on recent data from The Republic of Turkey Ministry of Family and Social Policy General Directorate of Services for Persons with Disabilities and the Elderly, employment rate for people having difficulty in learning, doing simple calculations, remembering and concentrating has been also showed as 14.9 % when compared to peer for Population of 15 years of age or over (Aytac, 2015)

**Table 4.4** Proportion of labour force status according to Population and housing Census 2011 (15 years of age and over) (World Health Organization, 2011)

| % | | Labour Force participation | Employment Rate | Unemployment Rate |
|---|---|---|---|---|
| Total population | Total | 47.5 | 43.7 | 7.9 |
| | Male | 69.2 | 64.4 | 7.0 |
| | Female | 25.9 | 23.1 | 10.6 |
| Population with at least one disability | Total | 22.1 | 20.1 | 8.8 |
| | Male | 35.4 | 32.0 | 9.5 |
| | Female | 12.5 | 11.6 | 7.3 |

**Table 4.5** Labour force indicator by type of disability

| Types of Disability % | Rate of Participation to labour force | Employment Rate | Unemployment Rate |
|---|---|---|---|
| DSe | 23.2 | 20.9 | 10.2 |
| DH | 18.5 | 17.1 | 7.5 |
| Dsp | 12.9 | 11.7 | 9.4 |
| DW& Des-As | 15.1 | 13.9 | 8.2 |
| DH | 18.1 | 16.6 | 8.6 |
| DL- Cal-Rem- Conc | 16.0 | 14.9 | 6.4 |

Employment is very important factor for people with disabilities and is also thought to be opportunity equal participation into social life for people with disabilities (European Union, 2010) If people with disabilities could be employed to any work placed within the community, they earn money, gain social rights and participate to social life and more have more independently life style (Ineson, 2015; Yun-Tung 2010) However according to the recent figures presented by the Ministry of Labor and Social Security, the employment rate of persons with disabilities over age 12 is 22.19% in Turkey (Metin et al., 2011). In Turkey, over 36% of people with disabilities are illiterate, this rate is higher comparing with general ration of Turkey, % 52,45 % are not included in any social security system (Firat, 2010). The gap between unemployment rate of the person with and without disabilities shows the differences across the countries. Whereas the unemployment rate was about 20 percent in Germany and Austria, in Korea (Mont, July 2004), the rate for people with disabilities was over three times as high as for people with non- disabilities. In England, the employment rate of people with intellectual disabilities is 10 % (Beyer, Brown, Akandi, & Rapley 2010), This is consequently lower value compared with another dis-

abled employee. According to the recent figures announced by the Ministry of Labour and Social Security, the work power rate of persons with disabilities over age 12 is *22.19%* in Turkey (Metin et al., 2011). The results of study on "Analysis of the Labour Market Based on Disability" is revealed that mental and emotional types of disability seems to be the most disadvantaged disabilities types because of non-preferred disability types for employment. Consequently; regarding results from national survey, the rate of non-preferred types of disability is presented as 73% among person the rate is followed by psychological and emotional illnesses with 61% in the labour market (Metin et al., 2011)

According to employment rate and placement profile the individual with intellectual dis abilities are the most advantaged group. It is generally recognized that very few people with learning disability are currently employed in Turkey. Based on recent data from The Republic of Turkey Ministry of Family and Social Policy General Directorate of Services for Persons with Disabilities and the Elderly, employment rate for people having difficulty in learning, doing simple calculations, remembering and concentrating has been also showed as 14.9 % when compared to peer for Population of 15 years of age or over (Devandas Aquilar 2015; Metin et al., 2011). These data show to us how severe is the condition about the employment profile of the people with intellectual disabilities in Turkey.

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# Job and Occupational Analysis for People with Intellectual Disabilities

Chapter 5



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Vocational assessment is the process of determining an individual's interests, abilities and aptitudes and skills to identify vocational strengths, needs and career potential. Aptitudes are an individual's natural capacity for learning, and aptitude testing is designed to predict an individual's ability to learn certain skills. Such skills can include, solving problems visually, understanding mechanical principles, perceiving differences in tabulated data rapidly and accurately, and comprehending written information (Mclaughlin et al., n.d.). The work that a person is most likely to be successful in is work that involves altitudinal strengths. Vocational assessment may use a variety of standardized techniques (e.g., tests) or no standardized approaches (e.g., interviews, observing people). The process of determining individual preferences for job and career options is an important component to ensure that job placement is not just a function of factors external to the individual. Such processes are uniquely challenging for people with intellectual disabilities (Stock et al. 2003).

The job coach must carry out a job analysis once a pot entail job has been identified to identify in detail the work tasks involved. The job coach thoroughly examines the various elements of a job to identify those which the person with a disability can complete and those for which the person will require training. The potential job is examined and divided into smaller tasks to determine which skills and knowledge the employee will need to achieve performance and employment success (Purpose & Contents, n.d.).

It must be emphasized that the intent of a task analysis is not to detail a list of job qualifications. This would only limit opportunities. Rather, then, the objective is to formulate the basis for designing a training program and/or to describe the job. Job analysis can also identify those tasks presently performed by regular employees that are additional components of their jobs. These might productively be combined into a new job and performed by a worker with a disability. This could include activities such as filing, data entry, watering plants, making coffee and also other new tasks which are developed during the last decades such as inventory work, pricing of articles, sports' assistance work and other administrative tasks. This allows employers to ensure that they maximize the potential of more skilled staff. Special attention must always be given to job requirements, physical demands and working conditions. Additional issues to be examined:

- the level of education specific for the position
- description of the various functions (the overall activity)
- other components of the position (including time spent, level of difficulty, materials used, physical requirements and psychological requirements)
- role of co-workers
- role of the human resources department of the company. Bash (2015)

In some countries there are Disability Assessment Boards who are responsible for determining legal disability status and eligibility for rights other than rights to social insurance benefits (Open Society Institute, 2005).

To achieve an effective job match, good practice is to generate as much information on the job and workplace to match that available for the individual from a Vocational Profile. To be able to establish a match, and to assess how much input may be needed to close any gap between the requirements of the employer and the abilities of the worker, a formal job analysis of a prospective job is needed. It should cover a number of areas as a minimum:

- The conditions of employment: hours, wages, and other financial benefits
- The main tasks and steps of the job, including breaks
- The physical, social and cultural make-up of the workplace- does the environment meet that preferred by the potential worker
- Are there any health and safety standards to be met, or concerns to be resolved?
- Is support available from the employer and his staff in induction, training, problem solving and supervision? (Beyer et al., 2004)

Before determining which job, is suitable for the individual there must be some areas to be concerned? Does the individual ready to get a job?

Does individual want to get a job?

Is job suitable for the individual?

How will the maintenance in the job will be handled?

The attention should be paid to the analysis of:

1. Individual characteristics that facilitate work inclusion
2. Characteristics of professional settings
3. Advantages and disadvantages associated with different work opportunities (sheltered workshops, supported employment, job coaching,)
4. Factors that are contributing to keep one's jobs (Soresi et al. 2008)

Occupational assessment includes the following techniques and tools:

- Background information and reports of other professionals and the individual
- Interviews with the person with a disability and perhaps his or her family, former teachers, employers or others
- Checklists (for use by professionals or the individual being assessed)

- Vocational exploration and counselling to clarify goals and help direct the process
- Paper and pencil tests, including a variety of standardized psychometric and psychological tests (some which must be administered by a trained psychologist)
- Work Samples (work tasks that require individuals to perform work and compares his or her performance to that of others)
- Situational Assessment (observing people in work or training settings)
- Job try-outs Fallis (2013)

And also the assessment of the worksite.

While assessing for job placement the job coach should consider the foundational elements of assessment. These are :

1. The employment specialist and the individual should collaborate to determine the best assessment method.
2. Information gathered about the individual is kept confidential.
3. The individual is comfortable with the chosen assessment method.
4. The individual's input is emphasized throughout the assessment process.
5. Emphasis is placed on the person's strengths, skills, and abilities, not deficits or limitations.
6. The concept of a career path drives the assessment process, rather than simply finding a job.
7. The individual understands that he or she have rights during the assessment process, such as the option to decline participation in part of or an entire assessment method.
8. Career dreams and aspirations are encouraged not redirected or considered "unrealistic."
9. The assessment methods chosen are not determined by availability of funding, resources, convenience, or time required administering.
10. The purpose of the assessment (including information gathered) is explained to the individual in detail and in a way that the person understands.

## Standardized testing

Standardized testing is defined as an evaluative process in which the procedure of administration and scoring is dictated and followed strictly and consistently for the purpose of comparing with normative samples Some standardized testing (e.g. IQ, neuropsychological testing and some personality testing) may require advance training in education (Ph.D.s and advance courses in measurements.) However, all professions who administer a test, regardless of the levels, should follow the ethical guidelines of assessment in competency Information on the different types of standardized tests, including the constructs, nature, examples of common inventories used) can be obtained from text . There are some standardized tests for job assessment for supported employments.

1. Job observation and behaviour scale (JOBS): JOBS was developed to meet the critical need **for** an employment instrument which is standardized, based upon realistic sup-

ported **employment** practices and expectations. It is intended for employers, job coaches, educators, **and** rehabilitation professionals who are involved in the evaluation, training, and placement of 'secondary students **and** adults with special employment needs into the competitive workforce. JOBS' standardization prints professionals (a) to eventuate the quality of workers' job performance, (h) to assess their peers for supports, and (c) to compare the quality of their performance to worker-s not receiving supports who perform the same competitive jobs (Brady & Rosenberg, 2002)

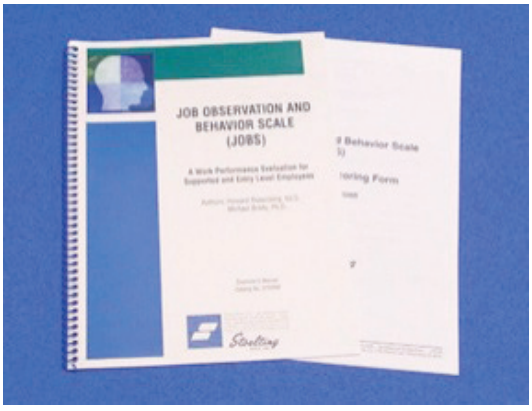


**Figure 5.1** Job observation and behaviour scale

2. Job observation and behaviour scale: Opportunity for Self-Determination: The Job Observation and Behavior Scale: Opportunity for Self-Determination is an assessment designed to obtain such input from the perspective of students preparing for, and employees participating in, supported employment. JOBS–OSD focuses on the work performance and support needs of a student or adult employee from his or her self-determined perspective. As a standardized assessment, JOBS–OSD provides norms for comparing the self-determination perspectives of students who are getting ready to enter the work world and those of adult employees in community employment settings (Brady & Rosenberg, 2002; Brady et al., 2008).

## Work samples

Work samples is a standardized vocational testing often used. This method is an assessment method to measure the job skills by having the individuals demonstrate their competency in a situation that is parallel to that at work under realistic and standardized conditions. Therefore, it is a measure of the aptitude of an individual, i.e., the ability of an individual to learn a task or skill. The use of work sample approach is often employed, especially for individuals with severe physical and/or cognitive disabilities. The work sample methods, unfortunately, may not have been a popular tool in contemporary rehabilitation in vocational counselling because this process requires the purchase of specific work samples which could be expensive especially when one requires a wide range of

work samples for specific samples of different jobs, and frequent updating may not be feasible

Work samples are commercially available and developed. For example, a company named VALPAR produces work samples in tasks such as sorting colour tiles (Brady & Rosenberg, 2002). Work samples can also be developed in response to assessment needs to local jobs. Otherwise an evaluator may develop a work sample related to filing, sorting, assembling a computer, using a washing machine or sweeping a window and so forth.

**Table 5.1** Subscales of JOBS

| Daily Living Activities | Behaviour | Job Duties |
|---|---|---|
| Attendance | Stress tolerance | Quality of work |
| Punctuality | Interpersonal work interactions | Quantity of work |
| Personal hygiene and grooming | Interpersonal social interactions | Speed of learning new tasks |
| Travel | Changes in routines | Performance on previously learned tasks |
| Verbal communication | Honesty | Multiple task performance |
| Nonverbal communication | Reaction to criticism | Organization of work tasks |
| Money | Work initiative | Safety procedures |
| Reading | Work endurance | Cleanliness of work environment |
| Math | | Employee motivation |
| Self-identification | | |
| Work schedule | | |
| Personal schedule | | |
| Work facilities | | |

## Job Analysis

Job analysis (JA) is another commonly employed assessment and vocational process in gathering information and recommending work accommodation in vocational rehabilitation. The process of job analysis focuses on the description of the job but less on the worker's characteristics. The job coach must carry out a job analysis once a potential job has been identified to identify in detail the work tasks involved. The job coach thoroughly examines the various elements of a job to identify those which the person with a disability can complete and those for which the person will require training. Bash (2015) Rehabilitation professionals often are required to conduct an in-depth interview with a person who is familiar with the nature of the job, or who conducts an actual on-site analysis of the job. A detailed profile of the different essential job tasks required for a particular job is constructed. Examples include job skills, environments, working conditions (e.g., exposure to extreme temperatures, toxins), types of training and education needed (e.g., on-the-job training, specific vocational training, certificates), types, frequency and duration of certain physical activities (e.g., lifting, carrying, sitting, standing, crouching, climbing, smelling, tasting, near vision), and levels of strenuousness (e.g., sedentary, light, heavy). The purpose of a job analysis is to allow the rehabilitation professional to be able to match the compatibility of the particular job to the client and be able to recommend job modification and accommodations if needed.

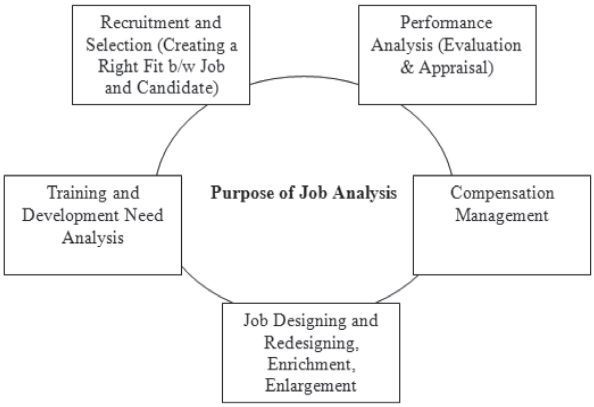


**Figure 5.2** The purpose of job analysis

Mast et al mentions that The Job Analysis Process has 11 steps (Callahan et al., 2015). These are:

1. Conduct a Vocational Profile or other individualized planning process to determine applicant needs and desires.
2. Target job responsibilities in relation to the applicant's conditions, preferences and contributions (from the Profile Meeting).
3. Begin to assess the culture, the potential for natural supports and the capacity of the setting to support all employees.
4. Through tours and site visits, "capture" all components and requirements of the job in large chunks of information using the Job Analysis Form.
5. Consider all information about the job in relation to the person(s) targeted for the job. If the "fit" seems right, go on to #6. If not, develop another job or target another prospective employee.
6. Visit the job site to begin a detailed Job Analysis for the tasks/routines identified in #4.
7. Observe the way in which current employees perform the various routines.
8. Based on the analysis, determine who will be the initial trainer and Decide on the need for detailed job analysis and inventories for the various task/routines of the job. Some tasks may be deemed especially important by the employer, others may correspond to identify deficits of the prospective employee. Facilitators may choose have direct input in the most critical routines and may work less directly with co-workers and supervisors to less critical and performed routines.
9. Have someone at the job site teach you the routines. Notice the procedures, cues, amount of supervision provided and complexity of the routines.
10. Perform the routines which are the most critical for success until you have a "feel" for the job (Note: For some complex tasks, this may not be a reasonable activity).
11. Write task analyses and inventories for the tasks/routines which you feel will require the most support and assistance. Write the steps of the analyses and inventories to

reflect the needs of a typical employee of the company. Consideration for the choice of the methods chosen for the various tasks/routines should first reflect the natural methods used in the company and secondly, if necessary, the particular needs of the employee.

## Situational Assessment and Process

A key component in Supported Employment is the "situational assessment". A situational assessment places a consumer in one or more work situations and enables the job coach to observe, record and interpret the individual's performance on a variety of work tasks in a real work setting (The et al., 2010). Another method of vocational evaluation or process often employed by rehabilitation specialists is the situational assessment approach. Similar to work samples, situational assessment places an individual with a disability in a simulated work condition and environment that resembles the actual job that the person will be place. This approach focuses on assessment and information gathering on the general employability skills and adaptive work behaviours. This is preferable and considered the most appropriate for people with disabilities, especially those with severe disabilities and limited work histories. It usually requires the rehabilitation professional to conduct observation of the client's work behaviour in the simulated situations, and it often takes two or more weeks. Due to the length required for assessment, this method is usually most time-consuming and expensive.

A situational assessment should provide the following types of information about each individual (The et al., 2010):

a. the feasibility of the goal of supported employment
b. nature and intensity of support services needed
c. job duty restrictions
d. job modifications needed
e. post-employment training needs
f. least restrictive environment for that individual
g. anticipated level of intervention
h. the best job matches.

## Community-based Assessment and Process

An extension to the situational assessment approach is the community-based vocational evaluation. This approach assesses *in vivo* both work personality and skills in a competitive work environment through observation in real life situations. This approach allows the gathering and provision of tremendously useful and functional information, rather than only specific skills, for both the worker as well as the employer. For instance, observing the client performing and interacting with others in a real job situation, allows the professional to identify and develop the strength and effective coping skills of the client. Modification can be done on either the person and/or the environment upon identification of the problem. In addition, teaching can often be done on site, e.g., teach individuals

how to acquire social, political or psychological resources to improve their conditions. Therefore, other considerations such as dealing with unexpected workload from supervisor, busy phone calls in relation to the ability of the clients and any potential impact on them. Community-based assessment examines an individual's local community and most importantly the ability to function in their local surroundings. When performing this assessment, both the job coach and the individual will examine a variety settings and situations in the community. This may include transportation accessibility and the person's ability to use such services, health and safety issues such as adherence to traffic and safety signals while crossing streets, and the awareness to seek assistance if lost or in need of medical attention.

## Transferrable Skills Analysis

Transferrable skills analysis (TSA) is another technique that is commonly used to evaluate the skills of an individual. A transferable skills analysis compares an individual's previous work experience with the job description and required skills of the new position. Clarke (2008). This is probably most applicable to individuals who have an injury in which their pre-injury skills are compared to the post-injury skills level for job placement. Operationally, transferrable skills are defined as:

"skills that can be used in other work (transferability)…the skills that can be used in other jobs, when the skilled and semi-skilled work activities you did in past work can be used to meet the requirements of skilled and semi-skilled work activities of other kinds of work. Transferability is mostly and meaningful among jobs in which the same or less degree of skill is required the same or similar tools and machines are used; and the same or similar raw materials, products, processes, or services are involved"

The TSA process is usually used in situations in which the worker has skills that can be transferred to another position that result in a relatively quicker job placement and the return to self-sufficiency for the worker, as compared to a job placement that bears a minimal relationship to existing skills of the worker.

## Labour Market Survey (LMS)

Job coaches are often asked to perform a labour market survey (LMS) as one instrument in their toolbox to facilitate a positive resolution of a worker's compensation file. The LMS is a method of information gathering about particular jobs that are specific to a geographical area for an individual being served. The purpose of conducting a LMS is to investigate the placeability factor of employment, i.e., whether clients who have the qualified skills can actually obtain the job. In order to complete the LMS, the job coach needs to have a complete understanding of the client (Margaret & Susan, 2004). There are three steps for LMS

1. The job coach meets with the client to complete an in-depth interview. The client's prior work history, salary, reasons for accepting and leaving each position, job descriptions, volunteer experience, educational background, driving record, hobbies, ca-

pabilities, language proficiency as well as oral and written levels of fluency, interests, and abilities are all important parts of a labour market survey. If the client is unable to participate in a face-to-face interview, the job coach can make phone interview or may need to rely on data from secondary sources such as employment records or adjuster notes.

2. Completing the client's transferable skills information to define what areas in the labour market should be explored for this client. The transferable skills analysis reflects upon the client's past employment to determine the skills the client has garnered which may be transferable to new job opportunities in the future. Many tools, both online and reference texts, are available to the vocational counsellor to complete this portion of the LMS.
3. Conducting preliminary research in the labour market. This can be done several ways, and there are several tools that can be utilized depending upon needs. The job coach is now ready to prepare the LMS report. The introduction should describe the client, a listing of all resources utilized, and contacts made. The body of the LMS should contain the positions available, the physical demands required for these jobs, salary, and employer contact information. Ideally, the LMS should identify approximately 15 positions available in the local labour market. The summary of the LMS should include the job coaches' employability opinion based on the facts generated during the labour market survey. This opinion should be based on the jobs located, geographic location of the jobs, the client's physical abilities and restrictions, and the transferable skills identified (Margaret & Susan, 2004).

Barros-Bailey proposed a 12-Step methodology for performing an LMS. These steps include:

1. Identifying Research Question(s)
2. Developing Survey Questions (Items)
3. Training the Interviewer(s)
4. Selecting the Population: The Sampling Frame
5. Taking a Census vs. Sample
6. Deciding on Probabilistic vs. Nonprobabilistic Sampling
7. Constructing and Testing the Instrument
8. Collecting and Preparing the Data
9. Analysing Qualitative and Quantitative Data
10. Summarizing the Data
11. Reporting the Data
12. Integrating Labour Market Survey Data with Other Labour Market Data (Bittner et al., 2012)

There are critical questions which can be answered by the information gathered through a LMS include (Beyer et al., 2004):

1. Do jobs of a nature exist in the economy?

2. If these jobs do exist, are they available locally?
3. If such jobs are available locally, were they available within the recent months and would there be further availability in the future?
4. If there is availability, are these jobs open to my client?
5. What is income, including benefits?

## Conclusion

Job and occupational analysis are very important for assessing the client for the suitable job. A brief assessment can help job coach for finding the right job for the right client.

An example of assessment sheet is shown at Appendix A.

## Appendix A

### Redacted script filled in with samples of employer comments from various jobs.

1. Employer information.
   Name: Employer
   Address:
   Phone:
   Contact Person:
   Title:
2. Are there current openings? __X___ Yes _____ No
   Job Title:
   Number of openings:
   a. How many in the last 3-6 months?
   b. How many do you anticipate in the next 3-6 months?
      Comments: (This area is often used to include information that the employer offered during the conversation that may be of value to the vocational expert, but was not asked in any of the script questions.)
3. How often do you hire and what are the future expectations?
4. Wages.
   a. Benefits:
   b. Entry-level wage:
   c. After 3-5 years of work experience
5. Entrance requirements.
6. Job duties.
7. Physical, mental and other requirements.
   (Specific questions derived from physician and psychiatrist recommendations listed here as a. b. c., etc.)
   a. Does the job require lifting over 20 lbs.?
   b. Does the job involve repetitive bending or stooping?
   c. Is part-time work available?
   d. Does the job require prolonged sitting or standing

8. Considering the applicant's medical limitations, do you feel that he could perform the job?
9. Would the applicant be competitive for the position?
10. Additional questions.
    (Non-medical questions are listed here. For example questions regarding felony convictions, use of prescribed medication, use of a cane – if used but not medically prescribed, language issues
    a. How many qualified applicants do you typically get for positions that you advertise?
    b. Would the use of prescribed narcotic pain medication preclude someone from this position?
    c. At what level would you need to read and write in English to obtain this job?

## Job Analysis Form

### 1. Cover Sheet

Company _____
Employee _____
Job Title _____ Telephone Number_____
Contact Person_____ Telephone Number_____
Address _____
City/State/Zip_____
Core Work Routines
(identified by employer & during Job
Analysis)

_____
_____
_____

Job-Related Routines
(identified during Job Analysis)

_____
_____
_____

Episodic Work Routines
(identified by employer & during Job
Analysis)

_____
_____
_____

Accommodations Required
(Based on info in Profile)

_____
_____
_____

Job Summary:

## 2. Job Requirements as Typically Performed

(Check only critical items. Fully describe the extent of the demand and outline possible adaptations/ accommodations if felt to be problematic for targeted employee.)

Physical Demands:
____Lifting
____Standing
____Continuous Movement
____Rapid Movement
____Walking
____Climbing
____Stooping
____Crawling
Sensory/Communication Demands:
____Vision
____Hearing
____Speaking
____Judgement
Academic Demands:
____Reading
____Writing
____Math
General Strength/Endurance Requirements:
Pace of Work:
Potentially Dangerous Components of Job:
Critically Important Components of Job:
Established Learning Curve or Probationary Period of Job:
Supported Employment & Systematic Instruction

## 3. Work Site Considerations

Special Clothing, Uniforms, Safety Equipment Required:
Tools to Be Used:
Equipment to Be Operated:
Materials to Be Handled:
Special Terms Used/Living Wage at Work Site:
Description of Environmental Conditions of Work Site:

## 4. Training Considerations

Physical Position of Trainer in Relation to Employee: (initially and during fading)
Role of Trainer at Work Site:
Availability of Co-Workers/Supervisors as Trainers:
Description of Training Available from Employer:

Potential for Use of Adaptations, Modifications in Work Site:
Willingness of Co-Workers/Supervisors to Provide Support and Assistance:

### 5. The "Culture" of the Work Site

Employer's Concern for Quality:
Employer's Concern for Productivity:
Flexibility/Rigidity Observed:
Employee Social Groups and Non-Work Activities:
Observations on social customs, dress, language, etc.:
Leaders and Potential Allies Among Co-Workers and Supervisors:
6. Job Description
Schedule:
Number of Days of Work Per Week:
Days:

_____

_____

Hours _____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
Sequential Chronology of Typical Workday: (include all routines)
-Pay per hour; week; month:
-Fringe benefits:
7. Routines
Type of Routine (Core/Episodic/Job-Related) _____
Routine_____
How Often Performed_____
Informing Strategies
Content Steps/Skills Decision* (including instructional, natural cues and adaptations)

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# Physical Aspect of Individuals with Intellectual Disabilities

Chapter 6



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Intellectual disability (ID) is described as a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability through social functioning and begins before adulthood, with a lasting effect on development. The term developmental disability applies a wider group of disabilities than the term ID. It includes; ID, Cerebral Palsy, Epilepsy, Autism (including Asperger's disorder) and some neurological conditions and the term "ID" includes; Down Syndrome, Williams's Syndrome, Kleinefelter's syndrome, Prader-Willii syndrome, Autistic Spectrum disorders (ASD).

The relationship between physical health and intellectual disability is mostly about lack of physical activity or immobilization. Postural changes are associated with the location of physical impairment. However, uneven posture may also be due to an imbalance between agonist or antagonist muscles, as well as decreased balance and muscular endurance.

Obesity can be secondary to immobility and this might result with cardiovascular and cerebrovascular diseases. Respiratory problems, cardiovascular problems, seizure disorders are also associated with ID, and they can lead to lower life expectancy. Feeding and gastrointestinal disorders have been reported common in %33-80 cases of people with ID.

Major specific disorders are seen with primary impact on physical health, but it should also be emphasized that factors which affect quality of life in the general population.

## Physical Aspect of Individuals with Intellectual Disabilities

According to World Health Organization (WHO), intellectual disability is described as a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability through social functioning and begins before adulthood, with a lasting effect on development.

Intellectual disability (ID) is a disability characterized by significant limitations in both intellectual functioning and in adaptive behaviour and effects everyday social and practical skills (Schalock et al. 2010).

*Developmental disability* is a term that includes intellectual disability and physical disabilities. Some developmental disabilities are physical only (i.e., blindness); some developmental disabilities are both physical and intellectual disabilities stemming from genetic or other physical causes (i.e. Down syndrome, fatal alcohol syndrome). So, ID, is not exactly a developmental disability (Schalock et al. 2007).

The term developmental disability applies a wider group of disabilities than the term ID. It includes; ID, Cerebral Palsy, Epilepsy, Autism (including Asperger's disorder) and some neurological conditions (Cocks, 1998) And the term "ID" includes; Down Syndrome, Williams's Syndrome, Kleinefelter's syndrome, Prader-Willii syndrome, Autistic Spectrum disorders (ASD) (Leung, 2017).

In defining and assessing ID, the American Association on Intellectual and Developmental Disabilities (AAIDD) suggests to take additional factors in the way people communicate, move and behave into account. (i.e. community, environment, linguistic diversity, cultural differences.)

## Common Characteristics of Intellectual Disabilities

There are many signs of intellectual disability. Individuals with an intellectual disability might have trouble with listening, speaking, understanding, remembering and thinking logically in social and individual skills. Children with ID usually needs longer time to perform normal motor development to start to sit, crawl, walk, speak, and take care of their personal needs. They have trouble learning at the same rate as other children in school.

Usually our image for ID is formed by our personal experiences. An imaginary child with ID is usually a boy, unable to speak or maybe talking with only simple sentences. He looks different than most other boys at his age, he has a flatter face, lower set ears, a protruding tongue, and short stature. He is unable to walk straight owing to intense weakness or maybe he is using assistive device.

Children with ID must compete with intellectual functioning and adaptive behaviour for everyday life skills and activities of daily living. They can learn, develop and grow. With help, all children with ID can live a satisfying life.

It is important to keep in mind that ID is characterized by low intellectual functioning and problems in adaptive behaviour. They usually have problems in conceptual, social and practical areas. *Conceptual skills* are related with the ability to learn and remember information and skills such as speaking, reading, writing, counting. *Social skills* are related with the ability to harmonise with other people such as making eye contact when addressing others, following rules in a game, avoiding arguments, empathy, making and keeping friendship. *Practical skills* are related with the ability to do activities for personal care, for safety, for daily living and for recreational activities.

Conceptual, social and practical skills have various behaviours and competencies through different ages are listed in '**Table 6.1**' (Weis, 2018).

**Table 6.1** Behaviours and competencies through different ages

| | Younger Children | Older Children | Adolescents |
|---|---|---|---|
| Conceptual | Can count 10 objects, one by one; knows day, month, year of birth | Can use mathematical operations; states value of money | Can set a watch, complete a job application |
| Social | Can says "hi" and "bye" when coming and going; asks for help when needed | Can obey common signs (i.e., stop, do not enter); knows topic of group conversations | Can have friendships; keeps personal information private |
| Practical | Can use the restroom; drinks from a cup properly | Can answers the telephone; can safely cross busy streets | Can travels to school or work by themselves; washes clothes or dishes |

## Physical Characteristics of Intellectual Disabilities

Postural changes are associated with where the physical impairment is located. People with visual information might lean backwards with partial knee bended. People with stroke; tends to lean towards healthy side. However, uneven posture may also be due to an imbalance between agonist or antagonist muscles, as well as decreased balance and muscular endurance.

The relationship between physical health and intellectual disability is mostly about lack of physical activity or immobilization. Obesity can be secondary to immobility and this might result with cardiovascular and cerebrovascular diseases. When calcium intake is adequate, fractures might also have seen in immobile person with ID (O'Brieen, 2002).

Obesity can lead to serious medical problems such as cardiovascular and non-insulin dependent diabetes. In people with ID, locking the refrigerator for restricting food and managing calorie intake are effective.

Feeding and gastrointestinal disorders like vomiting, regurgitation, hyperphagia, anorexia, constipation, abdominal distension and chewing, sucking and swallowing difficulties have been reported common in %33-80 cases of people with ID.

Respiratory problems, cardiovascular problems, seizure disorders are also associated with ID, and they can lead to lower life expectancy.

Major specific disorders which are seen more than 1:30.000 are listed in '**Table 6.2**'. In these disorders, it is seen with primary impact on physical health, but it should also be emphasized that factors which affect quality of life in the general population. To discuss intellectual disability and physical activity in a topic would be more effective physical and social context and resultant health problems of the aging individual with an intellectual disability (Rennie J, 2007).

**Table 6.2** Some of major specific disorders associated with ID (1:30000 incidence and more)

| Major specific disorders | | | | |
|---|---|---|---|---|
| | ID | Incidence | Symptoms | Life Expectancy |
| Angelman Syndrome | Severe to profound | 1:30000<br>Usually sporadic, normally deletion of maternal | Characteristic facies, seizures, ataxia, hypopigmentation, severe intellectual disability, absence of speech, inappropriate laughter, microcephaly and abnormal electro-encephalogram.<br>Respiratory tract infections, otitis media and obesity are common complications in adulthood. | Thought to be normal.<br><br>The oldest known adult was reported to have survived beyond 75 years |
| Cerebral Palsy (CP) | Normal to profound | 1.5±2.5:1000<br>Genetic factors are not common | Disorder of posture and movement caused by pathology of the immature brain. The five major types of cerebral palsy are hemiplegia, spastic and ataxic diplegia, tetraplegia, athetoid and ataxic.<br>Depending on the type of cerebral palsy, clinical features include unilateral paresis, spasticity, increased tendon reflexes, contractures, and speech defect. | İts related with complications about epilepsy and feeding difficulties |
| Duchenne Muscular Dystrophy | Mild (in 20±30% of cases) | 1:3500 male births<br>X-linked recessive | Progressive wasting of the muscles- leads to respiratory muscle weakness and increasing respiratory insufficiency.<br>Difficulty in walking prior to the age of 3 years.<br>Unable to walk by 11 years. | Respiratory or cardiac failure lead to death.<br>Survival beyond the second decade is rare. |
| Fragile-X Syndrome | Mild to moderate | 1:2000±4000 | Most commonly inherited cause of neurodevelopmental disability<br>Characterized by typical facies, macroorchidism (onset at puberty), autistic-like behaviour, macrocephaly.<br>Connective tissue disorders can contribute to heart defects and infections.<br>Affected females often have a milder expression of the phenotype, having less severe ID and clinical features. | Typically normal, but depends on the severity of cardiovascular involvement. |
| Myotonic dystrophy (congenital) | Mild to moderate in 75% of cases | 1:18000±43 000 | Muscle weakness, feeding difficulties, skeletal abnormalities, hypotonia, respiratory problems and facial diplegia.<br>Myotonia develops around 10 years of age. | Associated with feeding and respiratory difficulties.<br>Neonatal mortality can also be seen. |

**Table 6.2** *(continued)*

| Major specific disorders | | | | |
|---|---|---|---|---|
| | ID | Incidence | Symptoms | Life Expectancy |
| Neurofibromatosis type 1 | Borderline | 1:2500-3500 Autosomal dominant 50% of cases are sporadic | Formation of tumours, cafe-au-lait spots, neurofibromas and lesch nodules of the central nervous system. Also associated with microcephaly, short stature, and endocrinological and thorax disorders. | Potentially life-threatening complications develop in 1/3 of affected individuals. |
| Noonan Syndrome | Mild | 1:1000±2500 Autosomal dominant or sporadic | Characteristic facies, short stature, delayed puberty, undescended testes (males), skeletal, lymphatic, visual and hearing systems disorders, congenital cardio-respiratory abnormalities. Failure to thrive (feeding difficulties), mild motor delay (ascending muscle hypotonia over time) | Life expectancy is thought to be normal, unless cardiac complications are serious |
| Phenylketonuria (PKU) | Moderate to severe; if untreated | 1:5000±14000 Autosomal recessive | Unable to metabolize the amino acid phenylalanine due to the absence of the enzyme phenylalanine hydroxylase. Treatment consists of a phenylalanine-low diet and should be implemented within the first few weeks of life Discontinuation/noninitiation of the diet prior to the age of 10 years causes intellectual disability. | A normal life expectancy can be expected due to started early and carefully maintained diet. |
| Prader-Willi syndrome | Borderline to moderate | 1:10 000 | Marked hypotonia, failure to thrive, delayed sexual development, scoliosis, acromicria, small stature, typical facies and persistent skin picking. Hyperphagia between 1 and 6 years of age (hypothalamic abnormalities.) Diet is necessary, as the resulting obesity and its complications. Growth hormone treatment increases growth and decreases fat formation | Life expectancy is dependent on weight control. |

**Table 6.2** *(continued)*

| Major specific disorders | | | | |
|---|---|---|---|---|
| | ID | Incidence | Symptoms | Life Expectancy |
| Rett Syndrome | Profound | 1:10 000±15 000 usually affects females, but rarely occurs in males | Infants often appear normal until 18 months old, when they begin to regress, physically (scoliosis and leg deformities), socially, linguistically and adaptively.<br>A four-stage pathway is observed: early stagnation in development after initial progress, rapid regression, plateau, and late motor deterioration characterized by truncal apraxia/ataxia and gait apraxia.<br>Associated with breathing abnormalities and stereotypic hand movements (hand wringing, clapping). | Two-thirds of patients survive beyond the second decade.<br>Others tend to be poorly nourished and have chest deformities and often die during sleep. |
| Smith-Lemli-Opitz | Borderline to severe | 1:20.000±40.000 Autosomal recessive | Abnormal metabolism of cholesterol, due to lower levels of 7dehydrocholesterol reductase (7DHC) (cholesterol precursor).<br>İmpaired growth and development; three times more common in males.<br>Typical facies, hypertonia (although initially hypotonia), growth deficiency, psychomotor delay, recurrent infections, microcephaly, and congenital abnormalities of most major organs including the rectal and urinary tracts and the external genitalia. | Some persons die during childhood, but the milder expression of the phenotype is associated with a near-normal life expectancy. |
| Tuberous Sclerosis | 50 %, usually severe± profound | 1:7000 Autosomal dominant | Non-degenerative multisystem condition.<br>Hamartias, hamartomas, true neoplasms, skin lesions, ID, autism, other behavioural abnormalities and seizures.<br>Pulmonary lymphangioleiomyomatosis is common in females with this condition | Dependent on the severity and location of cerebral and peripheral lesions. Renal and brain lesions are the most common causes. |
| Turner Syndrome | Normal | 1:2000±2500 female births | Increased incidence of osteoporosis, diabetes mellitus, premature aging of the hearing organs, obesity, cardiovascular disease, hypertension, thyroid dysfunction and strokes<br>Growth failure and failure of normal pubertal development respond to growth hormone therapy. | Death occurs 6±13 years earlier than in the general population (50% are due to cardiovascular disease). |

**Table 6.2** *(continued)*

| Major specific disorders | | | | |
|---|---|---|---|---|
| | **ID** | **Incidence** | **Symptoms** | **Life Expectancy** |
| Velocardiofacial | Borderline | Estimated at 1:4000 Autosomal dominant | Congenital heart disease, typical facial characteristics, ID, cerebellar ataxia, generalized hypotonia and immune disorders.<br>Recurrent respiratory infections are common and there is a high coincidence of schizophrenia | Associated with the severity of heart abnormalities. |
| Williams Syndrome | Moderate to severe | 1:25 000<br>Usually sporadic | Neuro-developmental disorder with severe feeding difficulties, failure to thrive and typical facies.<br>The cardiovascular, connective tissue, skeletal, gastrointestinal (age related improvement), urogenital and renal systems (age related decrease) are also implicated and hypercalcemia and menstrual difficulties are common. | Cardiovascular problems may result in premature death. |
| X-linked Hydrocephalus | Severe | 1:30 000 | Most common form of hydrocephalus.<br>Adducted thumbs, typical facies, scoliosis, seizures, congenital ataxia, hydrocephalus, abnormalities of the nervous system, paraplegia and ID. Cases with prenatally diagnosed hydrocephalus potentially have a worse prognosis. | Intracranial pressure can be reduced by surgical shunts, to increase life expectancy |
| **Sex Chromosome Aneuploidies** | | | | |
| Klinefelter Syndrome | Normal to mild | 1:750 male births sex aneuploidy | Hypogonadism, microcephaly, growth retardation, obesity, transient gynecomastia, androgen deficiency, impaired spermatogenesis and decreased fertility.<br>Developing breast carcinoma, autoimmune diseases, osteoporosis and psychiatric disorders might be seen. | Life expectancy is thought to be normal. |
| **Other aneuploidies** | | | | |
| 47 XXX | Normal to borderline | 1:1000 female births sex aneuploidy | Low birthweight delayed pubertal development (by 6 months), developmental delay, microcephaly, social immaturity and problems with fine motor coordination and balance.<br>There is a high representation of this phenotype in the forensic (offender) population. | Life expectancy is thought to be normal. |

Table 6.2 *(continued)*

| Major specific disorders | | | | |
|---|---|---|---|---|
| | ID | Incidence | Symptoms | Life Expectancy |
| 47 XYY | Borderline | 1:1000 male births sex aneuploidy | Accelerated leg and body growth, an increased pubertal growth spurt, behavioural problems and delayed puberty (by approximately 6 months). There is a four-fold increase in the prevalence of criminal conviction and there is a correlation between low IQ and criminal activity | Life expectancy is thought to be normal |

## Postural changes in Individuals with ID

People with ID are at a higher risk of various health problems such as diabetes mellitus, cardiovascular diseases, hypertension, asthma, epilepsy, obesity and several postural problems.

Disabilities may reduce physical activities. This may drag them into a sedentary lifestyle, lower physical fitness level and increased weight gain. To improve posture and increase the physical abilities such as strength, power, endurance and coordination, physical activity and sports are considered effective (Inal S, 2013).

Posture defines the body alignment in space and can be affected by age, gender, occupation and sports. Furthermore, postural disorders in individual with ID is associated not only with the body type but also with the physical impairment. *'Endomorph'* individuals are often overweight people, *'mesomorph'* individuals are athletic people with developed bone and muscle structure and *'ectomorph'* individuals often have lean body and thin bone and muscle tissue (Inal S, 2017).

Children with Down syndrome may have reduced muscle strength. This impairment effects body posture. Since trunk motor abilities, core stabilization and balance are reduced, there could have been walking and standing problems. Children with down syndrome may probably have motor delay. Tummy time intervention until children sit independently, seems effective in motor delay (Wentz, 2017). They have widespread hypotonia due to developmental retardation on brain and central nervous system. This hypotony affects all muscles and thus children tend to unbend centre of gravity in base of support. Hypotony also effects fine and gross motor skills, nutrition (swallowing, chewing) and respiration. With a paediatric rehabilitation, as the child grows and gains new skills, hypotonia will be reduced. They have a flat face with wide and short neck; short and blunt fingers with a simian line in palm, and also short extremities. Hypermobility usually seen due to ligament laxity. Hypotony and ligament laxity might be reason to hip protrusion, genu recurvatum, patellar instability, atlantoaxial instability and valgus in ankle (Elbasan, 2010).

Movement quality in down syndrome is probably affected with lack of stability of co-contraction. This results with impairment in muscle tonus. Children usually move

symmetrically but without variety. Because motor abilities are not enough (rotation, lateral flexion, balance) at that moment, physiotherapist pursues exercise therapy based on balance and motor abilities. This will surely be effective in long term rehabilitation (Peter Lauteslager, 2013).

(Lin et al. 2010) evaluated the spinal and extremity irregularities in adolescents with ID. It is reported that 14.5% had spinal irregularities, and 8.6% had extremity irregularities. The disability level related positively with extremity and spinal irregularity among the subjects. Also, boys have less chance of having an extremity irregularity than girls. Inal et.al. evaluated 30 children with ID, aged between 7-15 years, and found mild to moderate postural changes as flat foot, round shoulder, forwardly leaned head, flat chest, knee deformities, curved low back (lordosis), humped back, (kyphosis). Deformities of knee joints were found negatively related with the duration of stair climbing and walking, respectively. Additionally, handgrip strength was a negatively significant related with duration for crouching and standing up ($P < 0.05$). It is concluded that, postural changes and handgrip strength may affect children's balance, walking speed and stair climbing ability (Inal et al. 2008).

It was suggested that exercise to improve posture are to be integrated with functional activities. Inal S. et al. aimed to examine effects of physical exercise and recreative activity (PRA) on postural status, hand grip power, timed performance and balance had assessed. Among 120 children with ID, 25 children who have moderate ID had been volunteered to study. PRA program had taken twice a week over 16 weeks. The difference of height, trunk region posture, handgrip power, arm span, squatting-rising duration significantly improved after PRA program (Inal et al. 2016).

## Evidence Based Physical Activity in Intellectual Disability

Disability provides an additional barrier to an active lifestyle and in children may lead to the underdevelopment or loss of independence, increased risk of non-communicable diseases (obesity), and health complications later in adulthood (Ells et al., 2006).

Even though the outcome measures were different (direct observation, heart rate monitors, accelerometers, pedometers and doubly labelled water), there was agreement among studies that children with ID were significantly less active compared to children without disabilities. (Eiholzer et al., 2006) Children with ID exhibited significantly lower levels of physical activity than their peers without disability. The results are like those seen in adults (Peterson, Janz, Lowe, 2008).

Both exercise and sport-related activities seem to contribute to well-being. Improved physical fitness and elevated skill level gained during exercise and sport activities appear to serve as mediators for increased perceptions of self-efficacy and social competence. Peer modelling, as well as video and audio reinforcement, appear to be important modalities in maintaining compliance to exercise programs (Hutzler, Korsensky, 2010).

Queralt et al. evaluated physical activity (PA) levels of adolescents with intellectual disabilities and found boys more active than girls on weekdays, during school time

and during school recesses. Boys showed higher levels of PA on weekdays, compared to weekend days. Weigh status in both groups were not an effect to PA levels either on weekends or weekdays (Queralt A, 2015).

Cardiorespiratory fitness is important during sustained physical activity. For people with ID, sedentary like living conditions and tendency to obesity makes people have low cardiorespiratory levels. It is found that, cardiorespiratory fitness is already low in children and adolescents with mild to moderate ID, and this level declines with increasing ages (Oppewal A, 2013).

A certain level of physical fitness is required for independence and self-care, but it is known the level of physical fitness declines by age. Leading to a combination to describe physical fitness, coordination, reaction time, balance, muscular strength, muscular endurance, flexibility and cardio-respiratory endurance should be evaluated for a reliable evidence. Exercising regularly 2–3 times in a week, at a low to moderate intensity makes relevant physical health in seniors with ID (Hilgenkamp TI, 2010).

In a study, which fall risk evaluated, participants participated to Otago Exercise Program (OEP) for 1 hour in a week in totally 7-week-period. Despite 15 ID people, results showed significant improvement in 30-s-chair test, 4-stage -balance test and 2-min walk test. And there hasn't been seen any fall and fall related problem during the program period (Renfro et al. 2016).

Three groups of adolescents were similarly active during physical education; however, adolescents with intellectual disabilities in self-contained classrooms were less active during recess than did the other two groups. All participants wore an accelerometer for 5 consecutive weekdays during school hours. In addition, they spent less percentage of time in moderate-to-vigorous physical activity during recess than did the typically developing adolescents. An inclusive, structured, and supportive environment promotes physical activity engagement in adolescents with intellectual disabilities (Pan CY et al. 2015).

The use of the term "intellectual disability" in the context of the WHO initiative "Better health, better lives" includes children with autism who have intellectual impairments. It also encompasses children who have been placed in institutions because of perceived disabilities or family rejection. Disability depends not only on a child's health conditions or impairments but also on the extent to child's full participation and inclusion in society. Irregular posture may be a factor to limit the physical activity while practicing sports at recreational or competitive level. However, regular exercises aiming to increase the muscle strength and power of the antigravity muscles and flexibility of the gravity muscles can be effective in controlling and decreasing the functional postural disorders. To control posture in preventing the possibility of the postural changes due to poor body positioning during activities should be encouraged with people with ID.

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# Psychosocial Aspect of Individuals with Intellectual Disabilities

Chapter 7



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The needs of the individual with disabilities are not different from those of normal humans. Necessities of life need to love and to be loved, the need to connect, the need to continue and marriage, the need of employment and to be a productive member in the society are basic instincts accelerate the integration. The process of facilitating an individual's restoration to an optimal level of independent functioning and integration into the community encourages people to participate actively with others providing attainment of physical and intellectual health and social sufficiency goals. Understanding the psychosocial aspects of individuals with intellectual disabilities and their families has a key role in the adjustment so the psychological and social factors that promote effective coping with the demands must be taken into consideration.

An individual with disabilities is the one who has difficulties in fitting into society and meeting daily needs and who needs protection, care, rehabilitation, counseling, and support services because of having lost his/her physical, mental, emotional, and/or social abilities due to any congenital or acquired reason to varying degrees (Republic of Turkey, Caring of the people with disability, rehabilitation and family counseling, Regulations 2010). There are many reasons of intellectual and/or motor disabilities, such as cerebral palsy, myelomeningocele, Down syndrome, autism neuromuscular diseases, traumatic brain injury and spinal cord injury affect children and adolescents. Each one of these congenital or acquired conditions shows difference in the severity that will affect the patients and restrict their normal developmental process and functional activity which will lead to limitation of the participation in the society (Sanger et al. 2003; Michaud, 2004; Muammer et al. 2013). Hopelessness, anxiety, depression, and emotional outbursts are consistent with common psychological reactions to the disease (Lyvia, et al. 2006) so people with different types of disabilities and their families are challenged to encounter and cope with a wide range of stressors and difficulties in maintaining meaningful lives.

The process of facilitating an individual's restoration to an optimal level of independent functioning in the community encourages people to participate actively with others in the attainment of physical, mental health and social competence goals (Crosse & Hocking, 2004). For these reasons, social participation beyond the home in the surrounding

environment would help to reduce deterioration in psychosocial and emotional functioning and to provide important outcomes for improving and maintaining quality of life. Thus, the adjustment depends, in part, on psychological and social factors that promote effective coping with the demands in which the explanation is become clear by studying and understanding the frame of reference.

## Frame of Reference

Many factors influence the behavior of all persons. This frame of reference determines how individual or group perceives or evaluates data, communicates ideas, and regulates behavior.

The frame of reference can be described as a person's picture which consist of four zones in each one has its own features. The first zone includes the organic factors, the second zone includes the emotional and motivational factors, the third zone includes the experience factors and the last one which includes the social and cultural factors. These zones or components are influenced and related to each person's life phase and spirituality. These influences cause changes in each of component of the frames of reference so that the frame of references dynamic and changeable.

## The organic factors

The organic factors represent congenital characteristics and the anatomical or physiological status of person at any time. The physical characteristics include gender, race, musculoskeletal structure, physiological status, and facial appearance. The health status is in a relation to the body and mind. The mind and body inseparable. The brain manages and influences body functions and reactions to whole sequence of stressors. Teaching and Learning styles are important in facilitating optimal learning and interaction and these conditions are affected by mind-body relationship.

Personal style; According to Jung's theory of psychological types, which comes from Swiss psychiatrist Carl G. Jung (1875-1961) Inherent preferences for perceiving and judging is concerning to each person. ''What appears to be random behavior is actually the result of differences in the way people prefer to use their mental capacities''.

Each person may perceive or obtain information in different attitudes and manners. This is may be through the realistic or the practical manner or through intuition, imagination and possibilities. Judgements and decisions may be handing down concerning with basic information that people obtain through logical process or from the priorities that they or others set. Jung's theory of psychological type was extended modified and translate into the Myers-Briggs Type Indicator (MBTI) by Myers and her mother, Briggs. The MBTI helps to identify or indicate a person's type preferences.

## The emotional and motivational factors

The second zone which includes the emotional and motivational factors which consist of person's self-concept, self-esteem, emotional status, interests, needs, desires, and support

systems. How a person perceives himself or herself is related to the person's self-concept and the feedback and individual affected from others are important important issues for perceiving. How an individual value himself or herself or deems himself or herself as worthy of giving or receiving caring is related to the person's self-esteem and it reflects the feeling about himself/herself. The emotional status affects the performance and the relationships with others, and it is in a close relationship with stress. Emotional stress contributes to the condition of disequilibrium. In relation to interests, needs, desires, Maslow used the terms "physiological", "safety", "belongingness" and "love", "esteem", "self-actualization", and "self-transcendence" to describe the pattern that human motivations generally move through (Maslow's Hierarchy of Needs). Additionally, support from others also is vital for maintaining growth and success of a person.

## The experience factors

The third zone is the experience factors include attained knowledge and skills, socialization and perceptions, and assumptions derived from life experiences. A person's knowledge and skills have a great effect on the behavior of person as well as on the behavior of others toward him or her and this is give the person a level of authority in the management of their and/or their relatives care or disability and of course socialization and the other factors make the interactions and communication to be more effective.

## Social and cultural factors

In relation to the last zone social and cultural factors such as values, attitudes, mores, roles, and customs have influence on the expectations of acceptable and unacceptable behavior (ex. Expectations toward the disability) and of course these are associated with various levels of socioeconomic status. Attitudes about health, fitness, severity of disease or disability, and willingness to engage in therapeutic regimens also have been found to vary with the socioeconomic status. Progress through stages of life development as well as the spirituality influence the values, beliefs, and behavior.

It is important to the individual with disabilities, family and to the population to understand the terms perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. Perceived susceptibility where the person understand that he/she can contract or can expose to risk of an illness, perceived severity is related to the seriousness of contracting a disease, perceived benefits is related to the preventive procedures and beneficial interventions, and perceived barriers is the individual's assessment of the barriers to behavior change. Obstacles influence the people processing health information and their motivation to engage in a behavior and may prevent engagement in the health-promoting behavior (Schmoll, 1995; Rosenstock et al. 1988).

## Grieving

Human beings grieve the all types of loses, diseases, and disabilities. Families of people with disabilities find themselves in the role of grieving for a loss and in the role of pro-

viding support to people with disabilities who is also grieving a loss of function. After an initial period of confusion people tend to grief following loss. It is a natural, healthy process by which a person adapts to a significant loss. There are some emotions and behaviors associated with grief such as sadness, anger, hostility, anxiety, panic, feeling inadequate, shame, helplessness, and vulnerability. In normal grief a person may experiences hallucination, changes in sleep and appetite, forgetfulness and social withdrawal (Schmoll, 1995; Somers, 1992).

The stages of the grieving process described by Kubler-Ross are:

Denial is the first stage of grieving. A person cannot believe that there is a loss, or a disability and he is in a state of shock and denial with numb feeling and refusal to accept facts. The reality of loss does not seem to exist. As the numbness subsides all the feelings a person was denying is begun to surface. Denial allows a person to rally his psychological and social resources and prepare himself for the loss. It is not a sign of pathology. It is a normal, healthy psychological response that makes it possible for the reality of a loss to appear gradually as the person becomes able to cope (Somers, 1992).

Anger is the stage during which a person realizes that the loss or the disability is real, and feelings begin to appear to the surface. Anger can extend to the person himself/herself, friends, doctors, family, and to the loss and lash out and blame them.

Bargaining is the stage at which a person thinks that if what was lost can be regained, then he/she is willing to do something. Hope may interfere with bargaining but may not be matter of fact.

Depression shows that a person comes to perceive and accept the reality and he understands that nothing will bring back what has been lost. This depression is not a sign of mental illness. It is a preparatory grieving response to a great loss.

Acceptance is the final stage of grieving process which varies according to the person's situation, factors of frame of reference, spirituality beliefs and behaviors. However other factors play role in the acceptance period. The person accepts the reality of the loss and begins to adapt to it and begins to live with the disability or loss of function. (Schmoll, 1995).

All the factors and manners mentioned above influence the way in which an individual handle the diseases, loses, and disabilities.

## Psychological and social effects

The disability limits normal development and functions and affects the individuals and their families psychologically and socially with variations in the severity (Sanger et al. 2003; Michaud, 2004; Muammer et al. 2013). The effects of the condition are not limited to affected person only but it has a clear impact on the family and environment. There is also another strengths and barriers limit participation and social integration of people with disability such as psychological, physical and attitudinal barriers which include inferiority, pity, ignorance, backlash, fear, poverty, education barriers, transportation and physical environment, lack of rehabilitation services, employment barriers, people with disabilities family life style and privacy, and parents psychological and social condition.

For these reasons psychosocial rehabilitation the term which universally accepted and which refers to ‘‘social rehabilitation, involving cognitive and functional gains as well as the development of social skills that can be achieved for clients undertaking rehabilitation’’ is essential and indispensable for people with disabilities, parents and society (Crosse & Hocking, 2004).

The parents in every society play important roles in the growing, education and socialization of their children. These responsibilities become harder and complex in the case of individual with disabilities. The parents of individual with disabilities encounter more problems than those who have normal children while in normal conditions the parents of healthy children may be more happy, glad, satisfied, proud, grateful, pleased and hopeful for their child. Some effects of individual with disabilities on their families such as marital and family strength and parental personality characteristics may be related to the presence of these conditions which require special needs. Psychological conditions such as depression, stress and anxiety are risks for the parents and siblings of children with intellectual disability (Crnic, et al. 1983; Andersson, 1993; Veisson, 1999). Studies results indicated significantly greater stress in the families of individual with disabilities. Mothers were more depressed than mothers of healthy children (Dyson & Fewell, 1986), additionally an association had been found between depressive symptoms and physical performance (Rose, et al., 2005; Muammer et al. 2013). (Chen et al. 1992) studied the personality and characteristics of parents of children with learning disabilities and attention deficit disorder with hyperactivity and they found that mothers of children with learning disability and attention deficit disorder with hyperactivity had higher hypochondriasis, depression, problems with assuming social responsibilities, dependency, anxiety, intervention, dominance, and/or neurotic like personality disorders.

Level of feelings of anxiety and depression shows variation according to the type and severity of the disability. Families’ strength and responsibilities of individual with Down syndrome, motor and/or intellectual disabilities and psychotic symptoms or families of individual who have any combination of these condition will affect the mood condition and will lead to variation in the mood disturbance level. It seems that family of individual of severe intellectual disabilities has no faring behavior than others (Brandt, 1991).

Additionally, depression has been linked to poor health outcome, it leads to illness and physical decline, either because of behavioral factors or biological factors (Penninx, et al. 2000; Wing, 2002). Depressive symptoms may contribute to a lack of motivation or effort which in turn results in less activity (Geisser, et al. 2003; Muammer et al. 2011).

Mothers of individual with disabilities are less likely to be in employment than their peers, and it is well known that employment provides both material and social resources and is associated with lower level of distress. Inadequate housing and transport are also associated with high levels of distress. Unemployed housewives have no equal opportunity for working outside the home due to lack of provision of services to cater for the individual’s needs during working hours, and inflexibility of service systems such as hospital appointments and school transport (Bradshaw & Lawton, 1978; Walker, et al. 1989; Beresford, 1995; Kagan et al. 1998; Sloper, 1999; Muammer, 2013).

The impact of psychosocial factors on individuals with intellectual disabilities and the close relationship between social factors and intellectual function would make the psychosocial assessment and intervention services essential for individual with intellectual disabilities.

Assessment should include type and severity of the disability, cognitive behavioral level, intelligence and adaptive behavior, accompanying any physical disability in addition to the intellectual disability, current skill level and level of support need.

It also should involves identifying dysfunctional thought processes and irrational beliefs that lead to emotional distress and create the barriers and strengths which limit or prevent the opportunity of people with disabilities engaging into the society in a form of being productive person or as an employee or which neglect terms such as self-esteem or self-efficacy so disability-related barriers must be addressed.

The intervention must attempt to perform those aims and enable the individuals with disability to cope with the problem, so it is important to examine constructs such as expectations and beliefs about disability, personal control, problem-solving abilities and coping skills.

## Employment and social integration

The needs of the individual with disabilities are not different from those of normal humans. Necessities of life need to love and to be loved, the need to connect, the need to continue and marriage, the need of employment and to be a productive member in the society are basic instincts accelerate the integration. The social context is very important as well as the relationship with others. Focusing on housing, leisure or employment are important issues. The use of supported employment to improve the social functioning of individuals with severe intellectual disabilities is particularly well documented. Evidence-based service structures such as assertive outreach, early intervention services and crisis resolution, job or home management teams may be helpful. Employment for people with disabilities accelerates the reintegration. In this way easing the burden of the families of the people with disability is provided. The individuals benefit from all social rights. Their exclusion from society is prevented. Moreover, they contribute to national revenue. (Dagnan, 2007; Kucukkaraca, 2003; Kucukkaraca et al. 2001).

Focusing of the cognitive-behavioral approach to change the way individuals think about their disability and loss and on which they can do despite the disability are decisive keys for achieving a progress.

Control the physiological and modifying the psychological responses through the manipulation of cognitions helps people with disabilities to identify and modify maladaptive beliefs and behaviors and use adaptive coping strategies to manage their condition. Using interventions such as education, acquisition of coping skills and operant conditioning extensively in management programs have evidence of effectiveness in restoring function and mood and reducing disability-related participation. Generalization and maintenance reflect the success and progress.

The type and severity of the disability are the guiding factor for the people with disabilities to carry out activity or job. People with disabilities especially those of mild intellectual disability often report feelings of frustration and lowered mood as a result of being unable to complete their activity or job. Goal setting and pacing are techniques that can be used to break this cycle of over activity-job/under activity-job. To achieve the goal, the individual needs to work towards the goal in a planned and systematic way on a regular basis. Pacing is a technique to reach the goal. Problem-solving steps are important for generalization and maintenance and include:

1- Defining the problem or stressor
2- Setting realistic goals
3- Examining alternatives
4- Considering other perspectives and motives
5- Selecting an appropriate strategy
6- Delineating necessary steps to reach a goal
7- Rewarding behavior for having tried. (French, & Sim, 2005).

**These steps may be modified according to disability level.**

In conclusion the psychosocial aspects of individuals with intellectual disabilities and the other types of disabilities have a key role in the adjustment for people with disabilities and for his family so psychological and social factors that promote effective coping with the demands must be taken into consideration. Additionally parents who have people with disabilities had low physical performance with a relationship to the high depressive symptoms in relation to others who have healthy individuals so it is suggested that care must be taken to provide psychosocial support in addition to exercise program to increase the physical performance of this population.

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# Down Turkey Association

**Fulya Ekmen**
Down Turkey Association, Istanbul, Turkey

## Down Association Turkey

Down Syndrome Association, Down Turkey, (DSA) supports people with Down syndrome and their families in a lifetime process. DSA works for integration, works against discrimination, creates awareness campaigns, publishes books for families and experts, organizes seminars and workshops, and supports scientific researches. Our aim is to create independent life opportunities in the society for the people who have DS.

In 2012 besides all other activities, we decided to focus on adult trainings and job inclusion to promote autonomy for people with Down syndrome. Obviously, economic independency is the most important part of autonomy. We know that having a job and making money is the first step. We all know that, working is important for earning money but also important to raise self-confidence, self-respect, to be a part of social life, get respect from others, feel the sense of productivity and understand the meaning of being an adult. It is a good opportunity to observe adult people in real life and imitate them. People who have intellectual disability need guidance to learn necessary skills to be the part of adult and working life. Therefore, seeing that facts led us to work on two programs:

- Job coaching
- Career and autonomy courses

In that chapter we are going to share our job coaching (supported employment) program and real open market experiences.

## How Did We Started?

The idea of making job coaching for people with Down syndrome led us to seek trainings about it. The whole trainings we have taken is seen on the Table 8.1.

**Table 8.1** History of the training activities in relation to job coaching.

| Year | Training Activities |
|---|---|
| 2012 | 3 days training by Christy Lynch from Kare institution of Ireland in Yeditepe University |
| 2013 | 3 days training about supported employment and autonomy courses by Anna Contardi from AIPD (Associazione Italiano Persone Down) in Rome |
| 2014 | 4 days training about supported employment and autonomy courses by Anna Contardi from AIPD (Associazione Italiano Persone Down) in Istanbul. |
| 2015 | 2 days visit to see the practices and be trained by Kare Institution of Ireland in Ireland |
| 2015 | 3 days visit to to see the practices and be trained by Anna Contardi from AIPD in Rome |
| 2016 | 2 days training about supported employment and autonomy courses by Anna Contardi from AIPD (Associazione Italiano Persone Down) in Istanbul. |

We started the program by Bimeks (Bimeks is a leading technology market in retail sector in 2012), one job coach and two supervisors. After first six placement second job coaches joined the team. While our team was expanding, on the other hand companies that want to be included in that program was increasing. You can see the progress from 2012 to 2016 in the diagrams below. In 2015 our team is renovated. Now, program is run by a coordinator, two job coaches, supervisors and consultants. Job coaches are psychologists. Supervisor and consultancy group are very big. A special education teacher and psychologist (Sezgin Kartal), a child & adolescent psychiatrist (Asst.Prof.Dr. Saziye Senem Basgul) are helping us about dealing with behavioural problems. Prof.Atilla Cavkaytar, head of Anadolu University Special Education Department and his team (Asst. Prof. Yasemin Ergenekon, Research Assistants Gizem Yıldız, Fidan Gunes Gungor, Mustafa Uluyol, Nursinem Sirin) are helping us to create and apply surveys and improve the program.

In 2013 - 2015 - 2016 our program won prizes and in 2015 our program began to be supported by Sabanci Foundation Social Development Grant Program. We had the opportunity to make a lot of work thanks to this support. We translated and published the book that we use in that program as an educator handbook, in 2016 called “Zihinsel Engelli Bireyler Isyerinde. Entegrasyon icin Metod ve Araclar” (Persone con disabilitia intellettiva al lavoro – Alessandra Buzelli, Monica Berarducci e Carlotta Leonori, AIPD)

We investigated legislations about working with people with disabilities, we did research on the field and tried to figure out what are the expectations of companies, families and youngsters with intellectual disability about working together, organized workshops to evaluate our program and to determine the skills of a job coach. At the end of these hard works we designed a training program for job coaches that suits the circumstances in Turkey and meets its needs. In 2016 we added some additional educations for workers with DS like money management, personal evolution, shopping etc. You can find all these details on July 2016 in our website www.downturkiye.com.

We are planning to make total 50 placements by the end of 2016. In 2017, we are planning to we will test the training program of job coaches and continue to work placements. By 2018 we expect to transform the training program to an e-learning platform.

## What Is Next?

### 1. Steps of Job Coaching Program:

Job coaching is a full-time job that demands hard work, discipline, flexible working hours and patience. To be successful in the job coaching program, you need to believe that they can work as anybody else, as well as in every company there is at least one job suitable for them. Additionally, you need to believe that if you give the right support to a company, they will not hesitate about working with someone who has intellectual disability. therefore, we may list the steps for a successful job coaching as;

1. A job coach finds a company who wants to work with people with Down syndrome. He/she explains the stages of program and they discuss what they expect from each other, company tells what kind of worker they want.
2. Job coach searches for a person with Down syndrome according to necessary skills for that company. When an appropriate candidate is found, job coach gathers them in work place for an interview. If company decides to work with that person, they start to plan further steps. If not, job coach looks for a new candidate.
3. When company and candidate match, job coach gives a training to colleagues to inform about Down syndrome (DS) and working with a people with Down syndrome. The training contains some suggestions to facilitate their relationship and gives general information about working skills.
4. Job coach sets a date with the company to start working with person with DS
5. Job coach goes to workplace, learns the job and makes detailed analysis of it. The analysis contains all steps of work to complete the job both in written and visual ways.
6. Job coach gives a training to the worker with DS and his/her parents. The training of worker with DS is about terms of job (salary, working hours, manager, breaks, rules etc.) and how to behave appropriately in working area. During the parents training, job coach talks about child's changing role. Family is told that being a worker means also being an adult. Therefore, during that training expectations must be shared mutually as clear as possible.
7. In the first three weeks of work, job coach accompanies the worker in workplace. The job analysis is shared with the worker by job coach, and they start to work according to it. The duty is job coach is to teach the job and is to create circumstances for people with Down syndrome to work independently as soon as possible.
8. Job coach also regulates the relationship between worker with DS and colleagues, promotes good behaviours.
9. When colleagues and new worker get used to each other, job coach gradually becomes invisible.
10. He/she stays in the company, observes process, and takes notes.
11. When the worker starts to work independently and colleagues and manager are able to work together without the support of job coach, job coach leaves.

12. Job coach makes phone calls every day with both manager and worker in the following weeks. If everything goes well, job coach wants monthly reports from the manager about the process. If there is any problem, job coach gives directions about how to deal with it. If company needs job coach to be there physically, job coach visits the company, talks with worker with Down syndrome and colleagues, repeats the training, if necessary.
13. Job coach organizes trainings for people with Down syndrome, meeting and training for families during the year.

These are the basic steps of job coaching. But in every steps, there are detailed works, activities and forms that are needed to use. You can find details in the book called "Zihinsel Engelli Bireyler İşyerinde. Entegrasyon icin Metod ve Araclar" (Persone con disabilitia intellettiva al lavoro – Alessandra Buzelli, Monica Berarducci e Carlotta Leonori, AIPD).

## 2. The outcomes of the program

The total amount of employed people with Down syndrome by job coaching is 40 by the date 09.05.2016. The distributions of the data are given in **Figure 8.1** and **8.2**.

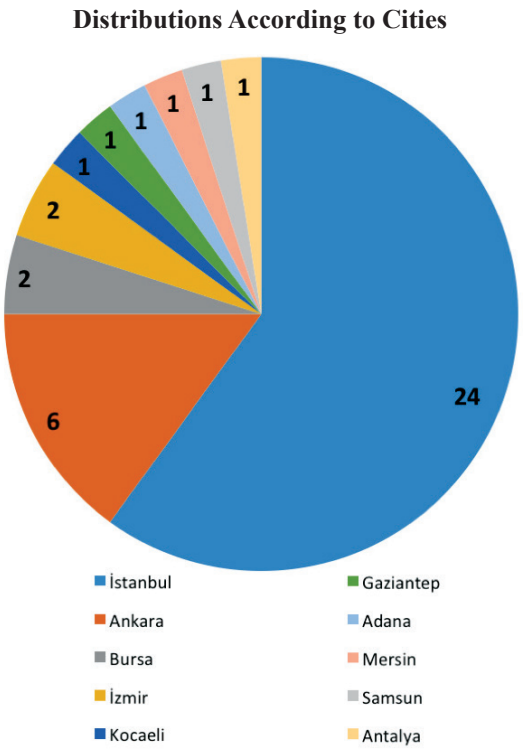


**Figure 8.1** Distributions of Workers with Down Syndrome According to Cities and Companies.

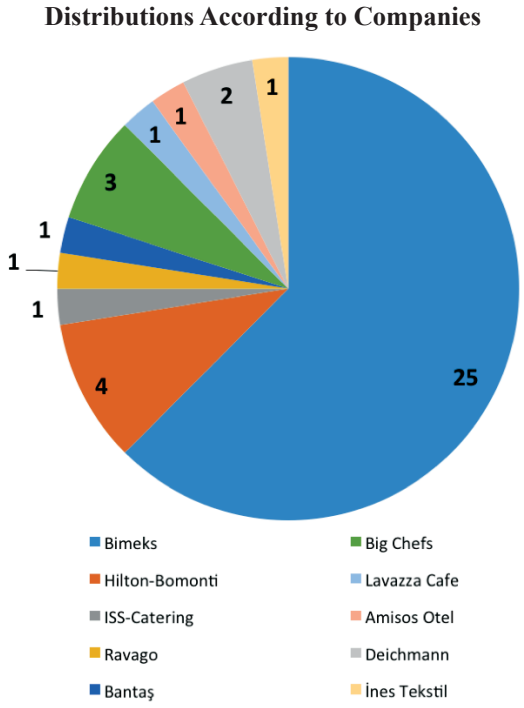


**Figure 8.2** Distributions of Workers with Down Syndrome According to Companies

As shown in the graphic, most of the job placements was made in Istanbul, the centre of the association. This is because Istanbul is a rich city in job opportunities, and it is easy to access corporate companies in Istanbul.

The graphic tells two important consequences about the success of program: it is sustainable, and it assures different companies to join **Figure 8.3**.

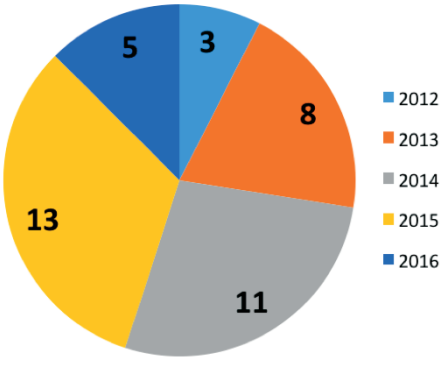


**Figure 8.3** Distributions of Workers with Down Syndrome According to Years.

### 3. Problems Faced During the Process

We have faced with some problems during this program. However, we believe that communication between parties are important. When parents and colleagues consult job coaches the problems solve more easily and faster. Of course, the success of this program depends on a teamwork. We believe that the team should be working in a harmony.

The most common problems we have faced with were;

1. Working with parents and colleagues is the most difficult part of the program. To be able to change prejudges and wrong behaviours are difficult. Here are some examples:
2. Parents are anxious about security of their child; they are afraid of any kind of abuse. It takes long time for them to trust both colleagues and job coach.
3. Parents have difficulties to see their child as a worker and as an adult and accept that their child has some duties in working area. Usually they assume that working is just for embroider the youngster and has to be a joyful place. They wait some privileges for their child. Workplaces have some rules that everyone has to obey and has to make their jobs. There are some regulations in workplaces for workers with Down syndrome to make things easier to understand and follow, but all rules of company are current for them.
4. Parents want to monitor their child so they visit them at work anytime they want without thinking that they can disrupt the work.
5. Parents should help their child to explain her problem by herself or ask for help from the job coach but instead of doing these usually they discuss with the manager or a colleague about a problem. They want to protect their child, but the way they behave leads misunderstandings and harms the perception of adulthood. Parents go to the schools to check, not to workplaces. If one works in a job, it means he/she is an adult now. Parents can give advices about work life but cannot interfere the relationships. When they do, colleagues and manager start to talk everything with the parent, don't respect the choices of worker with Down syndrome, and don't believe his/her words.
6. The most frequent problem with colleagues is that they don't see the worker as an adult and a real worker. They usually behave and talk in a childish manner. This attitude prevents the worker to see oneself as an adult, causes to behave like a child, disobey the rules, and resist to orders.
7. Some of the colleagues think that a worker with Down syndrome should be protected and cannot do things alone. They limit the worker.
8. Colleagues are tending to say lies to the workers. This problem is seen in two ways: First, colleagues don't want to hurt the worker, and they avoid saying truths or warning the worker if she/he did something wrong. In some situations, some of the colleagues fool workers with Down syndrome. They say things that the worker doesn't like just to tease him/her, and they enjoy from this.

9. Generally, parents and colleagues think that people with Down syndrome doesn't have sexual feelings. This is a very big problem in the working area. Because by thinking in this way colleagues behave inappropriate way to the worker with Down syndrome causing some misunderstandings.
10. Sometimes employers don't follow the rules of the program. They think that worker with Down syndrome is there just because he should be. They don't allow him/her to work not to tire. This leads the worker not to give necessary importance to work and workplace.
11. Of course, we have some problems because of the youngster. These problems are mostly caused by lack of working experience and wrong attitudes of parents and colleagues. However, after a while worker with Down syndrome gains experience about working life and the attitudes start to get better. In those cases, some of the problems disappear automatically.

The sustainability rate of program is %88. This shows that Job Coaching Program, which we have been running since 2012, is not only efficient for making people with intellectual disability employed, but also efficient for maintaining sustainability. While job coaches make the youngster productive in the work area, on the other side the conflicts among different groups disappears and it helps youngsters to become adults.

# The Structure of Education System, Vocational Training Facilities in Turkey

Chapter 9



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## Special Education and Rehabilitation Centers in Turkey

A wide spectrum of mental and/or motor impairments, including cerebral palsy, traumatic brain injury, myelomeningocele, spinal cord injury, Down syndrome, Autism, and neuromuscular diseases, affect children and adolescents. There are variations in severity within each of these conditions. Many children with impairments attributable to these conditions will have some degree of disability that may limit their normal development and functions. Thus the special education which defined by Ministry of National Education –Turkey- as ‘‘a training programs developed specifically to meet the educational and social needs of individuals who have significant differences in their personality, developmental characteristics and educational qualifications from their peers’’ is becoming necessary and compulsory process. Furthermore, the rehabilitation process to enhance and restore functional ability in conjunction with special education may create major impact on the expected results. In other words the special educational institutions try to eliminate or minimize the effects of language development problems, vocal imparities, mental, physical, sensual, social and emotional or behavioral issues of individuals who need special education to maximize their skills and to help them to adapt to the society (Michaud, 2004; Sanger et al. 2003; MEB, 2018).

## Individuals with Special Needs and Special Education in Turkey

In Turkey, as in many countries, approximately 12% of the population is known to be as individuals with special needs. Population of children between 0-18 years of age, according to DIE data is 28,000,000 , while the population of children in the 6-14 age group is around 12 million. Based on estimated rates set by the WHO, in the 0-18 age group, about 3.36 million, while in the 6-14 age group, there are approximately 1,440,000 children with special needs. Educational services for this population are provided by Ministry of National Education (MEB) while care and rehabilitation services are provided by SHCEK. Additionally, foundations, associations and private education services, related departments of the institutions and universities, and voluntary organizations and units have a supportive mission. In 1992, General Directorate of Special Education Guidance and Counseling Services was established. This unit prepares; special education schools, special education classes, counseling research centers, vocational schools and vocational education centers' programs and educational tools. Statutory decree numbered 573 has passed in June 6, 1997, and the general principles on education of individuals who need special education were designated. From this date, the number of private educational institutions has increased rapidly.

Rules have been brought in special education schools and mainstreaming environment related to the education of children who need special education. From 1997, the number of private special schools has increased rapidly. In the following years, some regulations are made for/on these schools/institutions. Institutions attached to the MEB are updated frequently. In rehabilitation centers, 298.794 students are supported by the state for education in total 1795 institutions in a year. If we look at specifically to Istanbul, there are 308 rehabilitation centers. In these institutions 61234 students are getting education. 115357 students from the total students number who studying in rehabilitation centers are illiterated, 167836 students continue to elementary school, 6211 people continue to high school and equivalent schools and 8873 people continue to vocational high school-vocational courses, and 517 people are in higher educations. Ministry support covers the educational expenses of these disability groups which consist of; visual, hearing, language and speech, orthopedic or spastic, and mental disabilities. Parallel to the increased number of students in Special Education Centers initially psychologist or counselor, and special education teachers are the necessary staff. Students have to pass several processes to get free education. Firstly, to get permission for special education, students must get their disabled health report from state hospitals. (Resmî Gazete, 2009)

Students who got their disabled report from disability health board are evaluated on guidance research centers. Aims of the guidance research centers are deal under 2 headlines;

1. Special education requires to identify, examine, diagnose the individual, to suggest the most suitable educational environment where they can place, and to provide guidance and counseling services to support their education.

2. To coordinate the guidance and psychological counseling services in education institutions effectively and productively and to provide guidance and psychological counseling services to such individuals and to identify people who need special education in the area.
   Guidance and Research Center (GRC) recommends a training plan after evaluating students with a variety of scales and tests in accordance with the above purposes. This plan contains maximum 8 hours of personal education and 4 hours of group education. It also contains, personal support, special education, speech therapy or physiotherapy. GRC also decides which one the individual will benefit from these services. Guidance and Research Center estimates this plan minimum once a year. Family can apply to rehabilitation center when they decide to do. Family has right to change their rehabilitation center maximum 2 times in a year.

   In the line with the given plan by the guidance research center, students in Turkey complete following educational modules throughout their life. GRCs determine which student will take their education in which module. Students who complete the determined hours may not take the same education module.

   The given modules and the maximum lesson hours they can take in the frame of people with mentally disabilities Support Education Program to people with mentally disabilities, is given below.

1) Self-care skills module; 240 courses
2) module of daily living skills; 120 courses
3) Language , speech and alternative communication skills module; 240 courses
4) preparation module cognitive skills ; 100 courses
5) psycho-motor skills module; 120 courses
6) Social life skills module ; 100 courses
7) Social life module; 160 courses
8) The math module ; 300 courses
9) Turkish module; 360 courses

MEB pays to institution for students who are educating in the rehabilitation centers, a session fee of the singular student is 54.25tl and group lesson is 30.50 tl for one session. 2 hours a week of individual study is not sufficient to support students in all areas of development, and families are paying for the extra sessions to support the education. The spread of Special Education Institutions especially provides benefit to the individuals with special education need in rural areas, in terms of the education right. However, studies should be done to increase the quality. The primary problem for Special Education Services in Turkey is the limitations of education services provided by the state. The researches demonstrate that students must take intensive education especially in early education period. In line with the needs of individuals who need special education, achieving the special education services in sufficient intensity with the experts, is very important for their development. In rehabilitation centers, 8 hours of individual education given by the state is quite below the recommended numbers. Several foundations and associations,

families and educators have demands for promoting the intensive education. Another issue is the home and family counseling programs. The coverage of state support doesn't include these issues, and this prevents working on these issues. Increasing number of free special education services and with being applied by competent staff, educators' home programs, psycho-social support and support of integration will increase the functionality of rehabilitation centers (Resmi Gazete, 2010, 2012).

## Mainstreaming Programs

In Turkey, in the level of primary education, a part of students who are growing different, especially the students with mild mind disability report and autisms, are joined in mainstreaming programs. A part of students who are out of mainstreaming programs because of harmony and developmental performance, get education in standard schools but in different classes.

The appearance of special education classes is quite recent. The training program of special education teachers has started with Special Education Department which has opened in 1952-1953 year of education in Gazi Education Institute. Then the rights of individuals in need of special education in our country has come up to a guarantee by the state with the 1961 Constitution. There are provisions, in Article 48 of the 1961 constitution "everyone has the right to take social security" and in 50th article "state takes the precautions for people who need special education because of their status" (MEB 2006). In the 1960s, there are no studies about mainstreaming education. Special education services has found its place as a formal educational environment in special education classes or special education schools until the 1990s. However, when education system and mainstreaming principle became more precious, mainstreaming applications preferred because of discriminator effect of special education classrooms. Special education classes still answer the requirements of students who can not benefit from mainstreaming education (Ozsoy et al. 1998). In our present education system, special education classes protect their existence as a powerful alternative for answering to educational requirements of differences of the developing students even if it brings a lot of educational and pedagogical problems.

## Special Education Classes

With the request of special education service council, new classes have been opened by provincial /district national education managements for individuals who have a need for special education or have been determined to have an education at a separate class. Throughout this process, special education service council evaluates matters such as the inadequacy types of the students, who are going to be receiving education at special classes, and determination of the education program that is going to be applied, and also the council makes suggestions about all of these to the national education managements. These classes are based on the idea of having an education with the students who have a standard growing process. With the planning of individualized education program grow-

ing agency, the students registered to special education classes have some of the lessons and social activities with their peers. While this service, which is carried out with the half time combining implementation gives the students, who have a need for special education, a chance to take their peers who do not have disability as an example, become friends, perform some activities together and participate into life easily. It also provides the other students a chance to get to know the students who have a need for special education, understand individual differences and develop a positive attitude towards these individuals that will be seen any time in society. After the end of 8 years, the students who complete primary school in special education classes are given the certificate that the students who do not have a disability also have. With this certificate, the students graduated from special education classes, which apply special education program, continue their secondary education at special education implementation centers or centers that apply special education program (MEB 2015).

## Properties of Special Education Classes

Special education classes classify the students who have the same educational diagnosis in the legislation without separating their age groups. Combined classes application is used in 1-4 and 5-8 classes that were opened for students with intellectual disabilities or autism. The lessons in these classes are taught by class teachers. However, the lessons which are required special skill and religious culture and ethics and foreign language lessons are taught by field teachers is so essential. Class teachers also attend the lessons which are taught by field teachers." Special education classes, as can be seen from the relevant articles of the legislation are divided into 2 stages. It is divided into two different age groups as elementary and secondary classes. 1st, 2nd, 3rd and 4th grade of primary school students are studying in the same class through the combined classes. Students in these classes follow the education program which is applied at their schools or institutions. This program is based on their BEPs is prepared in accordance with student's education performance and needs. While the common goals that can be worked as a group are set in some areas, some programs which are customized are given. Each student follow their Individualized Education Program (IEP) in accordance with their education performance. A maximum population of special education classes in pre school and elementary school is 10 and in secondary and non-formal education is 15. However, the maximum population of all types and phases special education classes that are opened for autistic students is 4. These classes adapt the program which is applied in school/institution in terms of course, resting, eating and other activity times. The lessons in 1-8th classes are taught by class teachers. Physical education, music, art, religious culture and ethics lessons in 4-8th classes and technology and design lesson in 6-8th classes can be taught by field teachers. If the school managements provide to field teachers to attend into courses, the special education classes' teacher will get an opportunity to do one on one education with students who are in 1,2, and 3rd classes (MEB 2012, 2015).

## Supported Education Class

A new study has been conducted with a regal regulation which made later for children with special educational needs attending their formal education through mainstreaming. *"Supported Education Class"*, is a training environment which is created by providing special tools and educational materials in order to maximize the educational services for the students who have special educational needs and also studying in the same class with their peers who are not in the scope of educational practices through mainstreaming/integration in schools and institutions. (Batu et al. 2014).

The opening of ''Supported Education Class'' in schools and institutions become obligatory with a circular which was published in May 2015 within the scope of the mainstreaming/integration educational application. Lesson hours allocated for education in supported education class per week by mainstreaming students is scheduled less than 40% of total lesson hours per week. Education is provided during school hours. The children that can get common goals can be taken through group education into the supported education class. However, these groups must be planned as to not exceed 3 students. According to the student's education needs, these supported education class demand the teachers (e.g Education Teachers, Class Teachers and Field Teachers) that to be provided primarily from their own schools and the teachers who are stationed in RAM or the teachers who are in other schools and institutions.

According to the program that is following the students who needs special education, the IEP is prepared through their educational performance and needs. The information about the type, duration, frequency, where and by whom and how to give the support education services required for students should be included in IEP. Expansion and enrichment applications for differentiation and individualization of program are made in supported education room. Using assessment and evaluation tools in accordance with individualized education program evaluate for differentiation of instruction (MEB 2015).

Opening of supported education room has become obligatory for each school which have mainstreaming students in their elementary schools; therefore, the schools has initiated this work quickly. All students getting mainstreaming education benefit from this system according to their needs. The biggest problem in supported education rooms is that students become differentiated. These rooms have been criticized because the children taking part in mainstreaming program is getting some lessons in different class from their friends; the corruption of their routines; can't get standard lessons and get these lessons alone. In addition, they might not create an active education environment with appropriate goal and techniques because the teachers applying program has no special education for this. Again, the student's ability to do lessons alone or with small groups is disadvantageous in terms of the lack of opportunities for social skills response, reduced orientation to classmates, and opportunities for interaction with social and emotional skills gained through learning by taking model. Instead of this, studies should be conducted for making more functional mainstreaming applications in the class. When the special

education classes and supported education rooms are examined, the first noticeable thing that despite the diversity in the individual performance of students, they are studying in the same class. The fact that the student placements are classified according to the educational diagnosis in accordance with the Health Board and Ram Report and not according to the performance is decreasing the efficiency. At this point, it is suggested that student placements should be made according to students' cognitive, social and emotional development, not according to the educational diagnosis.

Selection and placement of special sub-class teachers is another factor that disturbs the process. The number of special subclass conducted by mental disabilities classroom teachers is quite inadequate. It also reveals the hardness and the teacher's problems about managing classes from different branches. Effective educational environment might be provided if only managing of the special sub-classes done by the mental disable class teacher. To provide parallelism between home-school in education and training, school needs to collaborate with the parents effectively. However inexperienced parents and teachers can not fulfill these requirements. This situation causes pressure on teachers, who work in this field, and reduces their performances. Insufficient number of special subclasses, lack of material in that classes, inadequate physical circumstances negatively effect the learning performance of the both students and teachers. The results of the observations and report studies are published MEB. The results and determinations are given below. The source of the problem in application are classes which are insufficient. First, it should be well understood what the special education class is. Special education classes are defined in regulation as "The classes which are opened by MEB for the students who are disabled enough to be educated in separated classes in schools and institutions. These classes are opened according to type of disability, educational performance and specialities suggested by the special education services institution."

As it is obvious from the definition, the types of disabilities of students, educational performances and programs will be applied should be considered in opening special education classes in primary schools. In current form, it is seen that this situation is not considered at all, only the opening of classes as a special education class, and this class is seen as the continuable and/or adaptable for the students from different types of disabilities. However, where these classes are opened, there should be separated classes for children with mild learning disability, moderate and serious learning disability and autistic children (Kargin, 2004).

In conclusion, for successful special education these considerations must be taken into account:

Exhibit acceptive and supportive attitudes of the director and teachers.

Education classes should be regulated to facilitate learning and to meet students' requirements.

Providing opportunities for learning, educational and social activities.

The other students should be informed about students with special needs.

Supportive special education is required.

Collaboration with parents.

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# Inclusive Education At Primary/Secondary School Level

Chapter 10



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## Government Education Policy

While Greece takes part in the European Agency for Development in Special Education, as well as using EU funding for projects related to the education of people with intellectual disabilities, the country's policy in this area does not yet meet the needs of the population. A particular problem is the lack of any programs for the education of children with severe and profound intellectual disabilities. Parents and advocates have called for the establishment of a stronger coordination body, which could help ensure that the available educational services are more accessible. The addition of far-reaching awareness programs for teachers, students and families would also be a significant means of reducing misconceptions and prejudice against people with intellectual disabilities, both in the educational context and in wider society.

## The EU and Government education policy

The EU has specifically supported the development of national programs and policies for education of people with intellectual disabilities in Greece. As far back as 1983, several national governmental and non-governmental organizations and private legal entities, including vocational training institutions such as Theotokos and Margarita, have participated in the implementation of different European programs aiming to provide education, social and vocational training, and rehabilitation to young individuals with intellectual disabilities. These programs include:

- Vocational Training programs ("PEK", 1983-1994);
- Vocational Laboratories/Institutions' Equipment (Law 815/1984);
- HORIZON: A Programme for Employment (1992-1994);
- HELIOS I: "School Mainstreaming of Special Needs Students" (1994-1996);
- HELIOS II: "Economic Inclusion of Special Needs Individuals" (1996-1998);
- SOCRATES: "School Cooperation on a European Level" (1996-1998);

- LEONARDO DA VINCI: "Pilot Study for Improvement of Vocational Rehabilitation-Agora" (1996-2000);
- LEONARDO DA VINCI: "Systematic Skills Acquisition" (1996-1998);
- Telematics Application Programme (Tide) Project "Multiple" (1997-1999);
- Programs Against Social Isolation for groups of young people with intellectual disabilities (1995, 1996, 1998, 1999, 2000).

According to official evaluations of these program's effectiveness in Greece, improvement in the organization and design of the projects is essential. Their duration has been found to be too limited to efficiently meet the needs of individuals with intellectual disabilities and to ensure these individuals optimal educational, social and vocational rehabilitation in an ongoing process. Consequently, it is important that the Greek Government takes steps to secure the continuity of these programs after support from European funds concludes.

## National programs

The Ministry of Education has developed a national educational policy over the last 20 years through different laws, such as 1566/1985 and 2817/2000, which aim to provide equal opportunities for people with special needs. National education policy is designed to meet international standards. Generally speaking, national educational policy is, in theory, designed to develop specialized programs for the education of individuals with intellectual disabilities, with the goal of achieving their social and academic integration.

## Resources and support

### Curriculum and support

The Special Education Curriculum Framework consists of 25 subjects and 30 teaching hours per week in schools of primary and secondary education. In line with this curriculum, the School Book Publishing Organization has published books, materials and methodologies under the heading "activities for learning readiness". These include teachers' books for special education teachers and study materials for students, such as books, notebooks and cards specifically related to speech, psychomotor functions, cognitive abilities, and emotional adjustment. CDs have also been prepared as supplements to special primary school learning materials for speech, psychomotor functions, cognitive abilities and emotional adjustment. These materials are intended to support the improved inclusion of individuals with diagnosed special educational needs, including those with intellectual disabilities, in the learning process.

The legislation also provides that, at special education schools, along with the daily teaching program, an additional program of creative occupational activities can be implemented. Prevocational educational activities are also included in the curriculum of special education primary schools, while technical vocational education and training components can be included in the curricula of special education high schools (gymnasia and lyce-

ums). The content of these curricula is determined according to decisions of the Ministry of Education. The content is issued based on the proposals of the Department of Special Education of the Pedagogical Institute.

## Teacher training

In conformity with Laws 1566/1985 and 2817/2000 on Special Education, public special schools and special technical vocational schools should employ special education teachers and special educational staff, consisting of psychologists, social workers, speech therapists, occupational therapists, school nurses and physiotherapists.

Continuous education of teachers is neither systematic nor obligatory. However, special education teaching staff, and primary and pre-school teachers, can train to work with children with special needs through seminars and postgraduate courses provided by university departments of primary and pre-school education. In addition, there are postgraduate programs for special education provided by Greek universities.

There is a clear need for the continuous education and training of educational staff, as the existing seminars and postgraduate programs in Greek universities are considered insufficient to effectively prepare teaching staff to meet the educational needs of people with intellectual disabilities. In addition, there is a need for specialized training to teach special educational personnel how to meet the specific individual needs of students according to the level of their intellectual disability and their social and psychological characteristics. Such specialized training should result in an approach that is both comprehensive and individualized to the students' educational, social and psychological levels.

## Mainstreaming

The goal of achieving the academic and social integration of children with intellectual disabilities is to foster and strengthen cooperation between mainstream and special education, at all levels of the educational system. In places where there are no special schools, such as in small provincial towns, children with special educational needs attend mainstream classes, where they should receive support from the specialized teachers of special schools or a KDAY centre, although this support rarely is available.

Inclusion classes operate within the framework of mainstream schools. The operation of the special inclusion class and shared education is based on the fundamental principle that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Students in these classes share some teaching hours with the rest of the students in an integrated class, and they also spend time in a special class operating within the mainstream school. Teaching and integration of students with intellectual disabilities in mainstream classes is ensured through the active presence and participation of an additional special education teacher. The role of this teacher is to satisfy and support the needs of students with special needs or intellectual disabilities.

In practice, however, the additional support for students with special needs from a special schoolteacher in a mainstream class is rarely implemented.

It is estimated that the number of children with intellectual disabilities integrated into mainstream schools is less than 1,000, which is very few, given the country's size and the population of students. It is reported that the number of inclusion classes in primary and secondary schools is not sufficient, and there is lack of financial support to staff these classes with trained teachers. In addition, school directors may be hesitant, at times, to integrate children with intellectual disabilities. Furthermore, many parents are reluctant to accept a second special teacher in the classroom, due to their ignorance, prejudice or fear of stigma for their children. Consequently, there is a need for teachers and parents to be sensitized and informed about the role and the need for the extended implementation of co-teaching in integrated classes in mainstream schools. It is also necessary to develop awareness among mainstream school students and to build understanding and support for inclusion in schools among students and the community.

## Special schools

According to legislation, special education is provided with the aim of helping people with special educational needs to develop their personality and improve their abilities and skills, so that they can be included or re-included in mainstream education and social life. Special education should also provide vocational training, with the goal of facilitating participation, and is intended to promote the social acceptance of people with disabilities and support their social development on equal terms. These objectives are to be implemented through measures and services rendered to the people with special educational needs, up until they are 22 years old, through primary and secondary education. These measures include the elaboration and application of special educational programs and teaching methods, the use of adapted teaching materials, the provision of special equipment and the provision of special support services. These services mainly include diagnosis and evaluation of the special educational needs, pedagogical and psychological support, physiotherapy, occupational therapy, speech training, social and advisory work, transfer and transportation. However, current legislation and the services and provisions of special education provided for by law do not always operate or are not adequately implemented in practice.

Parents maintain that there are no consistent criteria for placement according to the type of need or the level of intellectual disability, and they indicate this can lead to inappropriate placements within the special education system. Parents generally express a preference for providing their children with private individualized education, in part because children with different needs and with different levels of intellectual disability are frequently placed together in the same special education class, which can include students who learn slowly, children with borderline intellectual disabilities and students with mild or severe intellectual disabilities.

School programs and curricula do not provide for individualized approaches according to the type of disability, and consequently, the specialized staff is not prepared to address the needs of each child as an individual. Of particular concern is the fact that most

special education options do not give specific provision for the education of children with moderate to severe intellectual disabilities. Most of these children are kept segregated at home or in institutions without access to education.

Other problems cited are the lack of specialized equipment and support services, such as psychological and counselling support for special educators and parents, and the schools' emphasis on academic achievement rather than socialization and acquisition of daily living skills for students with intellectual disabilities.

If Greece's educational practice is to meet the standards set in its legislation, school programs must be modified to adjust the curricula and evaluation system for students according to the type and level of their special educational needs. Programs must also be provided for the educational and social integration of people, with severe intellectual disabilities, as serving only those with mild or moderate intellectual disabilities is not enough.

## Education outside the school system

### Home schooling

The law provides for the application of educational programs at home, so that an individual with special educational needs can receive academic and specialized support during a period when the individual's transportation to and from school has been assessed as difficult, due to serious health problems. This provision is designed to secure, prepare and support the individual's future transition and adaptation into the school environment. However, there are concerns that there is no specific provision in the law for home schooling of children with intellectual disabilities, and therefore, this option does not apply to children with intellectual disabilities.

Educators and specialists who are responsible for providing home schooling are required to continuously cooperate with the main school in which the students are enrolled. The goal is to secure the provision of the educational material and to ensure compatibility with the educational program that the student would receive in school. Educators should also play a mediating role between the student and the school by helping the student attend brief school visits, to avoid isolation and to promote social integration.

Where no other options are available, particularly in less urban areas of Greece, home schooling should be offered for students with intellectual disabilities.

# Rehabilitation Approaches of People with Intellectual Disabilities

Chapter 11



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## Physical Aspect of Individuals with Intellectual Disabilities

Complex health problems with a high incidence of functional limitation appear to be more common among people with ID, in whom multiple risk factors (obesity, hyperlipidaemia, inactivity, etc.) may combine to exert a negative impact on various health parameters and on their perception of well-being. Consequently, patients with ID have an elevated prevalence of different types of chronic illness, such as cardiovascular disease, cancer and type 2 diabetes mellitus. The above situation appears to be even more complex when ID is associated with severe genetic syndromes such as Down syndrome.

Although many studies which have been conducted both in Greek and in the international base, assessed the child and adult obesity levels in the general population, data on the group of people with intellectual disability are limited. So far It has been recorded the increased prevalence of obesity and metabolic disorders in individuals with intellectual disability, so that the life expectancy of this population group is significantly decreased. Indeed, increased obesity factors leading to hyperactivity of the autonomic nervous system, which in turn may cause cardiovascular disease.

The absence of regular exercise contributes significantly to the reduction of parameters of the physical conditions. Resulting in the poor cardiopulmonary functional capacity, reduced muscle strength and endurance, limited function, while over time individuals are prone to degenerative chronic diseases, such as cardiovascular disease, type 2 diabetes, chronic respiratory disease, carcinogenesis, with direct negative impact and the same quality of life.

Hypertension (HTN) is a risk factor of cardiovascular disease and it is highlighted the negative connection between IQ (intellectual quotient) and blood pressure that occurs in adulthood. The lower IQ is someone the more likely to become hypertensive in the future.

Blood pressure seems to be related to Alzheimer's disease, probably due to a malfunction of the nervous system. This view comes to reinforce the fact that many patients with ID have an increased incidence of Alzheimer's disease with age.

Research studies have demonstrated the enormous health benefits that can be achieved in patients with ID from their participation in regular exercise.

Strength training programs seem to positively affect the overall physical fitness, promote muscle strength, as well as muscular endurance and motor function of the upper limbs. The implementation of combinational program of aerobic and strength exercise effects positively on the components of physical fitness training regarding to the parameters of fitness, functional capacity and quality of life of people with Intellectual disability.

Mobility is important in the frame of self- service and moving. Physical wellness and fitness play an important role in education, since they are associated with functional labour needs, and the mobility for self-service. As much as the severity of mental retardation is increasing the need for fitness education too, as is directly linked with basic movement and control of fine motor skills.

Those related programs should consider all physical and kinetic characteristics of persons with Intellectual disability in individualized programs.

## Psychosocial Aspect of Individuals with Intellectual Disabilities

Some common problems that people with ID face, regarding their social behaviour, are:

- In terms of Pragmatics (verbal and non-verbal communication)
- Understanding body language and intentions (posture and positioning)
- Gestures and facial expressions
- Maintain eye contact through communication
- Gaze (Gaze shifts)
- Comprehension of speech acts (requests, responses, directives, demands, and other communication functions)

### In terms of Social Cognition

- Emotional competence (regulation, understanding, expressing)
- Theory of Mind: Ability to connect emotional states to self and others, understanding that others have knowledge, desires, and emotions that may differ from one's own; ability to take the perspective of another and modify language use accordingly.
- Inference and presupposition problems
- Joint attention (social orienting, establishing shared attention, considering another's intentions etc)
- Identifying one's feelings, recognizing the feelings of others, demonstrating empathy, decoding body language and facial expressions, determining whether someone is trustworthy (Canney and Byrne, 2006; Waltz, 1999)

### In terms of Social Interaction

- Follow rules for linguistic politeness
- Understand power relationships (e.g. dominance/deference)
  (Grice, 1975; Nelson, 1978; and Timler, Olswang, & Coggins, 2005, asha.org)

The lack of social skills not only marginalizes the person with ID, but also causes a series of psychological problems, inducing the symptoms that already exist. Common psychological problems that people with ID encounter in relation to their social environment are:

- Low self esteem
- Depression
- Loneliness because of limited social interaction
- Poor frustration tolerance
- Impulse control and inability to regulate it

This psychological fall causes individuals to close to themselves and their lack of social interaction only deteriorates their psychological health.

The complexity of factors influencing the mental health of individuals with intellectual disabilities has implications for how these needs can be effectively met. Diagnostic classification provides only partial guidance to morbidity and the quality of life experienced and mental health services increasingly adopt a problem-based, "biopsychosocial" approach to assessment and treatment delivered by multidisciplinary teams. The most basic and vital role of care giver within this context is the awareness that a person with intellectual disabilities may suffer from a mental illness. (Costello & Bouras, 2006)

The combination of the above, and a series of pathological issues related to Intellectual disability (for example the appearance of Autism or other psychiatric problems at the same time) requires the intervention of psychiatrist or pedopsychiatrist.

Behavioural interventions and techniques to treat the social difficulties of People with mild ID include:

- Behavioural Therapy that enhances the desired behaviour by using cognition and learning principles of one's behaviour. Combining the last two, the result can be a differentiated behaviour.
- The person is observed by the support team in the environment they act. Intervention is being made on the environment, and these modifications affect the person's behaviour.
- Supporting Positive behaviours assesses the positive response and adoption of those.

At the same time, straight prohibition of a mistaken behaviour is avoided. Pivotal Response Training (PRT) aims to improve behaviour by developing pivotal skills (for instance the ability to respond to multiple cues, motivation to initiate and respond appropriately to social and environmental stimuli, self-regulation of behaviour)

## Social Communication treatments

The most common treatments used in Greece are:

- SCERTS: social communication (SC), Emotional Regulation (ER) and transactional support (TS) is a model of service provision, focusing on how to regulate emotions and communicate with others. (Prizant, Wetherby, et.al, 2006)

- Group Interaction: Instructing appropriate communication, interpreting the feedback correctly, reproduce social behavioral patterns that the person will adopt and identify in their working and social environment.
- Learning Alternate Communication: reading body language, getting the right meanings in the environment where speech lacks.
- Computer and Video remodelling are a good suggestion, though there is no such reference of their use in the approach by Greek instructors. The latter is a form of social understanding through observation of recordings that include specific behaviours. The individual is expected to imitate the pattern in their social environment as a result of a successful treatment.

(American Speech Language Hearing Association- asha.org)

The Social skills of people with ID are usually clear by the end of their secondary education. Some of the interventions above might have already been applied on these people, though, when the social environment changes, the challenge is greater. It is likely that people, who have managed to improve their social skills, will face new struggles as soon as they get a job. As the social stress rises, problems might re-appear, demanding social intervention on the same topic.

In order to get accepted in a job and be able to retain it, an individual should handle the following skills:

- Should be able to understand verbal and non-verbal signs of communication from the people around them (identify anger, politeness, decode body language and facial expressions, recognize the feelings of others)
- Ability to maintain eye contact and appropriate personal space (not getting too close to others or holding a great distance as a sign of defence)
- Ability to make choices
- Determining appropriate behaviour for different social situations
- Regulate stress

A Healthy adaptation in the working environment requires the instruction from the well-educated team that supports the individual, practicing social interactions until the person gets used to the new conditions, and then gradually allowing the individual to act independently without support while working. The completion of this procedure will be the proof of a successful intervention and will additionally lead to a better psychological health of the individual, as the achievement of independence will improve the self-esteem. Prerequisite to that, is the development of the social skills as mentioned through the existing techniques, to create an attractive CV that will reflect a trustworthy person capable of dealing with the everyday demands of the job.

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# People with Intellectual Disabilities in Poland

Chapter 12



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## People with impairment in Poland

In Poland there are two groups of people, who are being disabled: persons with legal confirmation of impairment and without legal confirmation of impairment but feeling limitation of activity. There were almost 4.5 million people with disabilities in Poland in 2002. Nine years later the number of those group decreased to almost 3.1 million. The characteristic of people with impairment in Poland in 2002 and 2011 was shown in Table 12.1 (Central Statistical Office, 2013). Currently, there are no statistics about people with intellectual impairment. In Poland in 2002 there were 130 thousand people with intellectual impairment, who were about 3% of general number of people with impairment (Table 12.2) (Open Society Institute Mental Health Initiative, 2005).

## Education of people with intellectual disabilities in Poland

In 2001 there were 983 institutions of social care in Poland, where 85.254 people lived. In 267 social care institutions lived 22.713 people with intellectual impairment. Adults with intellectual impairment (14.864 residents) lived in 169 places and children with intellectual impairment (7.849 residents) lived in 98 places (Central Statistical Office, 2002). Many children with intellectual impairment were participants of special schools or educational centres. In 2002/2003 there were about 20 thousand children, who stayed in those types of places (Open Society Institute Mental Health Initiative, 2005). Article 70 of Constitution of the Republic of Polish and statue about the education system in Poland from 7th September 1991 indicates obligation to go to school for children between 6 or 7 years old and 18 years old. There are four types of school for children with disabilities in Poland: regular schools (with teacher assistance), integration schools, special education and individual education (KARTA PRAW OSÓB NIEPEŁNOSPRAWNYCH, 2012).

**Table 12.1** Major data of persons with impairment in 2002 and 2011 (a) in Poland.

| SPECIFICATION | Total | | Urban areas | | Rural areas | |
|---|---|---|---|---|---|---|
| | 2002 | 2011 | 2002 | 2011 | 2002 | 2011 |
| | *in thousands* | | | | | |
| TOTAL | 5456,7 | 4697,0 | 3213,1 | 3018,0 | 2243,6 | 1679,0 |
| Male | 2568,2 | 2166,9 | 1488,5 | 1362,1 | 1079,7 | 804,8 |
| Female | 2888,5 | 2530,1 | 1724,6 | 1655,9 | 1163,9 | 874,2 |
| **PERSONS WITH LEGAL CONFIRMATION OF IMPAIRMENT** | **4450,1** | **3131,5** | **2650,6** | **2089,5** | **1799,6** | **1042,0** |
| Adults(b): | 4315,0 | 2996,8 | 2571,7 | 2010,3 | 1743,3 | 986,5 |
| with considerable level | 1064,8 | 893,6 | 638,3 | 575,2 | 426,5 | 318,4 |
| with moderate level | 1426,7 | 1189,4 | 911,3 | 819,0 | 515,3 | 370,3 |
| with slight level | 1571,7 | 802,7 | 917,6 | 550,7 | 654,1 | 252,0 |
| with unknown level | 251,9 | 111,1 | 104,5 | 65,3 | 147,4 | 45,7 |
| Children (c) | 135,1 | 134,7 | 78,8 | 79,2 | 56,3 | 55,5 |
| **PERSONS WITHOUT LEGAL CONFIRMATION OF IMPAIRMENT FEELING LIMITATION OF ACTIVITY:** | **1006,6** | **1565,6** | **562,5** | **928,5** | **444,0** | **637,1** |
| complete | 124,0 | 81,6 | 71,6 | 47,7 | 52,4 | 33,9 |
| serious | 882,6 | 384,5 | 490,9 | 228,8 | 391,7 | 155,8 |
| moderate (d) | — | 1099,5 | — | 652,1 | — | 447,4 |
| **PERSONS WITH IMPAIRMENT PER 1000 OF POPULATION BY AGE GROUPS:** | **143** | **122** | **136** | **129** | **153** | **111** |
| 0—15 | 202,4 | 184,8 | 118,8 | 107,8 | 83,6 | 77,1 |
| 16—19 | 84,1 | 62,9 | 51,9 | 35,5 | 32,1 | 27,3 |
| 20—29 | 202,7 | 189,0 | 122,5 | 114,6 | 80,2 | 74,4 |
| 30—39 | 250,7 | 249,4 | 142,3 | 152,9 | 108,4 | 96,5 |
| 40—44 | 279,3 | 158,1 | 167,5 | 93,4 | 111,8 | 64,7 |
| 45—49 | 496,1 | 243,1 | 309,4 | 146,5 | 186,7 | 96,6 |
| 50—54 | 718,6 | 455,2 | 442,3 | 290,6 | 276,4 | 164,6 |
| 55—59 | 608,1 | 641,5 | 361,7 | 422,8 | 246,5 | 218,7 |
| 60—64 | 564,5 | 596,8 | 324,1 | 398,0 | 240,4 | 198,8 |
| 65—69 | 566,1 | 402,3 | 325,3 | 270,1 | 240,8 | 132,1 |
| 70—74 | 593,2 | 463,4 | 339,5 | 305,9 | 253,7 | 157,5 |
| 75—79 | 471,8 | 456,2 | 270,2 | 299,9 | 201,6 | 156,3 |
| 80 and more | 418,9 | 594,3 | 237,4 | 380,0 | 181,5 | 214,3 |

(a) Results of the Population and Housing Censuses. (b) At age 16 and more. (c) At age 0—15. (d) Only in 2011.

**Table 12.2** Estimated number of people with intellectual impairment 16 years and more in Poland in 2002.

| | People with impairment (a) [n] | People with intellectual impairment between total group people with impairment (b) [%] | People with intellectual impairment (c) [n] |
|---|---|---|---|
| Male | 2 069 851 | 3.5 | 72 445 |
| Female | 2 163 279 | 2.5 | 54 082 |
| Urban areas | 2 524 539 | 2.4 | 60 589 |
| Rural areas | 1 708 591 | 3.7 | 63 218 |
| TOTAL | 4 233 130 | 3.0 | 126 994 |

[n] – number of people; [%] – percent of people

*Source: (a) S. Kostrubiec, Osoby niepełnosprawne na rynku pracy w 2000 roku, Central Statistical Office, Warsaw, 2001. (b) Central Statistical Office, Osoby niepełnosprawne i ich gospodarstwa domowe, Warsaw, 2003. (c) Calculations: E. Wapiennik.*

Detailed Polish system of education was shown in **Figure 12.1** (Open Society Institute Mental Health Initiative, 2005). Children with mild intellectual disability mainly go to regular schools or integration schools and they have a special educational program, which are adapted to their needs and possibilities. Children with moderate intellectual disability have different educational program than their peers in regular schools (each of them has an individual educational program) and they go mainly to special schools. Children with

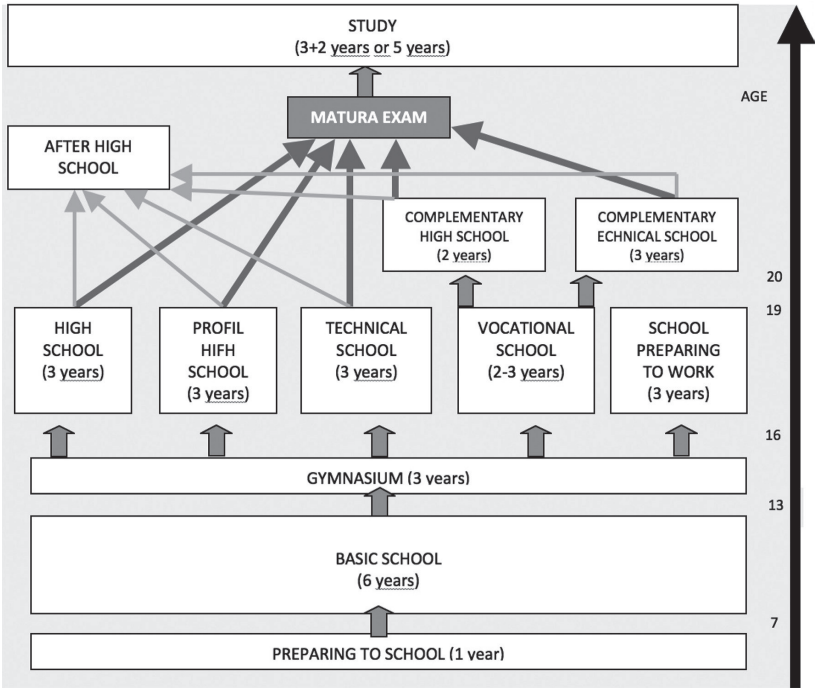


**Figure 12.1** Detailed Polish system of education (Open Society Institute Mental Health Initiative (2005)

severe intellectual disability must participate in revalidation and education classes instead going to those types of schools (KARTA PRAW OSÓB NIEPEŁNOSPRAWNYCH, 2012). Older children and adults with intellectual disability additionally can take part in occupational therapy workshops, which prepare them to profession and teach them how to live independently in society (as a part of vocational rehabilitation). Similar institutions are vocational schools, where people with impairment learn jobs. Research shows that participants of those schools are good prepared to work in their adulthood and employees are more interested in hire people with intellectual disability with qualifications (Kijak, 2013).

## Physical activity of people with intellectual disabilities in Poland

The most famous organization supporting physical activity for people with intellectual disabilities in the world is Special Olympics. In Poland there is a Polish section of this organization named Special Olympics Poland, which is a guardian and an initiator of many events and training programs for those group of people. The main national sport events are Winter and Summer Polish Championships. Moreover, Special Olympics Poland initiates many types of physical activity programs, which are oriented into health and physical fitness of people with intellectual impairment, e.g. "Young Athletes", "Family Program", "Health Athletes". On Special Olympics Poland website there are many information for athletes, teachers, parents and spectators about those programs. However, Special Olympics Poland creates events, educational and physical programs and championships for people with moderate and severe intellectual impairment (Special Olympics Poland, 2016). For people with mild intellectual impairment there is other institution, which develops physical activity – "Fit Together" ("Sprawni Razem"). Athletes are trained to Paralympics Games to compete with people with other disabilities (Sprawni Razem, 2016).

## Employment of people with intellectual disabilities in Poland

Situation of employment of people with disability in Poland in 2000 was quite difficult, because unemployment rate was 16.3% of all people in Poland, 16.8% of people with disabilities and 25.1% of people with intellectual disabilities (**Table 12.3**; Open Society Institute Mental Health Initiative, 2005). In 2003 there were 3.2% people with intellectual disabilities, who were unemployed, 1.6% of those group were searched for job (Open Society Institute Mental Health Initiative, 2005).

In Poland most people with considerable and moderate intellectual disabilities, who would like to develop themselves in vocational rehabilitation, participate in WTZ – Warsztaty Terapii Zajęciowej (Occupational Therapy Workshops). When they are ready and good prepare to work, they start working in ZAZ – Zakład Aktywności Zawodowej (Establishment of Professional Activity) or in ZPCh – Zakład Pracy Chronionej (Shel-

tered Workshop). However, there were about 11% of WTZ's participants who work in ZAZs or ZPChs between 2003 and 2005 (PFRON, 2008).

**Table 12.3** Economic activity of people with intellectual disabilities in 2000 in Poland.

| Rate | Gender | Total [%] | People with impairment [%] | People with intellectual disabilities [%] |
|---|---|---|---|---|
| Vocational Activity Rate | total | 56.7 | 8.7 | 8.5 |
| | male | 64.1 | 23.4 | 7.5 |
| | female | 50.1 | 14.2 | 9.9 |
| Employment Rate | total | 47.5 | 15.6 | 6.4 |
| | male | 54.8 | 20.0 | 4.3 |
| | female | 40.9 | 1.4 | 9.1 |
| Unemployment Rate | total | 16.3 | 16.8 | 25.1 |
| | male | 14.6 | 14.5 | 42.1 |
| | female | 18.3 | 20.1 | 8.3 |

Source: 2. Central Statistical Office. Kostrubiec, Osoby niepełnosprawne na rynku pracy.

One of the famous institutions for vocational guidance and supports of employment of people with intellectual disabilities in Poland is "Centrum Doradztwa Zawodowego i Wspierania Osób Niepełnosprawnych Intelektualnie – Centrum DZWONI" (Foundation Centre Calling). On website of Foundation there are many materials for beneficiaries, coaches and employers about people with intellectual disabilities employment.

There are 4 offices of couches centres/office, which cooperate with many companies (McDonald, KFC, Tesco, Pizza Hut, Museums, Ibis Hotels, etc.). The last project was between 2010 and 2012. The main goal was to coach and prepare 100 people with intellectual disabilities from Mazowsze region (Warsaw). Most of them had moderate intellectual disabilities (28.3% Male, 27% Female). From this group 62.8% doing nothing, 37.2 % registered in employment agency. Those 100 people took job coaching in many trades: sale 32%, hotels 16%, education 13%, nongovernmental organizations 10%, services 8%, gardening 6%, gastronomy 5%, cars companies 4%.

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# Case Studies From Turkey

**Elif Develi**
**Sevgi Gamze Felek İri**
**Güzin Kaya Aytutuldu**
Yeditepe University

## Case Study I

### Elif Develi

Turkey Case I is a 24-year-old man with a moderate intellectual disability. He was graduated from primary school and he has been studying at Sıdıka Doğruöz Vocational Training Centre (SD) for four years. SD is a vocational training centre for students with intellectual disabilities from 12 to 24 ages. Their training program is set down by Republic of Turkey Ministry of National Education which was a prescribed program therefore the teachers must follow the guidelines in their training program. Actually, this defines the policy of ministry as 'one size fits to every people with disability' as O.T. Christopher Lynch said. Teachers from SD are aware of this situation however they are not allowed to change training program. There are four fixed classes for students with intellectual disabilities which are candle make up class, painting class, weaving class and jewellery design class.

His father is working as a metal turning and his mother is a housewife. He has 3 brothers and one of them has an intellectual disability, his brother has also been studying at the same school. He does not have any foundation from the government. He attends fitness classes for two hours four days in a week. He does not take either physiotherapy session or special education.

Turkey Case I has quite and friendship personality. He always observes environment and recognizes places where he was situated before. He attends candle make up class, painting class and weaving class which his school offers. He is talented to do tasks required fine motor skills.

He can handle daily self-care like taking shower, brushing teeth, shaving, going to toilet and so on. Moreover, he can manage to wake up early and to go and begin to school on time. He obeys the school rules. When his teacher criticizes and give some advises about his task at school, he follows advises from his teacher calmly. Turkey Case I. can easily

concentrate the given tasks and tries to complete them. He can read, understand what he read, count and distinguish the numbers. He is very sociable and can easily communicate with his classmates.

He had a work experience at turnery of his father. He is capable of coating iron components with zinc. Furthermore, he assisted the lathe operator to clean waste products from lathe workbench. When we asked him about the previous work, he told us that I did not like my previous job because my clothes became dirty due to occupation. He overcame the transportation from home to work or vice versa with public transportation with himself.

We asked the Turkey Case I face to face that what is perfect job for you and which type of occupation will make you happy and good. He wants to work at shopping markets at the present time because he believes that he can arrange the goods and he can help the customers to find them. Additionally, he said that he will be happy if he will find a job in public areas. He needs guidance to accomplish work tasks properly. He indicated that he can orientate himself to work hours like a regular employee.

Finally, we can advise a job to Turkey Case I to use his abilities. Moreover, we consider the happiness and satisfaction of Turkey Case I. from work environment. Indeed, as he said before, he can work at market because he can easily recognize and place the goods on shelves properly with assistance and orientation of a job coach. Moreover, his friendship, calm and good listener personality enables him to communicate with customers.

## Case Study II

### Sevgi Gamze Felek İri

Turkey Case II is a boy who is twenty years old with cerebral palsy. He has got slight paresis of his right hand and foot despite it he can walk independently and can do his self-care except shaving. Thus, his mother takes care of him for his unable daily activities. He is mentally disabled to the moderate degree. His education level is high school. He lives in Istanbul with his parents. His mother is a housewife and his father is a worker. He has one son who studies at university. None of his family members has neither intellectual nor physical disability. Turkey Case II studies in Sidika Dogruoz Vocational School for four years and also goes to a physical rehabilitation centre taking one session in a week. He drops out of the special education centre after two weeks. In vocational school, he participates the lessons that painting, making wrist band, and latch assembling. He likes playing football and running that are done more than three times a week.

Turkey Case II mastered basic skills such as reading easy texts, writing, doing mathematical exercises, remembering and so on. He can complete all duties and activities given by his teachers. He is outgoing person. His relationship with his friends is so kind that he usually makes joke them. He is careful keeping the rules of schools, environment and interpersonal relations but he cannot control his emotions when other people irritate him. In

this situation he is offended and gets angry. If he makes a mistake, he knows that requires apologizing. He is talkative but he may give different answer for questions if there are something that he wants to talk about.

At weekend, K helps his uncle who does exterior thermal sheathing. He serves tea or coffee and places billet. He wants to have an occupation. He reported us he can weave carpet and sew pillow. His teacher points out that he is happy as he learns an occupation or any new things that he is able to. The fact that, he needs help in some stage of work. For example, while weaving carpet somebody have to tie if his rope will break off or while making up pillow somebody have to do measurement of pillow and cut it. The work site is important for him because he doesn't want to work in crowded and noisy place. He said that If his employee or employer would be angry, he cannot work there. His desired working hours are between 9.00-15.00.

Finally, we can advise a job to Turkey Case II to use his abilities. Before placement him to a job, job coach must detect safe workplace because he needs to gain self-esteem and confidence. Job Coach must meet his employer and co-workers and inform them about Turkey Case II features and their attitudes to him. He has a lot of skills and become happy after learning new things so new jobs can be given to him gradually. His employer should give him positive feedback and indicate that he accomplished the given task successfully. He may work in a café or restaurant. Despite crowdedness that he can tolerate it. By this way he can break the wrong stereotypes of employer and co-workers.

## Case Study III

Güzin Kaya Aytutuldu

Turkey Case III is a twenty-year-old boy with a moderate intellectual disability. He was graduated from primary school and he has been studying at Sidika Dogruoz special education and employment school for four years. His father works as an officer and his mother is housewife. He has a brother without any intellectual or physical impairment. He does not have any foundation from the government. He does regular walking activity with his mother for three days in a week. He does not take any physiotherapy session, but he takes special education related with reading, writing and comprehension.

He is very helpful and friendly. He can easily act together with his friends and he likes helping them. He is successful about math such as addition, subtraction and rhythmic counting. He knows reading and writing. He completes the activity sheets eagerly, and he likes routine works such as jewellery design, napkin folding and distribution regularly. He attends candle make up class, painting and sewing classes.

He has self-confidence problems so although his social communication skills are enough to tell situation or events, he is very shy and has also adaptation problems to new environment He can deal with his self-care. Daily routine makes up no problem to him he can wear independently, can choose his clothing according to weather. He can wake

up early and go to school on time. He can independently make transportations. When his teacher criticizes him, he keeps calm and correct his misbehaviour, not repeat that. He can complete the given tasks smoothly.

He did not have any work experience before. According to his personality, he can do routine works so they are enjoyable for him. He feels unhappy and uncomfortable in crowded environment and requires some support for adaptation. Because of his self-confidence problems, routine manual work in a quiet environment more suitable than works required to communicate with the people in crowded places.

We consider that he works in a labelling company of shoes eagerly. He wants to stick the labels on the shoebox. The labels are separated by him according to code number of the shoeboxes. It is a routine work and he is interested in numbers. The job is not required to communicate the customers, so it is appropriate for him and he can orientate himself to work hours like a regular employee. A job coach assists him the first weeks of work and teaches the places and code numbers on the shoebox. In conclusion, we consider about the personal abilities of Turkey Case III and we recognize him with different aspects such as the positive and negative emotions depending on environment. After that we analyse the jobs in different aspects such as work environment, task analysis we decided that the labelling company is suitable job for him.

# Case Studies From Poland

**Iwona Sarna**
**Elżbieta Chałupka**
**Zuzanna Stypińsk**
**Sylwia Lipińska**
**Karol Cymerman**
**Karolina Adamczuk**
**Ewa Łukaszewicz**
**Bartosz Józefowicz**
**Monika Szulecka**
**Leszek Boheński**
The Józef Pisudski University of Physical Education

## Case Study I

Iwona Sarna
Elzbieta Chałupka

Poland Case I is a thirty-seven-years-old beneficiary of Centrum DZWONI Foundation, where she was involved in employment action plan. A support was given to her both at the beginning of her career and while she was an employee and needed some help in changing her workplace.

Poland Case I is an inhabitant of Warsaw. Since her birth she's been living with her mother, who has university education. Her father passed away. None of her family members has neither intellectual nor physical disability. The beneficiary has got a mental disability degree certificate – 01U by the ICF and moderate psychic disability - 02P according to ICF.

Poland Case I has finished primary school and basic vocational school. She was attending to occupational therapy classes for three months before she took up her first job. She doesn't participate in special education classes. She is an active person. She takes part in swimming classes and takes part in physical activities such as running, but no more than three times a week. She is slim, of medium height and physically fit, therefore

she doesn't need physiotherapy sessions. She takes sedatives and receives treatment from psychiatrist.

Poland Case I decided to work because, as she says, she wanted to have an occupation. She's been observing her mother working her whole life. Her mother became an example that she wanted to follow. After occupational therapy workshops, which took place in Centrum DZWONI, the woman made a decision about participation in free of charge, professional support project.

In order to initiate the process of entering free market job, the disability certificate and a psychological opinion were needed. Poland Case I was evaluated by ICF. She met a careers advisor and after three one-day-long lasting workshops she decided on a gastronomy job, in a catering company, which provides food and professional staff for few schools' canteens in Warsaw.

The beneficiary is independent and energetic. She can write, memorize, solve problems and concentrate better than other people with intellectual disability. Her interpersonal skills are not her strong side because of the conversation problems, inability to accept criticism and to ask for help. She focuses mostly on herself and her emotions, which she vents on others. Poland Case I doesn't realize that her biggest problem is lack of emotional control her emotions which leads to limit an ineffectiveness at work and makes maintaining good relations with others difficult. She has turbulent relationships with the men, whose presence she considers as something very important to her.

Staff included in job supporting programme are job coach, workplace boss and psychologist.

A first workplace where Poland Case I was hired in May of 2015 was a big school canteen. Her job coach who was a psychologist too. She's helped her by teaching how to carry out new tasks. The beneficiary was very uncertain if she was going to manage it. She needed support to believe in herself so that she was calling her psychologist very often, not infrequently transgressing the bounds and trying to treat her as her friend. In psychologist's opinion, Poland Case I doesn't control her emotions, by what she becomes distracted, stops listening what the others tell her and makes mistakes.

In the first placement, Poland Case I worked for one month (till the end of school year). Then she took up a job in a different canteen served by the same company, because working in the first canteen was burdening her physically. While she was initiating in a new environment, she was helped by a new job coach. The beneficiary sometimes blackmailed co-workers or even once she threatened her boss, so in December of 2015 she started new work in another canteen, where she is going to work till the end of June 2016.

Like in the previous workplaces, the new job coach supported a manageress to determine social requirements of new working environment. The job coach provides a boss with an access to the candidates for proper position. The job coach participated in job interview, to which the beneficiary was trained by the coach (proper clothes, hygiene, arrival, how to answer the questions, exchanging courtesies).

Poland Case I works from Monday to Friday between 9 AM and 2 PM. She earns 1850 PLN monthly, what is national minimum wage in Poland. She works in the kitchen, in

the canteen and as kitchen porter with around 10 people. Her responsibilities are washing the dishes after cooking, pouring compote into glasses, washing the dishes, cleaning the floors in the whole workplace, collecting plates from the tables and putting them into a sink, placing clean plates in sterilizer and putting them into special cupboard. During workday she has an hour's break for lunch. Job coach's task was to teach Poland Case I how to execute all these tasks. Also, she trained her, she informed the boss of new employee's special needs.

A help with adapting the beneficiary to new tasks and a new environment was also necessary. Within the confines of weekly monitoring the job coach supports social interactions between workers and director and together with the director she elaborates and incorporates a disciplinary procedure e.g. when the worker was overusing a mobile phone, she was threatened with being dismissed the same day. The job coach evaluates also worker's efficiency and fits efficiency management system to her e.g. if she doesn't come to work without reason she will not be paid.

The job coaches strive to make the working conditions of a person with intellectual disability as much approximated in shape as possible to those for fully adroit people. Both job coach and psychologist agree according to setting visible limits in interpersonal relations in the employment action plan and they always draw consequences if the beneficiary breaks them.

## Case Study II

**Zuzanna Stypinska**
**Sylwia Lipinska**

This part is devoted to the Poland Case II, age 27. He is mentally disabled to the moderate degree. Poland Case II lives in Warsaw with his mother, he has got two siblings. He is single. His father died a few years ago, and therefore Poland Case II became the sole earner in the house. Their material situation is rather poor.

In 2013 Poland Case II graduated from a middle school preparing to work, a type of education intended for people with intellectual disabilities. As a part of learning schedule, he was participating in several internships, working for example as an office assistant, kitchen porter and customer attendant in a restaurant. This had been his only working experience before he joined the project "Centrum DZWONI". He can use a computer, knows how to operate MsOffice Suite, he is also a capable user of the Internet.

Poland Case II mastered basic skills like reading, writing, doing mathematical exercises, remembering, concentration etc. He is also familiar with rules of interpersonal relations and code of conduct, among his interpersonal skills there are kind conversation, accepting the criticism, asking for help and others.

Poland Case II is a very self-sufficient person. Daily routine constitutes no problem to him, he dresses himself up, can pick the right type of clothing to the current weath-

er conditions. He can commute on his own, rarely needs assistance. However, moving to new places is problematic, help in travelling to unknown locations is necessary. In case any problems occurred, personal assistant is there to help him. He is open in contacts with other people; however he does not have many friends and does not spend his free time with others. Poland Case II is not scared of new experiences. He is interested in playing games on a console, he especially enjoys racing and shooting games. Occasionally he likes to ride a bicycle.

Poland Case II has never tried to look for a job on his own but was told in his school about the Project. He willingly joined "Centrum DZWONI" and, when given the opportunity to find a job, he immediately became involved. Even though at work he is thorough, scrupulous and highly motivated, he has got problems due to the fact that he is slow in performing some of his duties. He is unable to comprehend that certain assignments need to be done more efficiently.

During his cooperation with job trainers and team of other specialists Poland Case II took part in series of tests, assessment conversations and tutoring sessions. As a result of those proceedings, the data on Poland Case II concerning his abilities, competences and qualifications was collected. The proposals of the specialists were based on his expectations and capacities. Poland Case II was offered several positions and of those he chose a job at a KFC restaurant. He was working as accessory cleaning serviceman, his tasks were cleaning tables, collecting and washing trays, replacing full garbage bags with new ones etc. For the first two weeks he was working there as a trainee accompanied by a job coacher who was teaching him how to perform certain assignments. His contract lasted for another month but was finally discontinued. Then, in 2014, Poland Case II accepted a job in Starbucks and has been working there ever since. The visits of the job coach were regular at the beginning but with time he was appearing more rarely. Currently his presence is needed infrequently only when problem appears, and often it is possible to resolve issues by phone. Poland Case II is working four-hour shifts from Monday to Friday. His duties are like those from the first workplace. The daily assignment is to perform cleaning activities in the main room and backroom, once a day cleaning staff toilets and once in three days he is supposed to clean staff backroom.

In the opinion of the employer Poland Case II correctly performs his duties and there are no objections regarding his work apart from him being too slow sometimes. He is making good use of his interpersonal and communication skills. That's about it.

As Poland Case II is working part-time, he would like to find additional job or change for a new one. He would like to work as an office assistant, therefore change physical work to sedentary work. During the internship in school he had the opportunity to try working in an office and he was fond of such job. He enjoyed stamping envelopes, writing addresses and shredding documents.

The job coaches who were working with Poland Case II are happy with his results and progress. He gained new skills, became more open and thanks to that for example calls to them on his own just to talk to them, which did not happen at the beginning of their cooperation. Also, his self-confidence is on much higher level. However, they did

not manage to integrate him with the group of other participants. He does not have the need to spend time with other people. Yet, one can tell that he is breaking through his limitations, his motivation to work is increasing.

## Case Study III

**Karol Cymerman**
**Karolina Adamczuk**

Poland Case III is 33 years old man with moderate intellectual disability. Poland Case III is only one the disabled person in their family. Although, workers of Foundation suspects that his mother is also intellectual disabled. He attended a special school where he graduated from a class of the book-binder profile. He has no rehabilitation – only some workshop in the Foundation.

He and his aunt have looked for a job on their own. He found the job in car wash. He was working there a few months, but the owner was swindler. He did not get the salary. When the owner pays him, salary was ridiculously small. In view of the negative experience with the car wash, Marek with his aunt started seeking help. In 2013 they went to Foundation "Centrum Dzwoni". Analysis which was made by workers of Foundation "Centrum Dzwoni" shows Marek's strengths and weakness. He is a person who likes tidiness. He can focus on the job, but this job must be simple, and nobody should trouble him. The Foundation proposes Poland Case III work in warehouse. First, He had to work as a trainee. Practice lasts for 2 weeks. Owner of warehouse has decided to give Marek a chance. He works from Monday to Friday. He starts at 8 am and end at 4 pm. His tasks are various. He has been started by stick the labels to products which came from abroad. After few months he has started checking invoice. He must to check number of products in real and compare to amount in the invoice. He also is in charge of care about a cleanness of his workplace. In the same place work, people with more disabilities – 8 people with him. Of course, rest of co-workers are without disabilities. The warehouse is not adapted to person with disabilities – there is no needed. He had only one unpleasant situation when he started working. One of the co-workers (disabled persons) tried to hit him. This person got fired immediately. He has a very good relationship with his co-workers – he knows everybody in the company. Sometimes they meet each other outside of work. When it comes to privet life of Marek, he is quite independent. He has lived with his aunt since few years. In theory he lives alone but his aunt spends a lot of time with him. The biggest problem is using money. Poland Case III has problem with value of money. If he has whole salary, he will spend money immediately So, his aunt helps him with manage his salary – he gets allowance. He can go shopping, he goes to work alone (he must come through all the city). He can also cook for himself. In his free time, Marek spends the time with his friends – go to a party, a cinema etc.. He has a lot of hobbies. The biggest pleasure for him is going to the swimming-pool or riding a bike. In every Sunday, he goes to the

church where he serves as acolyte.

He is so nice person. When he came to the foundation, he was very shy and not assertive. Work with other people helped him. He started to speak to other people, became more confidence. He has still problem with suggestive questions. If we suggest some answer, we will get it. When we ask him about his experience or opinion about the work, we always hear only positive answer.

Poland Case III is a great example how work can help people with intellectual disabilities. After two years of work, He becomes different person – in my opinion "better person". In my view the most important in his work is contact with more amount of people. He speaks to other people every day, he experiences a new problematic situations and learns to solve it.

## Case Study IV

**Ewa Tukaszewicz**

**Bartosz Józefowicz**

Poland Case IV is a 22-year-old young woman with moderate intellectual disability. From the age of 5 she grew up in an orphanage, because her parents had died. She has a brother and sister, who have their own families. She attended a special school where she graduated from a class of the catering profile but, as she says, she does not like to cook. After coming of age and finishing the school at the primary level she began to live alone. She is fully independent in performing household tasks, doing basic grocery shopping (she knows the value of money) and moving around familiar surroundings.

A teacher from the school persuaded her to search for a job. In such way, Poland Case IV came to an employment support specialist. She was invited to a series of interviews with a psychologist and a job coach during which they acquired necessary information about her knowledge, practical skills and predispositions. She had never worked yet, but she knew that for an independent life she needed money. She appreciated independence and self-reliance and was aware that the work will help to realize her needs. She had learning difficulties and problems with reading; however, she understood the general text although she wrote illegibly and did a lot of spelling errors. She was nice and cheerful but sometimes had difficulty controlling emotions. In stressful or conflict situations, she cried or even behaved aggressively. She was very fond of animals and would love to work with them; for example, she could feed, comb and walk the dogs. She also thought about working in an office or in a shop. Unfortunately, she was quickly losing concentration, was getting distracted and giving up the task, what was the main problem in implementing the work. Therefore, after establishing her professional profile, the job coach was seeking a perfect place to practice in places where it would be possible to have continuous surveillance.

One-day workshops were held in three places where different skills could be practiced – as a kitchen help in a hospice, as a cleaning worker in a special education school,

and as a cleaning worker taking care of stairways in a block. At all the workshops she demonstrated a commitment to work, but she liked the last one the most. The employer appreciated her efforts and took her to a fortnight free practice when she was responsible for cleaning the elevators, sweeping and cleaning of stairways and corridors, dusting and collecting garbage. At the early stage she learned which cleaning products to select, practiced choosing adequate equipment for cleaning and its usage. Despite the shortcomings of her work she willingly took the coach or the employer advices. A great convenience, when performing an unknown and complex action, was a demonstration of the task by other staff or the coach. At the end of practice, she mastered all the responsibilities in a satisfactory manner, so she was employed as a cleaner.

The cleaning company, which recruited Poland Case IV, had already had experience with employing people with intellectual disabilities. The coach explained to the employer and co-workers the specificity of her disability. She carefully presented the skills and capabilities the beneficiary had as well as the limitations resulting from her disability.

She worked five days a week, 6 hours a day. Although she needed rest breaks, she performed her duties engaging strictly in assigned tasks. Initially, the problem was the commuting but after receiving tips and advices from the coach she started to arrive to her workplace by public transportation, on her own. The work did not require any special adaptation. It was, however, important to ensure a supervision, because she felt more confident performing tasks under someone's control. That was why she worked in the building where her employer lived. Thanks to this she could get an answer to the question or help during the clean-up, at any time.

After a few months, she began to neglect duties – committed many mistakes, quality of her operations worsened, and she even kept forgetting about doing some of them. The team of psychologists and trainers working in the Job Coaching Centre launched an intensive support in order to maintain employment. It turned out that she had family problems, but after talking with the employer and trainer she understood that she cannot submit domestic problems on the quality of her work. Additionally, in cooperation with herself, her coach created a list of steps of the housekeeping procedure, with a detailed description of each step, to help her perform and time the duties.

Now, after one year of employment, the support is gradually lessened. The coach keeps making sure that she, a person with intellectual disabilities, can handle the position and that she can rely on other employees. She also regularly contacts the employer and visits the beneficiary in the workplace once in two weeks monitoring her motivation and quality of work. The situation has improved, and Poland Case IV is devoted to her duties, which have even been extended to washing windows and mirrors, cleaning carpets and sweeping garages. Sometimes she skips certain stages during more complex tasks, but she does not give up and if she has questions or doubts, she consults with the trainer or employer. She tries to consistently carry out her duties because she likes to work, and it gives her satisfaction. Only a proper cooperation between the employee, employer and the team of trainers and psychologists from the Job Coaching Centre can guarantee satisfaction from being employed and can allow for continuing working against the odds.

## Case Study V

Monika Szulecka
Leszek Bohenski

Poland Case V is 35 years old men with moderate intellectual impairment because of cerebral palsy. He attended a special school and he also graduated post-secondary school with specialization of tourist information. Poland Case V is only son, he hasn't got any sibling. He has got slight paresis of his right hand, but he is absolutely self-reliant. Despite of he's quite independent in all activity daily living, he still lives with parents. his father works as a seller at the supermarket and his mother works in administration department of medical clinic.

He came to Employment Support Specialist because he wanted to earn his own money. Center "Dzwoni" was recommended him by his teacher from school. At the beginning he was invited to initial interview to discuss about his expectations, job activation process and to fill in all required documents. After qualification to the program he started a series of interviews with psychologist and job coacher. Aim of the interviews were to crate personal profile which contains basic information about him and assessment of his predispositions and practical skills. He has never worked before, but he appreciates to increase his independence he has to earn his own money. He has some problems with reading and writing, but he can read easy texts and write basic words. Much better he feels in counting and memorization. He is well-organized, conscientious and responsible. He can keep concentration for a long time. He strongly prefers motor than manual tasks. He is very talkative; he talks a lot about himself, but he can't listen to other people. He doesn't like to stay in group, because he is heavily suspicious, and he cannot get in touch with other people. He easily gets angry but in stressful situations he doesn't explode but rather closes up.

The second step of the job coaching process was 7-days group workshop with the coach. The aim of this workshop was to choose three, many places to hold short, 4-hours training course. The one-day workshops were held in– as a office worker where he was sorted documents into envelopes, as a leafleted and also as a post office worker where he was sealed documents.

The third step was two- weeks practice as a messenger boy at the town hall of Warsaw. During this practice he demonstrated that he is enough self-reliant and well-organized for this job. He learned all new duties very quickly especially getting around the city. The only one problem was to get used to other co-workers. It took few days to link up with other people. He was very concerned and curious. He took a liking to this job. The employer appreciated his efforts and hired him for the one-month trial. He was checked out again. The employer was still contented and hired him for longer time. Job coacher was support him all the time in job coaching process. He regularly contacted with the employer and visited beneficiary in the workplace once every two weeks monitoring the quality of work and resolved an issue.

Now he has been working as a messenger boy for about 6 years. It is half-time job. He works five days a week, 3,5 hours a day. He earns about 1000 zloty. The work does not require any special adaptation. He has got his own table and place to wait for papers which he has to delivers to other institutions and offices. He is a smart guy. He understands his role at work. He respects his boss and co-workers. He is very conscientious and responsible in all tasks which he gets. One and only problem sometimes is cooperation with co-workers. At times he was offending to his co-workers while he was waiting for correspondence and trouble them with working. Job coacher solved this problem and transacted computer for him, which he can use during waiting for documents. The coach waits in the wings all the time to help him in all current problems. Now, after 6 years of employment, support is gradually reduced. The coach is sure that he can handle with all tasks and that he can count on the help of other co-workers. He contacts with the employer and visits the workplace only once a month.

In this case, key step was perfect adjustment work to personality of client. He really likes his job and goes all out every day to keep his position. The employer is also satisfied with the work. The cooperation between client, job coacher and employer from the first was very good and it seems to be continued for long time.

# Case Studies From Greece

**Poimenidis Onoufrios**
**Polatoglou Michaela**
**Roukou Athina**
**Vavoulidou Smaro**
**Vlahopoulou Mary**
Alexander Technological Educational Institute of Thessaloníki

## Case Study I

**Polatoglou Michaela**
**Poimenidis Onoufrios**

Greece Case I is 37 years old lady with intellectual disability. She has graduated from Public High school of Serres, a city in the northern Greece where she currently lives with her parents and her sister. None of the family members has neither intellectual nor physical disability.

Greece Case I is completely independent and responsible for her personal hygiene. Getting up in the morning and dressing up are facts that being accomplished.

She has the ability of reading and writing with typing mistakes though. Although her memory skills are remarkable, math skills are not sufficient. Concentration issues and attention deficit has not been notified. In her leisure time she likes dancing and sports.

Her great social skills are facilitating interaction and communication with others, as well as building stable connections with her colleagues. Accepting the criticism with kindness and gentleness are making her beloved among to the environment and give her motivation for working. She is very efficient to deliver an order under specific and right guidance, which is needed to be given since she is shy and hesitant to take initiatives.

Her expectations about work have been tasks related to office duties, such as office work (filing, making Copies, office assisting). She would also be interested in fields dealing with children as a kindergarten assistant (supervising, games, and giving tasks to children). In her working experience she got two times contract (3+1 years) as a general

duty's office employee in municipality offices, so that she is responsible and quite experienced in accomplishing tasks would be given, as well as following the schedule at work.

According to her experience Greece Case I was much motivated and willing to work. Thus, job coaches have been approached municipal enterprise concerning her inclusion in the Program of Greek Manpower Employment Organization (OAED) for persons with ID as a general office employee.

A supervisor was assigned by the institution in order to orientate her and give all the requisite guidelines and instructions. She works 8 hours daily, five days in a week and carries out office duties. For instance, filing, copying (ability of using photocopy machine) and assisting in general her supervisor are some of them. Her Income is 880 euros per month, and she is fully Insurance Covered (Health Insurance). Her break time is flexible as well as the holidays.

Greece Case I is approaching her working place either on foot or by using public transportation. It is very accessible and not noisy. She has been adapted and integrated to the working environment very easily, as she became more social, co-operative and her colleagues have been satisfied. In case of an understandable order she asks for help and further explanations by them. Their relationship is very good and is governed by respect and cooperation. There is no formal hierarchy (except of the Head-Manager), which is something that assists to build better intrapersonal relationships within the employers.

All these positive outcomes where likely expected though, due to the least workload assigned to her, because of the limited expectations from the institution.

## Case Study II

### Smaro Vavoulidou

Greece Case II is a 35 years old boy, with intellectual disability. He lives and works in Serres, a small town in northern Greece. He has one brother (36 years old) with intellectual disability as well. He graduated from Second Chance School (schools for people age 18+), although he cannot read or write and does not have other education or diploma. I.K Is independent in his daily needs and he can do everything by himself.

Greece Case II behaviour depends on his mood. Generally, he is cooperative, quite fast, social and friendly. His sense of humour made him reach a lot of friends. He has to be patient with their customers and not to react with inappropriate behaviour. Sometimes he may get angry without a reason and gets easily offended and he has reduced perceptiveness. His interests are football, traditional dances, gardening, and theatre.

He works in a hospital of Serres, helping to serve the buffet. He got the job by an obligation of hospital in Serres to offer job in one person of the "KAMEA", regulated by the headmistress of the "KAMEA", who is the key person. At first, Greece Case II had a probationary period, while he was serving. Then, there was some typical training routines for new employees, and he got trained by his boss. The boss explains to Greece Case II

and the other co-workers, how to make coffee, sandwiches, how to clean the place and the tables, and how to use and clean the machines Also, he has insurance from the state. Greece Case II goes to his job at 07.00 am. At 10.30 am he has a break for 30 minutes. Usually he smokes and eat something. At 14.00 pm he goes back to home. In the begging of the working day he has to prepare the machines. Daytime, he makes coffees, sandwiches, serves or refills products. At the end of the day he has to close all the machines, clean the outside place, and lock the buffet. Once a week, he refuels and cleans of the machines. There are 2 people at the cash and 3 people that make coffee. One more person make sandwiches. They wear uniforms and follow the hygiene rules. They all wear gloves in their hands. The Transport to and from work is by bus. The period of his holidays used to be 3 weeks in August, and, in case of sickness, he has to inform his boss and then he can take some days off.

Greece Case II is happy with his job. He likes there because, as he said, is dealing with a lot of different people every day and has the chance to make new friends too. Job Coaches may help I. to be more patient. He should learn to manage his irritability too. They could talk with his boss or his co-workers and show them some ways to handle the cases of angriness. In this way, he could be better in his duties.

## Case Study III

**Athina Roukou**
**Mary Vlahopoulou**

Greece Case III is a 36 years old man with intellectual disability. He was born and lives at Serres. He is self-serviced and well organized. He has been at a Workshop for special educational and vocational training (corresponds to high school). His working experience is about 5-6 years in a business with fire brigades, stuff for firefighting but he has no other relevant qualifications or experience (driving license, truck driving certificate etc.). He found his job from a program organized (from government-OAED) for children with disabilities. Also, he is very polite, honest, earnest, very calm, and very self-controlled person but he doesn't express his feelings and he is a little lazy. He can write and read but his memory and his concentration are not his advantages. Moreover, he is very good basketball player and he also likes football, volleyball and hanging out. A person who supports him very much is the teacher from school who suggested him the job.

His preferred career is gardening at the municipal, while he has big working expectations since he is very industrious.

At his working place, every day he must clean the fire brigades, and settling in general the shop. When he started the job, his boss had the responsibility to train him for the job and Greece Case III now has State insurance, while his holidays are according to this insurance. In case he is sick he must have a conversation and ordering the daily program with boss. According to the structure of the organization, his boss was his supervisor.

Problems that have to do with his diligence and his interest would be the reason for him to be hired.

At his job he has daily routines and he must be responsible. He goes to work at 8.00 am to 2.30pm and then at 5.30 pm to 9.00 pm. He has a half or one hour break daily. Important routine for him is the replenishment of the shop with new equipment (once a week), cleaning machines, help sometimes gas stations with the settling of the fire brigades. There is one more assistant working together while his boss has the responsibility for the new crew, by giving some examples and showing them practically the tasks that needed for the job.

In his job he doesn't have special appearance. He wears his ordinary casual clothes. He goes by foot, or with bike. The shop is located to the centre of the town. Toilet was very clean, but the room was not comfortable, and the sanitary articles were old enough.

A professor of his school introduced him for the job. His advantages are the ability of cooperation, his humour and his endurance. During his break he can stay inside or outside of the shop and decide how to spend his break such as eating a snack. His break routines are half an hour per day, he can go outside the shop and have some fresh air. At the end of the day, he cleans the whole shop. In his free time, he likes playing basketball, football, volleyball and bowling. His boss didn't allow the proximity of friends, since he was very strict in his orders. In the working area there was no noise but beautiful music. The shop was very clean and sunny.

# Türkiye'de Destekli İstihdam: Yerleştir, Eğit, Sürdür
# Supported Employment In Turkey : Place, Train, Maintain

Chapter
16



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## Özet:

Günümüzde engeli olan kişilerin istihdamı önemli bir sorun olarak karşımıza çıkmaktadır. Ancak engeli olanlar arasında istihdam açısından en dezavantajlı olan gruplar zihinsel engeli olanlar ve engeli olan kadınlardır. Bunun nedenlerinin başında engeli olan kişilerin aldıkları eğitime uygun iş bulamamaları veya uygun eğitime sahip olamamaları gelmektedir. Aynı zamanda, iş verenlerin ve insan kaynakları çalışanlarının bu konuya ilgisiz olmaları veya ayrımcılık yapmaları da önemli bir sorundur.

Toplum içinde daha dezavantajlı durumdaki zihinsel, duyusal, psikolojik açıdan ağır engeli olanlar ile çoklu engeli olanlar veya otizmi olan kişilere yönelik olarak planlanan Destekli İstihdam Modeli, kişinin yeteneklerine, becerilerine ve isteklerine göre iş piyasasında uygun bir işe yerleştirilip, eğitilmeleri ve bu işte kalıcı olmalarının sağlanması çalışmalarını içermektedir. Mesleki profilin çıkarılması, iş bulma, iş analizi ve işe yerleştirme, iş ortamında eğitim, iş ortamında ve dışında takip olarak sıralanan beş temel basamaktan oluşan destekli istihdam modeli, engeli olan ve olmayanın birlikte çalışmasını, paylaşmasını, yardımlaşmasını amaçlamaktadır. Kişilerin gerçek yaşama girmelerini sağlamaktadır. Ancak özellikle zihinsel engeli olan kişilerin iş piyasasında çalışırken oluşabilecek çevresel ve insan kaynaklı problemler nedeniyle, her ne kadar aileler destekli istihdamı tercih etmek isteseler de, daha korunaklı iş alanlarında çalışmalarını da güvenli bulmaktadırlar. O nedenle destekli istihdam konusunda düzenlemeler yapılırken emniyet ve güvenliğe önem verilmelidir. Bu konuda deneyimli personel olan gereksinimden hareketle, "Job Coaching Training : Place, Train, Maintain for People with Intellectual Disabilities" (2014-1-TR01-KA204-013427) adı ile geliştirilmiş olan Avrupa Birliği Projesi

Türkiye'de üniversite düzeyinde zihinsel engeli olan bireylere yönelik olarak yapılmış olan ilk iş koçluğu projesidir. Bu proje bireysel destekli istihdam için çalışacak iş koçları yetiştirmeyi amaçlamaktadır.

## Abstract

At the present time, the employment of people with disabilities has been a major problem. However, the most disadvantaged groups in terms of employment are the people with intellectual disabilities and women with disabilities among the people with disabilities. The main reasons for this condition is that they cannot find a suitable job in accordance with their education or they cannot get appropriate education. At the same time, it is also an important question whether the employers and employees of the human resources are unconcerned or discriminated against the people with intellectual disabilities.

Supported Employment Model is designed for people with intellectual, sensory, psychological disabilities and also people with multiple disabilities or autism who are the most disadvantaged group in the society. Thus, it aims to place the people with severe disabilities to an appropriate job according to their skills, abilities and desires in the ordinary market, train them in the job place and maintain the sustainability of the job. To provide this supported employment model fallows five main steps; job profile, job finding, job analysis and job placement, education in the workplace and follow-ups at work place and outside aims to work, share and helping people each other with and without disabilities at the work environment. It allows the people to enter to the real life. However, even if the families want to prefer supported employment model, they may find the sheltered employment as much more safer due to environmental and human-related problems that may arise especially while working with people with intellectual disabilities in the ordinary job market. Therefore, safety and security should be emphasized while making arrangements for the supported employment. In this context, the requirements of the experienced staff in supported employment, The European Plus Project was developed under the title of "Job Coaching Training: Place, Train, and Maintain for People with Intellectual Disabilities (2014-1-TR01-KA204-013427)" as the first Job Coaching Project for people with intellectual disabilities in Turkey at University level. This project aimed to train job coaches to work in supported employment area.

## Giriş

Birleşmiş Milletler Engeli olan Kişilerin Hakları Sözleşmesi'nin 27. maddesi, engeli olan kişilerin engeli olmayanlar ile eşit şartlarda çalışma ve tercih ettikleri işlerde çalışarak yaşamlarını kazanma hakkına sahip olduklarını vurgulamaktadır. Bu bağlamda, iş ortamları serbest, kaynaştırmaya uygun ve erişilebilir olması gerektiğini hatırlatarak ülkelerin, toplumların bu durumlara göre düzenlemeler yapmaları gerektiğini bildirmektedir[1].

1 https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

2000 çalışmalara başlanılan ve 13 Aralık 2006 yılında yayımlanan bu sözleşme 23 Eylül 2009 tarihinde Türkiye tarafından kabul edilmiş ve protokol imzalanmıştır. Bu durumda Türkiye tüm diğer 49 madde gibi 27. maddeyi de kabul ederek, şartları yerine getireceği konusunda taahhütte bulunmuştur. Bu durum çalışmamızın konusu açısından çok önemli ve umut vericidir.

Ancak istediği bir işe girme ve o işte çalışarak yaşamını sürdürme hakkına sahip olan engeli olan kişiler için erişebilirlik ne kadar önemliyse, istihdamları konusunda toplumun bakış açısı ve gerekiyorsa algısal değişim de o denli önemlidir. Bu bağlamda, Avrupa Parlamentosu ve Komisyonu tarafından engeli olan bireylerin sosyal yaşama tam katılımlarının sağlanması ve sunulan hizmetlerden eşit olarak faydalanmalarının mümkün olması için hazırlanılan on yıllık stratejik planlamaya (European Disability Strategy 2010-2020) benzer bir çalışmanın ülkemizde de yapılması gerekmektedir.

## Ülkemizde Engeli Olan Kişilerin İstihdam Durumu:

TUİK (2010) kayıtlarına göre engeli olan kişiler toplam nüfusun %12.29'unu oluşturmaktadır. Bunun %25.6'sı uzun sureli hastalıkları (solunum, kalp ve damar hastalıkları, diyabet, hipertansiyon, kanser) ve %74.4'ü ICF (2001) tanımlamalarına göre bir engeli (fiziksel, zihinsel, görsel, işitsel ve konuşma) olan kişileri kapsamaktadır. Dünyada ise, ülkelerin sosyoekonomik ve kültürel farklılıkları nedeniyle, bu oran %5 ile %10-20 arasında değişmektedir. Her ne kadar yukarıda sözü edilen özellikleri yüksek olan toplumlarda engellilik düzeyi daha düşük olarak hissedilse de, engellilik yüzdesi yüksek olabilmektedir (Barnes, et al. 2007; Annual Disability Statistics Compendium, 2011). Örneğin, İngiltere'de 16-64 yaş arasındaki kişiler arasında bu oran %15.7'dir (EC, 2002; EU,2007). Amerika Birleşik Devletlerinde toplam nüfusun %11.9'u (Annual Disability Statistics Compendium, 2011) olan engellilik yüzdesi, Avustralya'da %18.5 (Disability, Australia, 2009), Polonya'da 14.2% ve Yunanistan'da %9.3'dür (IDRM, 2007).

Görüldüğü üzere, ülkemizde engellilik oranı dünya ortalaması içinde ortalarda olsa da, engelli istihdamı önemli bir sorun olarak karşımıza çıkmaktadır. Türkiye Engellilik Araştırması'na (2002) göre,15 yaş üstündeki engeli olan kişilerin sadece %21.71'i çalışmaktadır. %78.29'u iş gücü içinde değildir. Bunların %15.46'sı işsiz iken, %62.83'ü ekonomik olarak bağımlıdır. Ancak engeli olanlar arasında istihdam açısından en dezavantajlı olan grup %09 ile zihinsel engeli olanlardır (The Turkey Disability Survey 2002; IDRM, 2007; Oren, 2004; 2005). Bu oran Almanya ve Avusturya'da yaklaşık %20 olarak verilmiştir (Mont, 2004 ). İngiltere'de zihinsel engelli kişilerin istihdam oranı ise %10 olarak hesaplanmıştır (Beyer, Brown, Akandi, & Rapley, 2010). Ülkemizde ise, zihinsel engeli olan kişilerin işsizlik oranının diğer tip engeli olanlara göre 3.5 kat daha düşük olduğu rapor edilmektedir (Yılmaz, 2004). Ancak engeli olan bir kadın olmak kişileri daha dezavantajlı duruma getirmektedir (Randolph, 2005, Boeltzig ve diğ. 2009; Çarkçı, 2011; Özdemir, 2012). Şüphesiz zihinsel engeli olan kadın olmak da dezavantajlı olmayı daha da arttıracaktır.

2003/4857 sayılı T.C. İş Kanunu 30. maddesi gereği her 50 kişi çalıştıran Kamu kuruluşu %4 oranında ve özel sektör %3 oranında engeli olan kişi çalıştırmakla zorunludur. Ancak bu zorunluluk iş verenler tarafından gereği gibi yerine getirilmemekte, ya hafif engeli olanlar işe alınmakta (Meşhur, 2004) veya ağır engeli olanlar işe alınsa bile, işe devam etmeden ücretlerini almaları ve gizli işsiz olarak çalışanlar listesinde görünmeleri yoluna gidilmektedir. İncitici olan bu durumun saptanması veya kotanı doldurulmadığının anlaşılması üzerine kesilen cezayı ödeyen işyerine daha başka bir yaptırımda bulunulamamaktadır (Meşhur, 2004; Özbey, 2015). Aile ve Sosyal Politikalar Bakanlığı'nın İşgücü Piyasasının Engelliler Açısından Analizi (2011) çalışmasında da ifade edildiği üzere, bu kota sistemi istenildiği ölçüde etkili olamaması, istihdam açısından olumsuz sonuçlar yaratmaktadır. Dolayısıyla, istihdamın artması bakımından iş yerlerine getirilmiş olan engelli kotasının kolay, çalışabilir ve verimli bir sisteme dönüştürülmesi gerekmektedir.

İstihdamın engeli olan kişiler için ülkemizde önemli bir sorun olmasının bir diğer nedeni, engeli olan kişilerin aldıkları eğitime uygun iş bulamamaları veya uygun eğitime sahip olamamalarıdır. Ayrıca, iş verenlerin bu konuya ilgisiz olmaları veya ayrımcılık yapmaları da önemli bir sorundur (Seymen ve Bolat, 2005; Vornholt, Uitdewilligen & Nijhuis, 2013). Bu konuda yapılan çalışmalarda ulaşılan ortak sonuç, işverenlerin ve insan kaynakları sorumlularının engellilik düzeyi daha az olan kişilerin çalışma yaşamına dahil olması yönünde davranış sergiledikleridir (Yılmaz, 2004; Boyraz, 2010). Aile ve Sosyal Politikalar Bakanlığı tarafından 2011 yılında yapılmış olan İşgücü Piyasasının Engelliler Açısından Analizi (2011) çalışması da bu görüşü desteklemekte ve işverenlerin %61'inin zihinsel, psikolojik ve duygusal sorunları olan kişileri tercih etmediklerini rapor etmektedir.Oysa ki, Birleşmiş Milletler Engeli olan Kişilerin Hakları Sözleşmesi'nin başta ayrımcılığa karşı olan 4. maddesi ve istihdam ile eşit iş-eşit maaş ilkesini öne koyan 27. maddesi gereği, tüm toplum olarak davranış değişikliğine gidilmeli, engeli olan kişilere de olmayanlar ile birlikte eşit koşullarda kalıcı ve sosyoekonomik olarak tatmin edici işlerde çalışma olanakları sunulmalıdır. İstihdam geliştirme modellerinden olan *korumalı iş yeri modeli* (World Report on Disability 2011) ülkemizde yaygın olarak kullanılmakta ve Aile ve Sosyal Politikalar ve Çalışma Bakanlığı tarafından çeşitli projeler ile desteklenmektedir. Ancak, bu bağlamda en fazla üzerinde durulması gereken konu, başta iş veren ve insan kaynakları sorumluları olarak tüm toplumda davranış değişikliğine gidilmesidir (Ören, 2004; Gürsoy, 2012; Orhan, 2013).

## Korumali İş Yeri ve Destekli İstihdam

Korumalı iş yerlerinin engeli olan kişilerin mesleki becerilerinin geliştirilmesine olanak sağlaması, kişilere beceriler kazandırması ve ileriye yönelik fırsatlar sunması nedeniyle yararlı bir model olarak kabul edilmektedir. Ancak genel istihdam olanaklarıyla karşılaştırıldığında, engeli olan kişilerin üretime katkı sağladıkları halde, çoğu kez hak ettikleri maaşları kazanmalarına olanak tanınmamakta, daha düşük ücretler ile çalışma durumunda kalmaktadırlar (Cimera, 2011). Aynı zamanda, sadece engeli olan kişilerle birlikte olmak, engeli olmayan kişiler ile iletişim kurma olanaklarının sınırlı olması

nedeniyle bu tip iş ortamları sosyal kaynaşmayı zorlaştırmaktadır (Kober ve Eggleton, 2005). Buna karşın destekli istihdam modelinde (Beyer, Brown, Akandi & Rapley, 2010) kişinin yeteneklerine, becerilerine ve isteklerine göre iş piyasasındaki uygun bir işe yerleştirilip, eğitilmesi ve işte kalıcılığının sağlanması yoluna gidilmektedir (Jahoda, Banks et al. 2009, Gidugu, Rogers, 2012). Bir başka ifade ile, birlikte çalışmayı, paylaşmayı, yardımlaşmayı amaçlayan bu model, kişilerin gerçek yaşama girmelerini sağlamaktadır (Lynch, 2002). Bu nedenle, toplum içinde daha dezavantajlı durumdaki zihinsel, duyusal, psikolojik açıdan ağır engeli olanlar ile çoklu engeli olanlar veya otizmi olan kişilere yönelik olarak planlanmaktadır (Spjelkavik, 2012). Bu model, iş yerinde engeli olmayan çalışanların, idarecilerin ve iş verenleri engeli olanlar ile birlikte çalışma olanağını bulmalarına, birbirlerini tanımalarına, benimsemelerine ve farklılıklarına saygı duymayı öğrenmelerine de olanak sağlaması açısından önemlidir (Cook ve diğ., 2005). Bu şekilde oluşan olumlu davranış değişiklikleri toplumsal kaynaşmayı da sağlamaktadır (Bond ve diğ. 2001b; Kober, 2005).

Ancak, destekli istihdam ile işe yerleşenlerin, ilk 6 ay içinde işten çıkartılmaları veya ayrılmaları da oldukça sık görülmektedir. Bunun bir nedeni, özellikleri gereği, engeli olmayan kişiler arasında da işten ayrılmaların sık görüldüğü işler olmaları ve diğeri ise, engelleri nedeniyle devlet tarafından yapılan destekleri kaybetme riski olmaktadır (Bond ve diğ. 2001a). Ülkemizde de zihinsel veya ağır düzeyde engeli olan kişilerin, uygun iş bulunup, işe yerleşme olanakları söz konusu olduğunda, bu endişe -adı konmasa da- önemli bir sorun olarak ortaya çıkmakta ve hatta işe yerleşmekten vaz geçilebilmektedir. Bu durum Aile ve Sosyal Politikalar Bakanlığı tarafından ele alınmalı ve kalıcı bir şekilde engeli olan kişilerin ve ailelerin avantajlı olacakları bir şekilde çözümler getirilmelidir.

Destekli istihdam açısından karşı karşıya kalınılan bir başka durum, özellikle zihinsel engeli olan kişilerin iş piyasasında çalışırken oluşabilecek çevresel ve insan kaynaklı problemlerdir. Aileler bu olası problemler nedeniyle, her ne kadar destekli istihdamı tercih etmek isteseler de, daha korunaklı iş alanlarında çalışmalarını güvenli bulmaktadırlar (Migliore ve diğ. 2008). O nedenle destekli istihdam konusunda düzenlemeler yapılırken emniyet ve güvenliğe önem verilmelidir. Bu konuda deneyimli personelin olması özellikle önemlidir. Kamu ve özel sektörde yeterli sayıda kadrolu iş koçları, hem işe yeni yerleştirilmiş engeli olan çalışanların iş eğitimi ve işin sürdürülebilirliğini sağlarken, bir yandan da halen çalışmakta olan engellileri ve çevrenin takibini yapabileceklerdir.

## Destekli İstihdam ve İş Koçları

1980'lerde Amerika Birleşik Devletlerinde uygulanmaya başlamış olan destekli istihdam, zihinsel veya ağır fiziksel engeli, psikolojik veya duygusal sorunları olan veya otizmi olan kişinin iş yaşamında engeli olmayan kişiler ile birlikte, eşit ücret alarak ve eşit özlük haklarına sahip olarak çalışmasının sağlanmasıdır. Bu amaçla engeli olan kişinin özelliklerine ve beklentilerine uygun bir işe yerleştirilmesi ve bu işte uzun, sürekli ve verimli bir şekilde çalışmasının sağlanması için gerekli eğitimin verilmesi ve kişinin ihtiyaç duyulan aralıklarla takip edilmesini içeren bir çalışma modelidir (Beyer, de Urris, Verdugo, 2010).

Bu çalışma modelini uygulayan destekli istihdam konusunda çalışan kişi iş koçudur. Bu modelde engeli olan kişinin yeteneklerine yoğunlaşılmakta, iş koçu tarafından kişiye özel destek verilmektedir. Fiziksel, zihinsel, davranışsal veya duygusal özelliklerinin bir sonucu olarak, rekabete dayalı bir işte çalışmalarının mümkün olmadığı düşünülen, ağır engeli olan kişilerin çalışma hayatına katılmalarına olanak sağlayan bu system, iş verene de çeşitli yararlar getirmektedir (Jahoda, Banks et al.2009; Gidugu, Rogers, 2012).

## Destekli İstihdamın İçerdiği Temel Basamaklar:

Destekli istihdamın gerçekleşmesi için gerekli beş temel basamak, (1) mesleki profilin çıkarılması, (2) iş bulma, (3) iş analizi ve işe yerleştirme, (4) iş ortamında eğitim, (5) iş ortamında ve dışında takip olarak sıralanmaktadır (Rusch , Hughes, 1989). *Mesleki profil* çıkartılırken kişinin fiziksel ve zihinsel yetenekleri, yapabilecekleri ön plana çıkartılarak belirlenir, ilgi alanları, beklentileri, yapmak istedikleri, örneğin "Ne yapmak istediği? Ne olmak istediği?" sorgulanır. Bu bilgiler *iş eşleştirmesi* yapılırken "doğru işe doğru kişi" prensibi kapsamında yararlı olmaktadır. *İş bulma basamağında* hem çalışan hem de iş veren açısından en uygun işin belirlenmesi özellikle önemlidir. *İş analizi ve işe yerleştirme* basamağında, iş ve iş yeri hakkında daha kapsamlı bilgi edinme, iş koçunun iş ortamında örneğin bir hafta geçirmesi ve iş analizini yaparak işi kişiye nasıl uyarlayacağını ve iş eğitimini nasıl vereceğini planlaması gereklidir. İşe başlayan kişiye, öncelikle iş yerinin, iç ve dış çevresinin tanıtımının yapılması; iş verenin, insan kaynakları sorumlularının ve çalışanların kişi ile tanışması yoluna gidilerek işe uyumu (oryantasyonu) sağlanır. İşin öğretilmesinde iş koçu bire bir bu eğitimi verebileceği gibi, bu eğitimi vermekle sorumlu olan çalışan ile birlikte de eğitimi verebilir. Bu bağlamda, motor öğrenme prensiplerinden yola çıkarak basitten karmaşığa, kolaydan zora olacak şekilde işin kısımlara ayrılması, öğrenmeyi kolaylaştırmak için sözel, görsel, fiziksel destek ve ip uçları kullanarak eğitim vermeyi planlaması gerekmektedir. Aynı zamanda, iş eşleştirmesi yapılırken, işin kişiye daha uygun olabilmesi için işte düzenlemeler yapılması söz konusu olabilir. Örneğin, oturmaktan sıkılan otizmi olan bir genç için ara ara ayakta çalışabileceği şekilde iş dinamiğinde düzenleme yapılması söz konusu olabilir. Bu işlemler ile işin öğretilmesi engeli olan kişinin ve işin özelliklerine göre değişmekle birlikte en az 8-12 haftalık eğitim süreci gerekebilir. Eğitim iş koçları ve işte engeli olan kişiden sorumlu çalışan veya superviser ile birlikte verilirken, kişinin yavaş yavaş sorumlulukları üstlenmesi ve işin gereği olan işlemleri bizzat yerine getirmesi beklenmekte ve talep edilmektedir. İş koçunun engeli olan kişiyi giderek yalnız ve sorumlulukları ile bırakması ve onu iş ortamında fakat uzaktan izlemesi, gerektiğinde ip uçları ile gerekli komutları vermesi, düzenlemeleri yapması yani *kişiyi takip etmesi* söz konusudur. En sonunda haftalık, aylık ziyaretler ile takip etmesi ve 6 ay sonrasında telefon ile takip devreye girmektedir. Bu aşamada engeli olan kişi iş koçuna her an ulaşabileceğini ve destek alabileceğini bilmelidir. İş koçunun gerektiğinde iş yerine ziyarette bulunarak kişiyi ve çalışmasını takip etmektedir. Bu yeniden yakın takip, iş dinamiğinde, çalışanlar arasındaki ilişkilerde, çalışanlarda, kullanılan araç-gereçte, sosyal aktivitelerde vb. değişiklikler veya yeni düzenlemeler olduğu zaman,

engeli olan kişinin, iş arkadaşlarının bu yeni duruma uyum yapabilmeleri için gerekli olmaktadır. Ancak çalışma yaşamına sağlıklı bir şekilde uyum yapmış bir çalışanın bu desteğe kısa süreli ihtiyacının olması beklenmektedir (Walsh, Lynch, 1994; Lynch, 2002; Beyer, de Urris, Verdugo, 2010).

## Destekli İstihdamın Sağladığı Yararlar:

Engeli olan kişilerin iş bulmaları ve çalışmaları için ideal bir sistem olan destekli istihdam modeli, dünyanın her yerinde kullanılabilmekte, toplumların, ülkelerin kültürel özelliklerine kolaylıkla uyumları yapılabilmektedir. Örneğin, pek çok toplum için ortak kutlamalar (yaş günü, yıl başı, Noel, dini ve ulusal bayramlar vb.) veya özel günler (anneler günü, babalar günü, işçi bayramı vb.) olduğu bulunmaktadır. Ancak toplumların özelliklerine göre bu kutlamalara katılmak bireysel olduğu gibi, grup halinde de olabilmektedir. Bu noktada zihinsel engeli olan çalışanın dışlanmışlık hissetmemesi için özen göstermeye dikkat edilmelidir. Zira, bazı toplumlarda bir yaş günü kutlamasına her çalışan tek tek veya sadece panoya tutturulmuş bir not ile de davet edilebilir. Oysa ki, panodaki daveti fark etmemiş olan zihinsel engeli olan çalışan, kendisinin davet edilmediği hissine kapılabilir ve incinebilir. Bu durumda, iş koçunun toplumun kültürel özelliğine göre gerekli yönlendirmeleri, hatırlatmaları yapması gerekebilir.

Destekli istihdam modelinde her bölgenin iş piyasasına, işin özelliğine göre uyarlamaların yapılması mümkün olmaktadır. Örneğin, iş verimliliğini ve dikkati arttırmak için, rutin işlerde ara ara farklılıklar yapmak (kısa kitap okuma, bulmaca çözme veya bir cihazı toparlama veya parçalarını birleştirme vb.) veya istediği, almayı hayal ettiği ekstra izni, bir ikramiye gibi vermek. İş koçunun bu uyarlamaları planlaması ve gerektiğinde iş vereni, sorumlu çalışanı veya insan kaynaklarını uyarması söz konusu olabilir.

Destekli istihdam modeli, sadece çalışma yaşamına giren engeli olan kişiyi değil, ailesinin de kişisel gelişimini arttırmaktadır. Zira, engeli olan kadın ve erkek artık iş sahibi olarak para kazanmaktadırlar, ekonomik bağımsızlıklarını elde etmiş, gerektiğinde ailesine destek olabilen bireyler haline dönüşmüşlerdir. Toplum içinde genel yaşam alanlarını paylaşan, ilişkiler kuran, seçimler yapabilen toplumun aktif bireyleri haline gelmişlerdir ve kendilerine olan güvenleri gelişmiştir. Sonuç olarak çevresinde saygı gören, sosyal bir yaşamı olan toplumun aktif bireyleri haline gelmişlerdir.

Ailenin Kazanımlarını sıralarsak, en önemlisi çocuklarının gelişiminde aktif rol alabilmeleri, çocuklarının toplumun birer üyesi olduğunu görebilmeleri, kazandıkları becerilerini, öğrendiklerini diğer kişiler gibi etkin bir şekilde sergileyebilmelerine şahit olmaktadırlar. Gelecekten hep endişe eden anne ve babalar, çocuklarının bir geleceği olduğunu görürler ve yaşama duydukları güven artar.

Ancak bu yararları elde eden bir başka grup da iş veren ve o işteki diğer çalışanlardır. Bunlardan en önemlisi engeli olanlara özellikle ağır zihinsel engeli olanların çalışma kapasitesine karşı olan bakış açılarında yarattığı değişimdir. İş verenler engeli olanları özellikle ağır engeli olanların, zihinsel engeli olanların ücretli işlerde çalışamayacağını düşünmektedirler (Yılmaz, 2004; Boyraz, 2010; İşgücü Piyasasının Engelliler Açısından

Analizi, 2011; Vornholt, Uitdewilligen & Nijhuis, 2013). Halbuki, zihinsel engeli olanlar basit, tekrarlı işlerde başarılıdırlar. Güvenilir, devamsızlık yapmayan, kaza yapma riski düşük, işte uzun süre kalmaya niyetli çalışanlardır (Walsh, Lynch, 1994). Aynı zamanda bir iş yerinde engeli olan kişiler için iş olanaklarının yaratılması düşünülürken, iş akışı yeniden düzenlenebilir, yeni iş olanaklarının yaratılması söz konusu olabilir. Bu şekilde, işin "Var olan işler nasıl yeniden düzenlenir?" bakış açısı ile yeniden incelenmesi, tüm işe ve çalışanlara bir dinamizm getirebilir (Kamp, Lynch, 2007). Bir diğer önemli konu, müşteriler arasındaki çeşitlilik çalışanlara da yansıtılmış, toplumda kaynaştırmaya önem veren, özen gösteren bir iş yeri durumuna gelinmiş olmaktadır (Bruyère, ve diğ. 2011). Bu durum aslında tüm toplumun sosyal sorumluluğu olduğundan, destekli istihdam da kamu ve özel kuruluşların sosyal sorumluluğudur. Zira destekli istihdam insan hakları, katılım ve kaynaştırma açısından önemle üzerinde durulması ve geliştirilmesi gereken bir toplumsal yaklaşımdır.

Bu açıdan ülke politikası olarak ekonomik, hızlı ve yaygın etkiye sahip destekli istihdam modelinin benimsenmesi ve bu amaçla,

1- İstihdam politikalarının destekli istihdam modeli kapsamında yeniden düzenlenmesi,
2- İnsan kaynakları, işverenler ve çalışanların bu alanda bilgilendirilmeleri ve olumlu davranışlar göstermeleri için teşvik edilmeleri, cesaretlendirilmeleri,
3- Ailelerin ve engeli olan kişilerin hakları ve yapabilecekleri konusunda bilgilendirilmeleri,
4- Toplumda bireysel destekli istihdamda çalışabilecek bu alanda özel eğitim almış deneyimli iş koçlarının yetiştirilmesi gereklidir.

## Destekli İstihdam Projesi

Bu fikir ve gereklilikten hareketle KA2: Yenilik ve İyi Uygulama Değişimi için İşbirliği Stratejik Ortaklık Proje teklifi kapsamında Eylül 2014 - Ağustos 2016 tarihleri arasında "Job Coaching Training : Place, Train, Maintain for People with Intellectual Disabilities" (2014-1-TR01-KA204-013427) adlı Avrupa Birliği Projesi gerçekleştirdik. Bu proje süresince bireysel destekli istihdam için çalışacak iş koçları yetiştirmeyi amaçladık. Yeditepe Üniversitesi, Sağlık Bilimleri Fakültesi, Fizyoterapi ve Rehabilitasyon Bölümü Yöneticiliğinde Proje ortaklarımız Yunanistan'dan Alexander Technological Educational Institute of Thessaloniki, Fizyoterapi ve Rehabilitasyon Bölümü, polonya'dan Akademia Wychowania Fizycznego Jozefa Pilsudskiego w Warszawie, Fizyoterapi Bölümü ve Down Sendromu Derneği, Türkiye'den oluşmuştur.

Bu çalışma ile yeni mezun fizyoterapist, psikolog, psikolojik rehberlik ve danışmanlık uzmanı, hemşire ve çocuk gelişimciden oluşan bir gruba verilen iki çalıştay (Mayıs 2015 ve Temmuz 2016) İrlanda'da KARE adlı kuruluşun Ceo'su Mr. Christy Lynch tarafından verilmiştir. Toplam 49 kişi bu konuda eğitim almış ve bunların 23'ü projenin araştırmacısı olarak yer almıştır. Diğer katılımcılar Kadiköy ve Ataşehir Belediyeleri Engelliler Birimleri, Ataşehir Belediyesi Görme Engelliler Dairesi, Kartal Belediyesi, Sabancı Spastik Çocuklar Vakfı, T.C. Milli Eğitim Bakanlığı, T.C. MEB İstanbul İl Müdürlüğü, Göztepe

Özel Eğitim Okulu, Yakacık Mesleki Eğitim Okulu ve İŞKUR çalışanlarından oluşmuştur. Workshop katılımcılarından ve proje partneri olan Down Sendromu Derneği, Down Sendromu olan kişilere ve Kadiköy Belediyesi Engelliler Dairesi Otizmi olan kişiler yönelik olarak kendi iş koçluğu hizmetlerini sunmaya başlamışlardır.

Bu proje, Türkiye'de üniversite düzeyinde zihinsel engeli olan bireylere yönelik olarak yapılmış olan ilk iş koçluğu projesidir. Bu alanda öğrencilerin bilgilendirilmesi ve farkındalıklarının geliştirilmesi amacıyla seçmeli ders üç partner üniversitede İgilizce ve kendi ana dillerinde (Türkçe, Yunanca, Polonyaca) olmak üzere açılmıştır. 2015-2016 Bahar döneminde Yeditepe Üniversitesi'ndeki dersi toplam 45 öğrenci seçmeli ders olarak tamamlamışlardır. Bu öğrencilerden 1'i eczacılık, ve 1'i hemşirelik bölümü öğrencisi olup diğerleri fizyoterapi ve rehabilitasyon bölümündendi. Ayrıca bu 43 öğrenciden 4'ü Romanya ve İspanya'dan katılan Erasmus öğrencileriydiler. Öğrencilerin dönem sonu hazırladıkları sunumları ve alınan geri bildirimler, dersin verimli ve etkin geçtiğinin birer göstergesi olarak kabul edilmiştir.

Çalışmaları kapsayan bir web sitesi *(www.jobcoachingtr.com)* hayata geçirilmiştir. Partner ülkelerin konu ile ilgili sorunları, kazanımları, yapılması gerekenler vb. konularını içeren kitap İngilizce olarak hazırlanmış ve web sitesinde kullanıma açık hale getirilmiştir. Bununla birlikte bir eğitim modülü kılavuzu hazırlanılarak web sitesinde ilgililere erişime açıktır.

Bilginin yaygınlaştırılması kapsamanda Proje ve çıktıları 5. Ulusal Fizyoterapi ve Rehabilitasyon Kongresi'nde poster ve İrlanda'daki 2. Supported Employment Congress'de sözel olarak sunulmuş; engelliliğe yönelik halka açık bir ulusal fuarda yine bir poster sunum ile tanıtımı yapılmıştır.

Projenin bir diğer çıktısı 03 Mart 2016 DİSDER- Destekli İstihdam Derneği'nin (www.disder.org) kurulmasıdır. Amaçları iş koçları ile birlikte motor planlama bozuklukları, zihinsel yetersizlikleri, iletişim bozuklukları, dikkat eksikliği / hiperaktivite bozukluğu, özgül öğrenme bozukluğu veya otizm spektrumu bozukluğu olan kişiler için destekli istihdamı hayata geçirmek ve gençlere iş bulmak olarak belirlenmiştir.

Sonuç olarak, proje ve çıktılarını amacına ulaşmış olduğu kanısındayız. Yeditepe Üniversitesi öğretim elemanlarından oluşan 5 iş koçu işe yerleştirme kapsamında yedi (7) genci değerlendirerek iş analizini yapmış ve ikisini (2) işe yerleştirmiştir. Amacımız bu sayıyı arttırmak ve destekli istihdamı yerleşik bir sistem olarak T.C. Çalışma ve T.C. Aile ve Sosyal Politikalar Bakanlıklarının birer politikası haline getirmektir.

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# Economy of Supported Employment of Intellectual Disabilities In Turkey

Chapter 17



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Research on the social outcomes reveals that supported employment with intellectual disabilities is associated with an increase in social status, social inclusion, and social skills. Findings indicates that improvements in social status, social inclusion, and social skills lead to a higher job satisfaction (Flores et al, 2011; Jahoda et al., 2008; Jahoda et al., 2009; Kober & Eggleton, 2005, Forrester-Jones et al., 2004). Supported employment is also associated with a higher quality of life, mental health, and self-esteem when compared to sheltered employment and day programs (Flores et al., 2011; Forrester-Jones et al., 2004; Kober & Eggleton, 2005). Schur (2002) indicates that employment reduces social isolation and can teach people skills that increase community and political participation.

Economic outcomes of supported employment with intellectual disabilities can be evaluated by three outputs that are costs to taxpayers, costs to employers and benefits to employees.

## Cost to Taxpayers

In developed countries, governments apply different support programs for people with ID that creates an economic burden for society. In these countries' researchers try to quantify data to find the best alternative employment model for society.

Tuckerman et.al. (1999) compares the cost to government of job support of employees with intellectual disabilities (an open employment program) and the available alternatives (Commonwealth Government Disability Support Pension, Commonwealth Government funded employment programs or State Government funded community activity programs) in Australia. Comparisons with other options show job support to be a cost-effective option for government and almost revenue neutral per client for the Commonwealth Government compared to the pension after 12 months.

A study by Cimera (2008) concludes that supported employment in the United States is a better long-term investment for taxpayers. A follow up study by Cimera (2009)

demonstrated that for every tax dollar garnered by taxpayers for supported employment, they receive $1.46 in benefits. This equated to an approximate net benefit of $251.34 per person to the taxpayers.

Beside many researches on supported employment of ID, Cimera (2008) also conducted a research on cost trends of supported employment versus sheltered employment. He investigated the cost-trends of supported and sheltered employees with mental retardation as they completed one "employment cycle" (i.e., from the point they entered their programs to the point when they changed their jobs, left their program, or otherwise stopped receiving services). Data indicate that the cumulative costs generated by supported employees are much lower than the cumulative costs generated by sheltered employees ($6,618 versus $19,388). Further the cost-trend of supported employees was downward while the cost-trend of sheltered employees was slightly upward, indicating that the costs of supported employment decline over time while those of sheltered workshops increase.

## Cost to Employer

A pilot study conducted in the United States determines that adults with intellectual disabilities in supported employment arrangements have an employment retention rate that was three times higher than other employees (Cimera, 2009). This finding suggests that the high retention rate of supported employees could save employers expenses associated with hiring and training new employees. Cimera's study (2009) also proposes that supported employees produce greater net benefits to the employers when compared to non-disabled employees. Employers are often offered tax credits, government wage subsidies, and other financial incentives that make supported employment a beneficial option for employers. Cimera (2009) concludes that supported employees incur less supervisory costs than non-disabled employees; he infers that this could allow employers to reallocate or save money that is designated to supervise employees. Another research demonstrates that the long term costs of supported employment decrease over time, whereas sheltered employment or day programs tend to increase or remain constant (Cimera 2007a). Hole (2011) examines the costs and benefits of supported employment for adults with intellectual disabilities to employers and taxpayers. There are some other findings that supported employment increases efficiency, retention rate and earnings and decreases supervisory time and absenteeism in long run. (Cimera 2009a; Hole 2011; Cimera 2012, Fang et al., 2012).

## Benefits to Employees

Some research addresses the economic impact of supported employment for adults with intellectual disabilities. Schur (2002) conducted a twelve-month study in the United Kingdom to explore the effects of supported employment on earnings, benefits, and tax allowances claimed. The findings from the study reveal that employment for adults with intellectual disabilities is estimated to raise household income by 49%. Further, adults who participate in supported employment initiatives are less likely to live in poverty or

be reliant on public services for financial support. Schur's (2002) findings indicate that employment lowers the poverty rate by 20 percent points among adults with disabilities.

Cimera (2012) reviews the literature on the economics of supported employment. By comparing results from research conducted prior to, and after, several important findings were identified. The first was that individuals with disabilities fare better financially from working in the community than in sheltered workshops, regardless of their disability. This is especially true given that the relative wages earned by supported employees have increased 31.2% since the 1980s while the wages earned by sheltered employees have decreased 40.6% during the same period. Further, supported employment appears to be more cost-effective than sheltered workshops over the entire "employment cycle" and returns a net benefit to taxpayers.

In summation, studies conducted on this issue suggest that hiring adults with intellectual disabilities as supported employees generates positive economic outcomes for all interest groups.

## Cost of Supported and Sheltered Employment in Turkey

According to Turkey Disabilities Research Analysis Report (2002), the percentage of people with ID is 0.48%. Same report indicates that the most disadvantages group related with employment opportunities among the people with disabilities is the people with ID with 22.5% (Analysis of the Labour Market based on Disability Report, Ministry of Family and Social Policies, 2011).

In Turkey, some regulations have been enacted to employ the disabled. Quota regime and vocational rehabilitation and protected workplace are the most important ones of these regulations. Some incentives have been introduced for the employment of the disabled. (Erdemir, 1990; Kayacı, 2007; Seyyar, 2001). Although employer's portion of social security premium of people with disabilities is subsidized by government, surveys show that employers are very unwilling to employ them.

Based on previous studies supported employment generates fewer costs than does sheltered employment because costs of supported employment decreases over time while the cost of sheltered employment remain constant (Cimera, 2008). Total cost of an ID employee is equal to the cost of an ID employee to the *employer* and cost to the *taxpayer*.

In Turkey pursuant to relevant by-law, there is quota requirement for the employment of people with disabilities. The firms which have more than 50 employees must hire disabled employees at a number equal to at least 3% of total employees (The labour Law No.4857, article 30). If they do not provide the minimum number of employments, there is fine for each disabled employee not hired. It is 2,627 TL per disabled employee per month for 2018. However, there is no restriction about how many of these disabilities need to be ID, employers mostly prefer to hire physically disabled employees. On the other hand, under the code of sheltered employment, firms need to hire at least 8 ID employees in one sheltered workplace and number of ID employees need to be 75% of

total employees with at least 40% disabled. Currently there is no regulation related to supported employment.

This study focuses on the comparison of the expected cost of supported employment and sheltered employment of an ID employee in Turkey. It also tries to prove the argument that supported employment is a less costly alternative to sheltered employment which is currently in use in Turkey.

Table 17.1 and 17.2 show the sheltered and supported employment cost items to both employer and taxpayer in Turkey and Table 17.3 compares total costs. Pursuant to current rules and regulations in Turkey, firms must hire a full-time workplace manager and personnel trainer, and need to design a suitable workplace for ID employees under the employment of ID in a sheltered workplace.

**Table 17.1** Cost items of employment of ID people to employer under Sheltered and Supported Employment

| Sheltered Employment | Supported Employment |
|---|---|
| • **Salary of sheltered workplace manager:** The regulation in Turkey about sheltered workplaces requires hiring one manager which need to be a physiotherapist, psychologist, guidance counsellor, psychological counsellor, doctor, specialized educator, sociologist, or the labour economists. ( At least **2.384,66 TL**)<br>• **Salary of trainer:** The regulation in Turkey about sheltered workplaces requires hiring one trainer which at least graduated from vocational schools. (At least **2.384,66 TL)**<br>• **Salary of ID employee:** Total cost of any employee less government incentives for the employment of ID in the sheltered workplaces (At least **1.272,71 TL)**<br>• **Investments to sheltered workplace** to design a suitable workplace for ID employees (Depreciation of fixed assets used, or rent paid etc.) | • **Salary of ID employee:** Total cost of any employee less government incentives for the supported employment of ID (At least **2.070,09 TL)** |

**Table 17.2** Cost items of employment of ID people to Taxpayers under Sheltered and Supported Employment

| Sheltered Employment | Supported Employment |
|---|---|
| • Social Security insurance Premium Employer's share calculated based on minimum wage paid by the government for each ID personnel employed (**314,57 TL** for 2018)<br>• For each ID personnel employed the government pays the grant in aid (**797,38 TL** for 2018[1]) | • Social Security insurance Premium Employer's share calculated based on minimum wage paid by the government for each ID personnel employed (**314,57 TL** for 2018)<br>• The monthly salary of the job coach (it is assumed that job coaches are hired by İSKUR and give support approximately to 5 ID employee simultaneously **2384,66 TL**) |

**Table 17.3** Total cost of employment of ID people

| | Sheltered Employment | Supported Employment | Difference |
|---|---|---|---|
| Cost to Employer | • Cost of sheltered workplace manager per ID employee (at least) 2384,66 TL[2]/8[3] =**298,08 TL** | • Cost of workplace per person **500 TL**[4] | |
| | • Cost of trainer per ID employee (at least) 2384,66 TL/8=**298,08 TL** | • Cost of ID employee (at least) **2070,09 TL**[5] | |
| | • Cost of ID employee (at least) 1272,71 TL[6] | | |
| | • Investments of sheltered workplace **500 TL**[7] | | |
| | TOTAL= **2368,87 TL** | TOTAL= 2570,**09 TL** | **(202,06) TL** |
| Cost to Taxpayer | • Social Security insurance Premium Employer's share **314,57 TL** | • Social Security insurance Premium Employer's share **314,57 TL** | |
| | • Grant in aid **797,38 TL** | • The monthly salary of the job coach paid by İSKUR [8](at least) 2384.66/5=**476,93 TL** | |
| | TOTAL= **1106,95 TL** | TOTAL = **791,50 TL** | **315,45 TL** |
| Total Cost | 3475,82 TL | 3361,59 TL | 114,23 TL |

## Conclusion

One of the aims of this chapter is to construct an applicable framework to estimate the cost items of supported and sheltered employment of ID for different interest groups in society. The interest groups are classified as taxpayers, employers and employees. The additional outcome of the study is to compare the costs of supported employment of ID with those of sheltered employment program that has been executed currently and highly supported by the Ministry of Family and Social Policies although there are many critics of this application in literature.

As it is seen from above tables, cost of supported employment to employer is greater than the cost of sheltered employment. In literature given above there are some findings that supported employment increases efficiency, retention rate and earnings and decreases supervisory time and absenteeism in long run. These findings can be evaluated so that the cost of supported employment to employer is expected to diminish in the future. Additionally, companies will gain prestige when they hire higher percentage of people with ID. On the other hand, supported employment will prevent isolated working conditions for people with ID and provide them a more social environment where they feel more satisfied. Therefore, supported employment is more beneficial for all interest groups.

To our knowledge, no research conducted about the costs of sheltered and supported employment of people with ID in Turkey. Due to the lack of classified and clear data to estimate the economic burden of employment of people with ID, cost comparison analysis

is done under some assumptions to provide information for all interest groups. The findings of this research are expected to be a guide for decision makers in public and private institutions who are responsible to improve economic and social policies in the future.

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# Appendix 1

## Total Cost of one employee with minimum wage to the Employer in 2018

| | |
|---|---|
| Minimum Wage (Gross Payment) | 2.029,50 TL |
| **Plus:** Social Security insurance Premium Employer's share (% 15,5 of gross payment) | 314,57 TL |
| | |
| **Plus:** Unemployment Insurance Premium Employer's share | 40,59 TL |
| **Total Cost to Employer for 2018** | **2.384,66 TL** |

## Total Cost of one ID employee with minimum wage employed in sheltered workplace to the Employer in 2018

| | |
|---|---|
| Total Cost of any employee for 2018 | 2.384,66 TL |
| **Less:** Social Security insurance Premium Employer's share (% 15,5 of gross payment) | 314,57 TL |
| **Less:** Grant in aid | 797,38 TL |
| **Total Cost to Employer for 2018** | **1.272,71 TL** |

## Total Cost of one ID employee with minimum wage employed as a supported employee to the Employer in 2018

| | |
|---|---|
| Total Cost of any employee for 2018 | 2.384,66 TL |
| **Less:** Social Security insurance Premium Employer's share (% 15,5 of gross payment) | 314,57 TL |
| **Total Cost to Employer for 2018** | **2.070,09 TL** |

## (Footnotes)

1 Government pays Grant in Aid to the employer for each ID employed in sheltered workplace which is equal to payment made to the needy people over 65 ages,

The Grant in aid paid by the government between 01.01.2018 – 30.06.2018 is as follows:

Grant in aid paid to needy people over 65 ages is 797, 38 TL.

Grant in aid paid to the people who are % 40 – % 69 disabled is 1.197,44 TL.

Grant in aid paid to the people who are over % 70 disabled is 1.796,17 TL.

To have a right to receive that Grant, disabled person should not be hired and total income per family members need to be less than the 1/3 of minimum wage.

2 Total cost of one employee with minimum wage to the Employer in 2018 (see appendix 1)

3 Firms need to hire at least 8 ID employees in one sheltered workplace

4 It is assumed that the cost of workplace for one employee is 500 TL.

5 Total cost of one ID employee with minimum wage employed as a supported employee to the Employer in 2018 (see appendix 1)

6 Total cost of one ID employee with minimum wage employed in sheltered workplace to the Employer in 2018(see appendix 1)

7 It is assumed that investment of sheltered workplace per ID employee is 500 TL (firms need to hire at least 8 ID employees in one sheltered workplace) and it is equal to cost of workplace per person under supported employment.

8 ISKUR is a public institution which provides suitable jobs for employees.