Leonardo Partnership N. 2012-1-FR1-LEO04-35551:
'Adapting services for persons with disabilities to new users'

Best Practices Summary Report

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Introduction and definitions

This Summary Report on Best Practices is based on the analysis of the information provided by the partners of the Leonardo project "Adapting services for persons with disabilities to new users"and on the results of Transnational Meetings n. 4& 5 held in September and November 2013.

The information and the reflection about this subject were carried out by the following partners:

- Jugend am Werk, Austria;
- EASPD, Belgium;
- Unapei, France;
- Hand in Hand Foundation, Hungary;
- CECD Mira Sintra, Portugal;
- PSOUU Jarosław, Poland.
- Learning Disability Wales, Wales, UK.

In this report we shall use the following definitions:

"Current users" are persons with an intellectual disability;

"New users" are:

- Persons with a mental disability (that is mental health problems / mental illness);
- Persons with a dual diagnosis (persons with an intellectual disability and a mental disability);
- Persons in a situation of social exclusion (persons who do not fall neatly into a diagnosis of intellectual disability, or mental disability, or dual diagnosis, but who are vulnerable, distant from the labour market, and who need to be supported by services in order to be socially included).

Note:

Partners have used a common framework to select best practices. Nevertheless, what is regarded as a best practice in one country may be considered differently in another country, due to the varying stages of development and approaches in services for persons with disabilities.

Analysis of best practices

Using two templates, partners described best practices from their own countries concerning some of the major needs identified:

1. Better and multidisciplinary staff training
2. Networking and cooperation with experts & Health sector
3. Specific methodology
4. Better funding
5. Appropriate diagnosis
6. Training material
7. Innovative services
8. Full inclusion of users

1. Better and Multidisciplinary staff training

On this specific item all partners from the different countries have found several best practices.

The existence of multidisciplinary team working in interaction and cooperation is key to achieve high levels of efficiency and efficacy.

In the best practices mentioned, the existence of a multidisciplinary team facilitates the exchange of knowledge within the team, and between the players of social areas and the players of health areas, through the inclusion of health professionals in the team (Les Ormes, Adapei 77, FR / PSOUU Jarosław, PL).

The training of the multidisciplinary teams is critical both at the initial stage and on the on-going phase. On the job training encompassing theoretical aspects, review of practices, and practical training in mental health services, contributes to a better understanding of the different contexts and environments that surround the users, enabling a better understanding of their problems and a better design of solutions (Dûnois Residential Platform, Adapei 28, FR / Les Ormes, Adapei 77, FR / AJH, FR / CEERDL Caldas da Rainha, PT / DZWONI Centre, Jarosław, PL).

Staff annual training plans are very useful to ensure such training is conducted. Training needs must be thoroughly assessed (TRINNODD Project, FENACERCI, PT).

Specialised supervision is also a useful tool.

2. Networking and cooperation with experts & Health sector

This aspect was mentioned in the majority of best practices identified. Networking is undoubtedly a significant added value for all the players in this area: professionals from the social area, professionals from the health area, experts from all areas, families and, naturally, the users themselves. (Les Ormes, Adapei 77, FR / Maison pour l'Autisme, Adapei 79, FR / Ateliers Malecot ESAT de Lomme - Association des Papillons Blancs de Lille, FR / Dûnois Residential Platform, Adapei 28, FR / AJH, FR).

The best practices recognise the importance of a strong articulation between the two areas of knowledge (social area and health area) especially with regard to new users with dual diagnosis. This cooperation enables the delivery and continuity of better services with significant improvements to user's quality of life.

This cooperation also enables an exchange of knowledge and expertise (AJH, FR / PSOUU Jarosław, PL)

3. Specific methodology

Several best practices identified the use of the person centred approach as the chosen intervention model. Making a good diagnosis, taking into account the specific needs of each user, and intervening and reflecting in a timely manner is crucial to improving users quality of life (Les Ormes, Adapei 77, FR /Maison pour l'Autisme, Adapei 79, FR / CEERDL Caldas da Rainha, PT).

4. Better funding

Some best practices identified the necessity to have stable funding for services to work properly. In the majority of situations presented, public funding is crucial.
In other situations the service identified as best practice cannot grow or be expanded to other regions due to lack of funds. In some cases there is a risk of the service ceasing if funding is terminated.

5. Appropriate diagnosis

In several of the best practices presented, mainly with dual diagnosis users, the importance of doing a good evaluation by a multidisciplinary team that allows a correct assessment of the users' situation was highlighted.

Hand in Hand Foundation, HU uses an assessment method for the purpose of employment, called LANTEGI. This method was originally available for persons with learning disabilities but Hand in Hand Foundation adapted it to different kinds of target groups, including persons with mental health problems.

The LANTEGI method has 2 elements:
1) An assessment of the person who would like to get a job (1 page working profile with the weak points and strong points of the person) and
2) An assessment of the workplace. If the 2 profiles fit, you can be confident that the workplace will be suitable for the person.

This approach is key in the development of an individual intervention plan that will be shared with all the people that interact with the user.

6. Training material

Training courses encompass:

- Advanced training courses and special seminars in psychiatry (Jugend am Werk, AT / LOK, AT)
- Programmes on psychopathological disorders or behaviour disorders of persons with disabilities, including how to identify them, understand them, prevent them and deal with them (Les Ormes, Adapei 77, FR / AJH, FR).
- Training on dual diagnosis (Hand in Hand Foundation, HU / TRINNODD Project, FENACERCI, PT)
- Training on the topic of sexuality of the users as a lot of difficult situations arise from this issue (PSOUU Jarosław, PL)
- Snoezelen practice (Maison pour l'Autisme, Adapei 79, FR)
- Self-protection in a care environment (Maison pour l'Autisme, Adapei 79, FR)

In many cases training courses make the link between recent research results (theoretical inputs) and the concrete experience of frontline staff (e.g. through practical cases and role playing).

Training methodology can also include practical experiences in mental health services and hospitals (Jugend am Werk, AT / Dûnois Residential Platform, Adapei 28, FR / AJH, FR

The efficiency of training can be assessed (TRINNODD Project, FENACERCI, PT).

7. Innovative services

Some examples of best practices mention innovative services:

- In what concerns new users (persons with dual diagnosis, persons with intellectual disability and elderly citizens).
- Related to types of services (leisure support, small housing solutions integrated in the neighbourhood, support to the families, new services for people with mental illness, supported employment, services for the regular schools).
- Related to buildings architecture (specific areas of attention in the design of buildings and even furniture that will be used by people with disabilities or with severe behavioural problems (Maison pour l'Autisme, Adapei 79, FR).

8. Inclusion of users

In this item, all best practices identified support the idea that its users should be fully included in society. Some of the services work specifically to achieve that goal (Dûnois Residential Platform, Adapei 28, FR / DZWONI Centre, Jarosław, PL / "EuropejskieKlimaty" and GaleriaPrzedmiotu, Jarosław, PL / CAAAPD from Centro de Educação Especial Rainha Dona Leonor, Caldas da Rainha, PT / S.O.E.P. - Sector Overschrijdend Experten Platform), vzw Den Achtkanter, BE / Jugend am Werk ,AT).

Summary of Best Practices

In this section of the report we present a summary of the best practices reports produced by the partners with:

- highlights of the most relevant content of each case;
- a focus on training.

AUSTRIA

1) Jugend am Werk (Youth at work), Austria

DESCRIPTION:
Assisted living with on-call duty for persons with mental disability that live independently.

HIGHLIGHTS:

- Different housing solutions (9 persons live in 7 housing units nearby the support service post and another 14 persons live in flats in the neighbourhood).
- Different support models (intense, medium, marginal).
- Public funding (Vienna Social Funds).

FOCUS ON TRAINING:

- Obligatory psychosocial training course for every employee
- Annual training plan
- Advanced training courses in psychiatry
- Ongoing practical experiences in psychosocial services and emergency clinics

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2) LOK – Leben ohne Krankenhaus ("Living without an hospital"), Austria

DESCRIPTION:
Three occupational projects that provide persons with mental disabilities with an occupation in a real workplace designed in a way so that the individual needs and abilities of the users can be respected:
- LOK Couture (Second Hand Fashion);
- LOKal (Coffeeshop and Musicstore);
- Unverblümt LOK (Flowershop and Accessoires).

HIGHLIGHTS:

- Part-time with flexible working hours (90 persons with mental disability occupy the 57 places).

The service users are not employees subject to social insurance contribution and only receive pocket money.

- Public funding (Vienna Social Funds).

FOCUS ON TRAINING:

- Annual training plan
- Obligatory training in the psychosocial sector
- Training together with psychotherapists and psychiatrists

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LOK – Leben ohne Krankenhaus
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BELGIUM

3) S.O.E.P. (Sector Overschrijdend Experten Platform), vzw Den Achtkanter, Belgium

DESCRIPTION:

S.O.E.P. is a local initiative in the Kortrijk-environment, striving for enhancement of competency and exchange of expertise regarding the understanding and treatment of people with (intellectual) disabilities and mental health problems.

The goal of the platform is to learn from each other, to support each other, to develop tailor sized methods, to enhance competency in both sectors, by study, intervention, supervision.

HIGHLIGHTS:

- Cross sectorial platform: local services active in the field of disabilities and local services active in the field of mental health.
- Local initiative (not regional due to lack of funding).

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FRANCE

4) Dûnois Residential Platform, Adapei 28, France

DESCRIPTION:
SAVS - Service d'Accompagnement à la Vie Sociale (support service for social life dedicated to support independent living).

HIGHLIGHTS:
- Community-based support service for 15 users with dual diagnosis, with a flexible organization.
- Multidisciplinary team with regular training.
- Resource sharing concept inside the platform (residential establishments, services and a day centre).
- Works in multiple aspects of Inclusion (in the neighbourhood, inside the platform and partnership with psychiatric hospital) providing conditions for the users to live fully independent lives.

FOCUS ON TRAINING:
- Collective training policy based on action research, including training on support to persons with mental disability.
- Organisation of clinical meetings.
- Immersion placements at the hospital.

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5) Les Ormes, Adapei 77, France

DESCRIPTION:
Establishment for 52 users (day centre and residential centre) that provides services adapted to the needs of each user.

HIGHLIGHTS:
- Diagnosis and on-going assessment of needs conducted by multidisciplinary team (admission phase / periodic reviews).
- Adaptability and reactivity of the multidisciplinary team (daily coordination meetings, notebook, close contact with families).
- Diversification of services offered (day centre, full time stay, temporary stay, emergency stay).

FOCUS ON TRAINING:
- Sharing and dissemination of knowledge implemented as one of the basic principle for work (including constitution of an in-house library).
- Promotion of access to qualification diploma (curriculums include the topic of psychopathologies and behavior disorders).

- Organisation of group training on the topic of support to persons with personality and behavioural disorders in the framework of the legal obligation of the employer to train staff.
- Multidisciplinary nature of the team (transmission of experience and knowledge).
- Professionals to professionals informal training (e.g. meeting with psychiatrists).

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Les Ormes, Adapei 77
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6) Maison pour l'Autisme, Adapei 79, France

DESCRIPTION:
The House for Autism is a residential facility for 32 users which aims at providing persons with autism (included persons with autism and severe behavioural problems) with a residential environment where they can lead a positive lifestyle..

HIGHLIGHTS:
- Facility divided in 4 houses. Each house can accommodate 8 persons in individual bedrooms with a private bathroom.
- Adapted architecture (spaces for crisis and behavior problems management) and adequate furniture.
- Individual training of team members with a focus on supervision of educative practices.
- Provides holistic support to the person articulating health, social care, educative and therapeutic practices, avoiding the pitfall of one-dimensional responses. Real participation of the user in the support provided.

FOCUS ON TRAINING:
- Frequent individual training, with a focus on supervision of educative practices.
- Some professionals are specifically trained in Snoezelen practice so that they can use this option when planning personal programmes.
- Most of the team members are trained in self-protection in a care environment.

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7) AJH, France

DESCRIPTION:
Old people's home with 60 users dedicated to persons with disabilities.

HIGHLIGHTS:

- Multidisciplinary team that works with the mobile unit of the psychiatric hospital.
- Multiannual plan for the training of all professionals concerning psychopathological disorders.

FOCUS ON TRAINING:

- Development by a training provider of a tailor-made training programme on psychopathological disorders, and implementation in the association in the framework of the legal obligation of the employer to train staff.
- Support by psychiatrists: sessions to analyse practice, ad hoc support.

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8) Ateliers Malecot ESAT de Lomme - Association des Papillons Blancs de Lille, France

DESCRIPTION:

Lomme ESAT is a sheltered workshop (with 180 workers) that has a specific procedure to support new workers (assessment of needs and adaptation of support).

HIGHLIGHTS:

- The individualized plan is at the centre of the support provided.
- The new worker undergoes a period of observation, during which time the team makes an assesment, based on the information provided by other services which previously supported the worker (included medico-psychological centres), and decides on how to adapt the support.

FOCUS ON TRAINING:

- Regular training related to the evolution of users (e.g. ageing), but not specifically in the field of mental health

CONTACTS:

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HUNGARY

9) Hand in Hand Staff Training materials, Hungary

DESCRIPTION:

Hand in Hand seeks to provide appropriate training for staff members.
The aim is to prepare staff members to be able to provide services for both mental and intellectually disabled persons.

HIGHLIGHTS:

- There is accredited staff training material whose purpose is to train people who work with people with intellectual disabilities and also mental disabilities.
- The training is provided regularly (every spring and autumn).

CONTACTS:

Hand in Hand Foundation
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10) Hand in Hand Support Needs Assessment, Hungary

DESCRIPTION:

Hand in Hand developed a tool to measure the support needs of individuals living in care homes, in big institutions or alone in the community.

HIGHLIGHTS:

- The needs assessment gives detailed information about the support needs of a client. The support needs profile is built up from the time, the intensity and the type of the support assessed as being needed.
- This tool helps ensure that appropriate services are provided for individuals in all area of life, (living, workplace, well being).
- The tool is tested and usable for people with disabilities and mental disabilities, and of course, persons with dual diagnosis.
- The assessment method says that a multidisciplinary team should be built up for the assessment process. The assessment method and the outcome promote the person centred approach.
- This tool is also used to measure individual needs as part of de-institutionalisation activities, in order to help the transfer of individuals from big institutions to care homes.

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11) Hand in Hand Case Management Integrated Team, Hungary

DESCRIPTION:

The cases received by Hand in Hand labour-market services are managed within an integrated team, which includes the following professionals: special education teacher, social worker, psychologist and network coordinator.

HIGHLIGHTS:

- Currently 1/3 of those people with disabilities who have resort to Hand in Hand labour-market services, have dual diagnoses.
- In the last 2-3 years the rate of those who have dual diagnoses increased. In order to ensure their smooth integration, the participation of various professions and knowledge turned out to be necessary.
- It is not a universal practice (it is only possible through projects funded with EU funds).

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POLAND

12) DZWONI Centre, Jarosław, Poland

DESCRIPTION:

Centre for Professional Advice and Support of Persons with Intellectual Disabilities in Jarosław

HIGHLIGHTS:

- Support in all fields of life (especially the ones connected with work) based on the model of supported employment. Enables a given person to function optimally in the open job market and start an independent life.
- Strong user influence on the design and realisation of the support (high flexibility of the supporting team, reacting to current information on the beneficiary's needs, possibility of modification of approach and changing the path of development of the beneficiary after feedback).
- Real inclusion in society (having a job in the open labour market and making a contribution to society).
- Raises awareness and changes the perceptions of the way a disabled person should be treated in society.

FOCUS ON TRAINING:

- Organization of external and internal training (planned during meetings of DD sector and based on the needs of staff)
- Work with specialists (internal and external experts) - multidisciplinary teams, cooperation between social care, psychiatric hospitals and facilities supporting persons with DD and psychiatric problems

CONTACTS:

DZWONI Centre in Jaroslaw (project implemented by the Polish Association for Persons with Intellectual Disabilities Chapter in Jarosław)
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13) "EuropejskieKlimaty" / GaleriaPrzedmiotu, Jarosław, Poland

DESCRIPTION:
Professional Activity Works is a form of protected employment for persons with moderate and considerable level of disability, autism, psychological illnesses and dual diagnosis.

"EuropejskieKlimaty" is a bar that serves meals, snacks and desserts and GaleriaPrzedmiotu (Gallery of Novelties) is a shop with handcraft made by disabled people, an exhibition room and a coffee shop.

HIGHLIGHTS:
- Full integration in society.
- Disabled persons make an individual contribution to the social welfare.
- Work is adjusted taking into consideration the psychological condition and efficiency of the person.

FOCUS ON TRAINING:
- Organization of external and internal training (planned during meetings of DD sector and based on the needs of staff)
- Work with specialists (internal and external experts) - multidisciplinary teams, cooperation between social care, psychiatric hospitals and facilities supporting persons with DD and psychiatric problems

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PORTUGAL

14) Centro de Educação Especial Rainha Dona Leonor, Caldas da Rainha, Portugal

DESCRIPTION:
Socio Occupational "Forum" develops occupational and socialization activities intended not only to facilitate the empowerment and social reintegration of new users while they are dealing with mental health problems, but also support and involve families in the process.

HIGHLIGHTS:
- Socio-occupational structure integrated in the community, which contributes not only to a better social adjustment of its 15 autonomous users, but also for better social acceptance of people with mental illness and the consequent reduction of stigma.
- The multidisciplinary intervention team benefits from monthly training (case studies).

- A Psychoeducational programme aimed at families, over a period of 12 weeks. It comprises group sessions, in which strategies are shared to address the various challenges posed by this population. After the programme, there are monthly meetings in order to monitor its impact within the family.
- An institution that works mainly for people with intellectual disabilities has been reorganized to have different and specialized responses specifically aimed at people with Mental Illness.
- This differential response flowed from the particular needs of the local community and was expressed by local health services, families and other community members.

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15) Centro de Educação Especial Rainha Dona Leonor, Caldas da Rainha, Portugal

DESCRIPTION:
CAAAPD - Centro de Atendimento, Acompanhamento e Animação da Pessoa com Deficiência (technical assistance office that works to improve the quality of life of people with disability and other vulnerable groups, including people with DD).

HIGHLIGHTS:
- Serves up to 96 autonomous users.
- The intervention areas are Individual Assistance and Socio-Family; Technical Assistance and Accessibility; Community Awareness; Identification and Assessment of Needs and Potential; Contribution to Social Inclusion in Equal Opportunities.
- Launched the SMS Stigma Project - Mental Health No Stigma. The project contributed to the social acceptance of people with mental illnesses by promoting more inclusive behaviours among Caldas da Rainha students.
- An institution that mainly assists people with intellectual disabilities has been organized to have different and specialized responses specifically aimed at people with Mental Illness in order to meet the needs of the local community.

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16) TRINNODD Project – Transfer of Innovation in Dual Diagnosis, FENACERCI, Portugal

DESCRIPTION:
The TRINNODD Project was a 2-years Leonardo project aiming at updating the previous TRIADD product and transferring practice knowledge about issues related to DD to new target groups in Italy, Portugal, Spain and Romania. The project work plan was divided into 5 phases: assess the needs of professionals, users and families in the 4 partner countries, develop new training modules on the basis of TRIADD conclusions and actual partners input, deliver the training modules in partner countries, evaluate the training sessions and disseminate the project results within local, national and European networks. FENACERCI was involved in this project for Portugal.

HIGHLIGHTS:
- The existence of a national team responsible for coordination and development of awareness and training activities ensured a cohesive and comprehensive perspective
- The assessment of professionals' training needs and a pilot training programme
- Awareness raising about the need to improve the quality of access for people with intellectual disabilities to health, assessment, treatment and monitoring
- Inter-disciplinary reflection and inclusive perspective on how to improve the structuring of services, assessment, diagnosis, prevention and the treatment of people with dual diagnosis in Portugal
- It has encouraged a greater emphasis on the implementation of policies for the community-based psychosocial rehabilitation of people with mental health problems in Portugal

FOCUS ON TRAINING:
- Occupational day centres and residential units professionals' identified a need for training on assessment about dual diagnosis
- Design, planning, implementation and evaluation of a pilot training programme for these professionals was undertaken 42 professionals trained)

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WALES

17) Prison Services Reintegration Project, Parc Prison, Wales

DESCRIPTION:
Service to meet mental health, learning disability and dual diagnosis needs of offenders. Within the proposed model we agreed to train prison staff, probation officers and offenders and those at risk of reoffending the opportunity to develop skills to recognise signs and symptoms of mental distress of self and others and to develop coping strategies.

HIGHLIGHTS:

- The project brings together a mental health support charity, Gofal, a learning disability support charity, Cartrefi Cymru, with Her Majesty's Prison Parc in Bridgend. Very constructive relationships have been formed between the support charities and prison staff.
- To date the team have provided support to 154 adult male offenders with a mental health issue and/or learning disability.
- The team have been providing 'Mental Health Awareness' training to 120+ prison staff (20% of the overall staffing), looking to raise awareness of mental health issues, the signs and symptoms and offering practical advice on how to respond to individuals with such needs. The training programme is being run once a month for the duration of the project.
- The project has been operating for 3 years. It is funded via a grant from TSB Bank. Funding is a big issue and the prison population is not always seen as the most "deserving" by the general public or by certain funders.

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18) ELITE Supported Employment Agency, Wales

DESCRIPTION:

ELITE aims to enable full inclusion of users by providing bespoke vocational training and support to individuals, on a one to one basis, to enable them to achieve opportunities of paid open employment.

HIGHLIGHTS:

- This is achieved through an initial joint assessment with other professionals, to fully identify an individual's needs and co-ordinate support measures.
- Our training in systematic instruction enables independence and self-determinism within a workplace, which aids sustainability of employment, financial stability and social inclusion.
- 500 people with disabilities access ELITE's services each year, with approximately 15 to 20 people with dual diagnosis are referred to our services each year and this diagnosis may be recognised through formal or informal assessment.

- The adaptability and flexibility of the method means that it can meet the needs of individuals with intellectual disability, mental health, dual diagnosis, physical or sensory disability.
- The sustainability of the service is always an issue for us due to the cost of one to one support, provided to our users in their development.

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Conclusions

The analysis and discussion of best practices enabled us to identify key features which, while they are relevant for all users, can facilitate the adaptation of services to new users and prevent a crisis situation for the individual:

- A person-centred approach, ensuring a good knowledge of the person and that their needs are met in a timely fashion with tailored solutions. Such an approach must be formalised at an organisational level. Such an approach is facilitated by small units, good staff ratio (in some cases: one to one support), and flexibility;

- A holistic approach. This implies regular and adapted assessments, care management, a 'joined up' and close cooperation of services, well trained and supported multidisciplinary teams which can cater to mental health needs, and close cooperation with key partners (incl. the health sector and families) and exchanges of expertise;

- Community-based services and a fully inclusive approach, including in the field of work and employment. It fosters social inclusion, values the person, and gives outcomes such as an increased quality of life, a sense of purpose, self-confidence, a circle of support, and friends. It also provides an incentive to persons with dual diagnosis or mental health problems to look for the establishment of a virtuous circle.

- Welcoming communities are needed; some awareness raising efforts must be made.

Specific findings in the field of training are as follows:

- Staff training, initial and on-going, is critical. Training needs in relation to mental health and dual diagnosis must be assessed;

- On-going training can be provided through several tools: specifically designed training programmes based on up to date research and linking with front line experience; placement in mental health services; supervision;

- On-going training is facilitated by the existence of a legal framework for staff training or a staff training policy;

- Training must be evaluated;

- The existence of a multidisciplinary team and the cooperation and networking with the health sector facilitates the exchange of knowledge and expertise.

Other interesting findings are as follows:

- Attention must be paid to the environment (architecture, etc.). A quiet and stimulating environment is important for persons with dual diagnosis and mental health problems;

- Discussion groups where users can discuss their strong and weak points and how to help each other can foster good cohabitation between various types of disabilities.

- It is important to find the right job for the right person, it will help reduce mental health issues and lead to a virtuous circle of people being able to keep their job;

- Internally, it is useful for service providers to build up an action plan around dual diagnosis and mental health problems, in order to ensure a multidimensional and comprehensive strategy. Holding regular meetings around the issue foster exchanges of expertise and help assess progress.

- Many practices are transferable, in particular small things. Things need to be done step by step but with determination, with openness to various sources of funding, and spending the money wisely. Other practices might be more difficult to transfer because of differences in national contexts.

Annex 1: Case studies

Each partner has selected one of the best practices from its country to illustrate it by a case study.

Each case study below demonstrates how the service has been able to adapt itself to the needs of a person with dual diagnosis or with mental health problems.

The names used are not real names, for privacy reasons.

Austria: LOK "Das LOKal"

Mr. K. is 48 years old. Since 21 years, he lives in his own apartment in the city of Vienna.

In Mr. K´s family of origin aggression and violent assaults by his stepfather against his mother and the three children were on the daily agenda. The unemployment of his parents, alcohol abuse of the stepfather and a low household income contributed to the very tense family situation significantly. Mr. K's sister died as a child and he has no more contact with his brother since they have been placed in different children's homes.

At the age of three, Mr. K. got the diagnosis of a "low grade of mental disability". Both at the children's home and at the special school he was considered to be a very aggressive, rather introverted child who was angst-ridden and had bouts of delusions.

During his stay at the children´s home (between the age of 6 and 15), he was a runaway (sometimes he was missing for four weeks) and had frequent inpatient stays at the psychiatry for children and adolescents. Already at a young age, Mr. K. has been a juvenile delinquent. This led to several small and a two-year prison sentence. With the support of a probation officer and a social care worker, he was able to rent an apartment in a community housing. Since then, he lived quite independently with little support from his social care workers and a home help service. For several years, he is not under guardianship anymore.

According his working life, severe problems arose after his release from prison. He was unable to find a suitable job and worked in many different settings (storekeeper, cleaner, contract worker, etc). Due to his unstable psychological state, he was not able to go to work regularly and his performance at the workplace was poor. Mr. K. was stuck in the dilemma that on the one hand, work is one of society's demands and on the other hand, he is not able to achieve this goal because of his psychological state. Therefore, his delusions and fears increased and led to despair and resignation, which in turn reduced his chances to gain a foothold in the world of work.

This led to drug abuse, a suicide attempt and several inpatient stays at a psychiatric hospital. At that time, Mr. K. got the permission to attend a daily structure for persons with learning difficulties. This service was not designed for persons with mental health problems and it was lacking flexibility, but it gave Mr. K. a regular daily structure and personal support. In addition to that, he had to take responsibility for his actions for the first time in his life, which increased his self-confidence.

Through personal support of his social care workers, he was informed about the new project "Das LOKal" that is designed for persons with mental health problems and he was one of the first service users when the project opened its doors. He was also involved in the planning phase of the project. He picked up the first books, sorted out LPs and chose the prices. Since then Mr. K. is the longest-serving employee of "LOKal" and he works between two and five hours per week on two or three days. He does not work for a salary but gets some extra pocket money.

At his workplace, he has to take responsibility and deals with technical aspects (relating to books, CDs, DVDs, PC activities, coffee house, billing, etc.). In a different way from the job market, Mr. K. has the possibility to talk with social care workers during the day if necessary and there is not the threat of job loss if he cannot meet the working hours.

Mr. K. says that it is very relieving for him to have a job in which he has the feeling of being important and valuable, but does not need to fear that he will lose the job if he is late or his working results are not good enough. There are still times when he does not feel well and he can hardly leave his apartment but now he does not have to worry about his job too.

In the seven years working at "LOKal" he has had only one inpatient stay in a psychiatric hospital. It happened because he got the news that his mother died. For more than 15 years, he has not committed a crime but still consumes Cannabis sometimes.

Working at "LOKal" supports Mr. K. because he gets the feeling that he is needed and has a meaningful job. Still, especially in psychotic phases, he sometimes is afraid of losing his job because he thinks that his well-being is directly connected with his employment.

Belgium: Den Achtkanter vzw

Lies is a young woman with a moderate intellectual disability and a psychiatric history. The problems she encounters are especially panic attacks, complaints of depression, hysterical cries and unmanageable behaviour at home. She also strongly experiences psychosomatic tensions.

Her case file was submitted for discussion at 'SOEP' (cross-sector expert platform) because of the role of the parents in the behaviour of Lies. Her parents felt it was very difficult to let go. One moment, they treated her as a young woman, the other as a child. Her parents had a different understanding of 'caring' than the people accompanying the clients within the organisation. This led to mistrust between the parents and caretakers and these dynamics impacted on the behaviour of Lies.

During discussions at SOEP, different angles were considered and this led to the parents fulfilling the role of partners in the support of and care for Lies and to the parents becoming really involved. Also the transition from living in an organisation to living by herself in a studio was one of the consequences. This meant that a different parent-child relation could be developed (living more independently, parents taking up a different role of responsibility, independent from the medical responsibility they had, etc). Also her medical practitioner was involved as a partner during this process.

France: Adapei 28

About Didier

Didier is born in 1964. Due to violence towards other children during pre-school, he integrated the psychiatric hospital school. At 14 years old, he joined a special school for children with intellectual disabilities. After he turned 16, successive referrals led him, aged 19, to a sheltered workshop run by Adapei 28. Didier joined the SAVS (support service for independent living) in 1983, following his admission in the sheltered workshop. Didier rents and lives in a flat, nearby his workplace, in the town of Châteaudun. The role of the SAVS is to support him to live in the community.

Didier is diagnosed as a person with a mental disability. He is psychotic. He often faced mental distress, and was hospitalized several times. The mental illness is invasive and that has impacted his intellectual abilities.

Didier is the elder of three. His sister and his brother are married and have children. His family has always been present it Didier's life, but relationship with his family is often strained and leads to angst. His mother was his guardian until 2006. Since 2006, a non-for-profit guardianship organization, UDAF, operates as his guardian.

A containing daily support preventing hospitalisation

Each Tuesday, a SAVS worker goes with Didier for his food shopping. From time to time, Didier also receives support from the SAVS for clothes shopping, small home improvement works, paperwork, going to the doctor and various mediations which are needed with his neighbours, his family, etc.

We noticed that Didier had troubles to commit himself to his daily life. Often, the sheltered workshop complained about Didier's lack of body and oral hygiene. He would often wear a turtleneck jumper and a winter coat during summertime. The SAVS team also noticed that he was always eating the same thing in the evening. 2 or 3 times a year, Didier would get to work with holes in his hair. When he is anxious, he cut his hair in an anarchical way. He has a fixation on hair. He cannot stand it if somebody touches his head. Didier also spent his weekends on the pavement at a crossroad with a very passing road, watching the cars to subdue his loneliness.

Didier's parents had the key to his flat. They would go to his place when he was away to do the housekeeping and ironing. This would make Didier angry, but he did not manage to express it. He was living this situation as an intrusion.

How to help Didier improve his daily life? He refused any help with laundry, housekeeping and hygiene.

Since a little while, the SAVS was organizing two outings a month. Didier did not attend them. We asked him to make some proposals of activities he would like to join, instead of wandering near the crossroad. He mentioned bowling, restaurants, and clubs. We organised these activities and he attended them. Nevertheless, the other participants rejected him. They wouldn't talk with him, wouldn't seat next to him, and they even told him he smelled bad.

This acted as a trigger for Didier: he finally accepted our proposal to help him improve his body hygiene. Every evening, a special needs worker visits Didier at an agreed time (always the same time). This is when Didier takes a shower and talks with the worker about his day.

Didier is now expecting this time of the day. He mentioned it to his guardian, explaining to him that his hygiene is important for his relationship with others and for seduction.

Part of Didier's hygiene issues were linked to nocturnal enuresis. This stopped thanks to a medicine.

Since his hygiene has improved, Didier participates in all outings organized by the SAVS every second weekend. The other weekends, Didier attends activities from one of the residential facilities run by Adapei 28. He no longer spends his weekends on the side of the road.

Concerning the hair issue, we have established a partnership with two hairdressers in Châteaudun. We worked together on the adequate support for Didier. First Didier just went to have a look. Next he just got shampoos, till he accepted to get his hair cut.

After 2 years, Didier no longer takes it out on his hair when he is anxious. Instead, he comes to us to talk about it, and we have referred him to the psychologist of one of the residential facilities. Didier met with him when he needs it.

Didier passed another hurdle when he asked his parents to give him back the key of his flat. He accepted to have a housekeeper coming to his flat every Tuesday at 17:30 (while he is there). The residential facilities' laundry supervisor takes care of his laundry and helps him sort out his winter clothes and summer clothes. Didier now gets dressed according to the season.

Didier attends the cooking activity. That way he learns how to cook simple dishes. He also managed to tell us that he does not like cooking. In order to make sure that he won't eat the same thing every evening, we have arranged for the delivery of ready-prepared meals 4 times a week.

Didier also told us that he feels lonely in the evening. We have asked one of the residential facilities to have him as a guest in the evening. Since it has been implemented, Didier often comes and it seems to meet his needs. Didier knows that he can come to this facility when he wants to, even spend the night there. He already stayed there for 3 weeks, to see whether living there would better suit him or not. Since then, he has renewed such stays when he felt the need.
There is also a proper cooperation between the SAVS and Didier's guardianship organization, with meetings at least 4 times a year.

Which expectations for the future?

The support gradually implemented since 5 or 6 years provided Didier with a new balance. It enabled him, since June 2012, to be detached by his sheltered workshop to a company in the open labour market. Didier's plan is to be hired by this company and to fully leave the sheltered workshop. This detachment gives Didier more self-confidence. It's easier for him to tell us what disturbs him, without putting himself in a situation of angst which paralysed him and prevented him from living fully. Day after day he becomes aware of what he has already achieved, which makes him feel more and more free. The other users of the SAVS also saw how Didier changed: they talk with him and no longer reject him. Very recently, Didier went to the restaurant with one of them. Since the summer 2013, Didier also has a girlfriend. In the last 5 years, Didier has never been hospitalized. The psychiatrist has been able to decrease the level of medication Didier is taking due to his mental disorders.

All this demonstrates how Didier was and is able to trust the team in relation with the support it provides to him daily.

Conclusion

Our practice relies on the combination between a flexible organization with material and human resources on the one hand, and experienced, thoughtful, and demanding professionals on the other hand. No one can exist if one does not care for others.

Hungary: Hand in Hand Foundation

Nóra is one of those clients who have dual diagnosis, suffering from both mental disorder and learning disability. She has been also suffering from phobia, depression, has had several suicide intentions and still is addicted to random pills - which she finds among her mother's medicines - besides committing self-aggressive acts occasionally.

She participated in a nine-week training in order to get prepared for her new job. During this period it already turned out that Nóri had difficulties with honesty, and often got into confusing situations as well.

During the training Nóri, just as others, had opportunity to take part in trial works of different fields. It was a really hard period for her, she was full of distress which oftentimes made her angry and upset. After all, it was obvious that interdisciplinary help was needed including social work, special educational needs, psychology and psychiatry. As a result, since last November she has been in touch with diverse specialists: As her trainer, a special educational teacher helped her with preparation and integration every week for a few months. In April she successfully got hired in the field of elderly care. As every participants, Nóri got her mentor, a social worker whom with the mutual work did not work out because of different causes – e.g.: Nóri has difficulties with reverse gender - thus she got a female helper who visits her at least twice a month. Not only for Nóri but also for the mentor the present of the psychologist means a great support with her perspective. Since she joined the teamwork and Nóri sees her on every second week, has been evidently more balanced than before. As mentioned above, the 4th specialty which is involved is the psychiatry: Nóri needs a continuous medical support to decrease her stress and anxiety, so she sees a doctor regularly who controls her pills. On top of that, she attended supervision sessions which made the whole support system even more complex.

In conclusion, even though Nóri went through a lot and still suffers from instability her status has been reassuring since she works and various professional supports are ensured by the cooperation of specialists.

Poland: PSOUU Jarosław

Monika P.(22 years old) comes from a numerous, financially inefficient family due to life resourcelessness of the parents and alcoholism. Due to these factors, children (including Monika) have been transferred to Foster families.

Monika is a moderately intellectually disabled person with a coexisting mental illness (there have been periodical psychotic disorders, hallucinations, delusions connected e.g. with rape – no form of sexual abuse has been confirmed by a gynaecologist). She has graduated from vocational school but has not managed to pass the final vocational examination.

Monika repeatedly ran away from her foster family because the conditions present there, did not have a good influence on her psycho-physical development. After having left the foster family, Monika attached herself to an environment where alcohol was abused, spent her time in bars and drinking dens. When she came back to her biological family, her father started to make efforts to receive a pension that is paid, as a "start up", to a person who leaves a foster family. After having analyzed documents submitted by the parent (including the disability certificate), a worker of the Regional Centre of Family Support in Jarosław, suggested support in the form of taking part in the Occupational Activity Workshop (OAW) in Jarosław. From January 2011 Monika has become a participant of the OAW.

At first she took part in a social abilities workshop, where she spent one year. After that, she went to a household maintenance workshop where she learned how to prepare meals (thanks to which she once again took the final vocational examination).

In the OAW, Monika started to open up and talk about her problems. She talked about abuse and aggression she has suffered from the hands of her mother. She also talked about her siblings, especially her youngest sister Oliwia who has only just been born. Monika was a very thin person, usually dressed in the same, weather inappropriate clothes. In the OAW she had the chance (through participation in economical training) to buy herself new clothes and many people also brought her clothes (for her and her family). Workers of the OAW also supported Monika in finding a new dwelling place (the situation in her family home has not improved). When the Associations' Sheltered House was opened, Monika has found her place on Earth. She had her own room there, for which she could choose curtains, furniture and the colour of the walls. She had her own bed, the house was warm, the inhabitants prepared and ate meals every day.

In the OAW Monika got a proposition to develop her skills in the Occupational Support and Counselling Centre for People with Intellectual Disabilities (DZWONI Centre). She participated in the so called "tryout work" as well as group therapy with a psychologist and occupational counsellor. During the classes she was usually not very active, she was considered attractive by her colleagues who wanted to date her. The way that Monika behaved could have had an arousing impact on men (sitting position, playing with her hair, smiling). After some time, during breaks, Monika was visited by male friends from OAW. They brought her drinks, sat in the corridor and talked. Monika could skilfully manipulate people in order to receive various personal gains (also using her physical attractiveness).

Monika made friends with a few men but after some time she chose the one she wanted to date.

At the time she received a job offer in the „European Atmosphere" Bar, in which intellectually disabled and mentally ill people were supposed to be employed. She has started working as a waitress there in August 2012. There she has become a well-liked person. She has blossomed and changed physically (from a skinny girl into a woman who knows her value). The clients of the Bar ask after her, bring her flowers and Monika herself approaches her work and duties with big engagement and conscientiousness.

From the moment Monika came into the structures of PSOUU, her life has changed dramatically. Due to the fact that the support was complex and many different facilities of the Association and other institutions were engaged in it, help on such a huge scale was possible. One obstacle in supporting Monika is her dower characteristics, which are not always accepted by her surroundings. Monika can be verbally aggressive, pretensional and vehement. She needs support in situations, when problematic issues surface and she receives that support both at work and at the Sheltered House.

Thanks to talking, explaining certain dependencies, she is able to approach what is happening in her life now, with more and more responsibility. Apart from her intellectual disability, suffers from a mental illness, which in turn contributes to the fact that some of her behaviours can have a mental background and not be the result of her personal features are bad will. However, it is difficult to distinguish such situations. Surely it is essential to be consequent in supporting Monika and show her the results of her behaviour. Trust that she works for is also very important. She is learning to take responsibility for her own actions and for other people.

Currently Monika still lives in the Associations' Sheltered House, works at the Bar, she got engaged and together with her fiancée she is looking for an independent flat, where they could be supported by workers of the Association. She also dreams of becoming a mother.

Portugal: CAAAPD

This case study aims to cross the anamnesis data provided by CAAAPD service with the methodological Intervention principles adopted by the institution to meet users' needs profiles (Community based and Person Centered Model) also referring to the International Classification of Functioning, Disability and Health (ICF).

HISTORY

"Maria", now aged 30, was referred to CAAAPD in January 2005 by *Caldas da Rainha* Employment Centre, with the request to (re) structuring her life project by promoting the stimulation of personal, social and professional skills and her integration in the labor market.

"Maria" is an only child, lives with her parents in the family house in *Caldas da Rainha*. This is a family with financial resources. The significant relationships (with her parents and boyfriend) are seen as conflicting.

At the time of her first visit to the service, "Maria" had left school in the 8th grade for psychiatric decompensating episodes and learning difficulties which led to her first hospitalization.

At the time, her expectations were succeed to have driving license and be financially independent.

In terms of diagnosis in terms of development aspects data from the beginning of her school days sign up Development Delay and Learning difficulties with probable origin in a context of perinatal anoxia (premature birth at 7 months). Has co morbidity, from the point of view of her mental health, with a depression Bipolar Type II. It is followed by a psychiatrist practitioner in the community.

INTERVENTION

According to "Maria" idiosyncratic profile CAAAPD designed an intervention model focusing on the following areas:

1. Education

Information, guidance, referral and monitoring in the access to System of Validation and Certification of Competencies in order to increase her level of education (12th grade).

Finishing 9th grade which implied her personal portfolio completion, delivery and discussion (2011) she also maintained her enrollment and participation in the process for obtaining certification at the secondary level, in a secondary school in the area where she lives.

2. Employment

Information, guidance, referral and follow-up within the Technical Operations Job Search to access the labor market (employment).

"Maria" has had various working experiences, however, maintains weak resilience when delaying with frustration. That comes from the intersection of their intellectual difficulties (concentration period, thought organization, simple problem solving and decisions-making) with those arising from the psychiatry pathology, particularly in the field of intersubjectivity (impulse control and incompatibility, especially with male peers).

3. Training

Information, guidance, referral and monitoring techniques in the context of Operational Job Search to access training (Vocational Training).

"Maria" attended two "*hotel maid*" training courses, which could provide to her both with training and scholarship certification (dual certification), sponsored by IEFP (National Institute for Training and Employment) in partnership with local professional school and center, however, she dropped both during the internship.

4. Rights and benefits

Guidance and support in structuring her project life (Social skills - Relational and Citizenship and Participation)

In summary, throughout this journey, "Maria" manages to:

1. Start and maintaining a loving relationship, although some professionals refer to it as being a bit disorganizing;
2. Achieve to have her driving license;
3. Attend a “Centro Novas Oportunidades” (System of Validation and Certification of Competencies) and finish the 9th grade;
4. Act as a volunteer at the Hospital Center (serving snacks in the waiting room).

and also

5. Attended twice a dual certification course;
6. Had the opportunity of experience several work situations;
7. Experienced different services types in CEERDL, already attended “Espaço ET NET” (ICT Lab) and Socio-Occupational Forum. “Maria” left this forum because she didn’t identify herself with the colleagues she found there.

FUNCTIONAL ANALYSIS PROFILE ACCORDING WITH THE ICF

The functional profile of "Maria" is characterized by mild to moderate limitations in activity
(in performing more complex tasks that require the ability to focus attention and resilience to frustration) and severe limitations in participation (participation in real-life situations that require discernment capacity regarding multiple stimuli and consequent decision making) which arise from her Dual Diagnosis, i.e., mild intellectual disability associated with Bipolar type II depression)

Specifically, “Maria” has limitations at the following levels:

a) Learning and Application of Knowledge (ability to learn and apply the acquired knowledge, think, solve problems and decisions making) .

b) Task Management and General Requirements (ability to perform one or more complex tasks, organizing and managing stress routines).

c) Interactions and Interpersonal Relationships (ability to perform actions and behaviors necessary to establish, with familiar or strange persons basic and complex interactions in a contextual and socially appropriate way).

FINAL CONSIDERATIONS

By the above, the last assessment to “Maria” Individual Plan (in 2012) proposes to maintain the activities and objectives and referral / integration in CRP-CEERDL. Concurrently, proposed continued participation in group socio-relational sessions as well as individual visits whenever "Maria" manifests this need, seeking the resolution / orientation of situations of everyday life.

CAAAPD team assures the holistic perspective that Person with Dual Diagnosis requires: Differential diagnosis of needs, client-centered multidisciplinary intervention including self-advocacy, creativity and innovation in finding, incessantly, their users expectations accomplish and active participation in the social support community network.

Wales: Cartrefi Cymru

G is a man with a learning disability and dementia.

G moved into a house where he was supported by Cartrefi Cymru 10 years ago. He shared the house with another man who also had a learning disability. G was physically able and had verbal communication. He could be challenging on occasions which meant that he may be very vocal to staff but his behaviour could not be classed as severe. He was able to go to the shops with support and enjoyed socialising in the community. The staff did not need any training in practical ways of dealing with his challenging behaviour.

Approximately 5 years ago G's needs started to change and he was diagnosed as starting with dementia. There where times when he didn't understand what was happening and he did hit members of staff. His speech started to deteriorate and his ability to carry out domestic tasks reduced. About this time the other service user in the house moved to another setting and it was felt that G would be better in a residential home for older people with dementia and so G moved.

Three months after G moved into the residential home the staff said that they were unable to cope with G's behaviour and asked for help. The local authority asked Cartrefi if they could supply staff to do some work with G while he was in the home. When the staff went to the home to support G they found that many of the behaviours were relating to his learning disability not the dementia. He was following staff around the building and being very repetitive. He sometimes said inappropriate things to staff or other residents. After a few weeks the Cartrefi staff were regularly arriving at the home and finding that G had been given medication and that he was just sitting in a chair and not engaging with anyone. The home staff used to give the Cartrefi staff G's money and ask them to go out and buy the things that he needed without G. The staff reported this to the local authority and G was found a room in an emergency facility supported by learning disability providers. He is still in the emergency facility and is unlikely to find anywhere else to live because of his learning disability coupled with his dementia. Staff have bee trained in working with people with dementia and his environment has been adapted so that it meets his needs. It is a very different way of working for the staff but it is better than G's behaviour being managed by heavy medication which seems to be the alternative.

There are very few care homes for people who have a learning disability and dementia but there are none in Wales.

Wales: Elite Supported Employment

David was referred to ELITE for an employment service whilst in his early twenties, with his primary disability being recognised as a moderate learning disability. He was provided with a job with very part time hours initially, cleaning in a retail store. As he developed he was offered an opportunity of working in a store with 25 hours work per week. Each of his jobs had been identified through person centred planning with David making his own choices. Within each job he was provided with one to one job trainer support, with all of his tasks trained through systematic instruction and he became independent within a short period of time.

However, it was apparent to his job training staff that David also experienced depression and anxiety, which at first was quite moderate. His support staff therefore put in place coping strategies and negotiated suitable breaks, working hours and time off with his employer, ways to reduce stress when he was dealing with each of his responsibilities and met with his carer to discuss things at home and contact with his general doctor. We recommended that he requested a counselling service from his doctor, but the waiting list for this was very long. We also liaised with the local mental health team, who would not accept his referral due to his learning disability. Unfortunately, David's health deteriorated further as his father was diagnosed with terminal cancer and he was unable to continue work and took sickness absence from work.

As the local health services were unable to provide David with counselling and mental health services, ELITE intervened and contacted a Trust on David's behalf that provided flexible methods of support to people working in the retail industry. Through this Trust we were able to arrange counselling and mental health intervention support to David. This, combined with ELITE's support, enabled David to return to his work place within six weeks of initially taking sick leave. Support continued for a two month period at an appropriate level from both ELITE and the counselling system, along with appropriate medication from his doctor. During this time ELITE also needed to negotiate appropriate work terms with his employer to enable coping methods within the workplace, that were not disruptive to co-colleagues. In the long term this health issue has needed support more than the learning disability and intermittent support is planned and provided to enable David to maintain his employment. However, this can be as discreet as a phone call, to supporting and training David at work when new systems are introduced, to arranging 3 to 6 counselling sessions during periods when David recognises his trigger points.

Annex 2: Training provisions

When staff training was mentioned as one of the aspect of the best practice, partners have provided detailed information.

Austria

There is an obligatory training programme for all professionals that want to work in services for persons with mental health problems. Staff members either finish their university studies or they attend special training schools for psychosocial disorders.

All organisations do have an annual training plan for their staff and in most cases at least two training seminars each year are permitted. These training plans are bulit on assessments with staff members and this is part of the annual interviews.

In most of the services there is a multidisciplinary team and team supervision enables staff members to exchange their knowlegde.

Jugend am Werk

Beneath the obligatory psychosocial training course for every staff member there are advanced training courses in psychiatry that each staff member has to attend. Furthermore, staff members do get practical experiences in psychosocial services and emergency clinics during internships. Currently it is discussed to further standardize all trainings and to standardize advanced training lessons.

LOK

There are obligatory training courses for staff members and furthermore, special seminars with extern experts are organized (psychiatrists, psychotherapists, etc).

France

AJH

The issue of support to persons with mental health problems became important as from 2005-2006, when AJH merged with an association providing services for such persons. First, the services remained compartmentalized, but after some years it became clear that mental disability was present in all services, and that self-training from staff was not sufficient. Besides, it is important that the trainer comes from the outside to help put practices into perspective.

AJH has asked a training provider to develop a tailored-made programme on psychopathological disorders. The training is build around theoretical input and exchanges with professionals. The objectives were identified thanks to a discussion between the management team and staff (included social partners). These objectives are:
1. Recognise the various pathologies, their characteristics and their consequences
2. Sport forerunner signs and anticipate the reactions of the users
3. Know how to adapt the support and implement a more specific support
4. Express and exchange on difficulties and fears when dealing with difficult situations.

This training programme is currently being implemented in the association. All professionals facing the issue of support to users with psychopathological disorders will attend this training. It is funded by the association's yearly training plan, in the framework of the employer's legal obligation to train staff.

AJH would also like to put into place crossed immersion courses between its services and the hospital (in the framework of its cooperation agreement with the hospital). It would consist in immersion placements. Unfortunately, so far the hospital staff has no time to attend such courses. It would enable a proper support at the hospital (not just care).

Beyond these initiatives, psychiatrists working in the AJH's services also support the teams. They organise sessions to analyse practices, and also give ad hoc support.

Adapei 77

One basic principle in at "Les Ormes" centre is to share and disseminate knowledge. Staff members who attend training must share what they learnt (through presentations, sharing of sources, and the constitution of an in-house library).

The first area of action is access to qualification diploma. In the social care sector, the curriculums include the topic of psychopathologies and behavior disorders. Early 2015, the whole team will have a qualification diploma (60% of the team had no diploma when they were hired). Another action plan, for staff to get access to higher qualification diploma, is also planned.

The second area of action is the yearly association training plan (in the framework of the legal obligation of the employer to train staff). The training plan is build based on the expectations and needs which are identified during yearly interviews with staff members. Each year, one or two training sessions are organized concerning the support to persons with behavior disorders. These sessions broach the topic of personality disorders. In 2013, a session is organised for several services on the topic of behaviour disorders of persons with disabilities. Objectives are:
1. Understand the characteristics and manifestations of behaviour disorders of persons with disabilities
2. Identify, understand, and eliminate triggering factors.
3. Find ways to influence behaviours.
4. Give structure to the environment and integrate dealing with behavior disorders in the person-centred plan.

The training is based on a theoretical approach, practical cases and role playing.

The third area of action is multidisciplinarity. The work in a multidisciplinary team enables the sharing and provision of the competences, knowledge and experiences of each team member. The centre hires persons with various career paths to constitute a team experience and deepen skills and knowledge. Some persons with experience in the health sector have joined the team that way. There is a transmission of experience, and the persons who have already faced some situations can reassure the others. The weekly and daily meetings enable to exchange on practices. The centre's psychologist participates in the person-centred planning meetings and uses these opportunities to give explanations and theoretical inputs. This can also be done on an ad hoc basis.

The fourth area of action is professionals to professionals training. When a staff member goes to the doctor with a user, including the psychiatrist, he/she has the duty to ask questions which will enable him/her to understand the current and future situation of the person. That way he/she also gains knowledge of the medication and their effects on behavior.

Finally, the management has a role to play.

Adapei 28

10 years ago, the Dûnois residential platform has put into place a collective training policy. All teams are trained in the field of action research. Everything is done respecting this approach (the evaluation, the psychiatric care …).

At the end of the year, activities are assessed and this feeds into the yearly training plan. End of life care was the first issue to arise. Then it was the turn of psychiatric care. The team has difficulties to deal with users with psychopathological disorders. They disturb its approach of social care. Staff often feels powerless and that they are not respected. These difficulties arise from the fact that they know little about mental mechanisms. Therefore several areas of action have been put into place.

Following the medicalisation of part of the team, 3 clinical meetings are organised each year. The clinical cases are selected based on observation notebooks.

Since 2012, there are immersion placements at the hospital. These 3 days placements in a psychiatric service provide staff with some experience with persons with mental illness.

An action research is going to start in 2014, once every two months (5 days per services). The aim is to stop some practices and to establish some new ones. The training programme is built from the grassroots level, with also some work on feelings. The objectives of the training are:
1. Bring a theoretical and practical knowledge, in order to better manage relationship with persons with a mental disability
2. Understand the various mental mechanisms
3. Analyse support schemes and their specificity with regards to mental disability
4. Work on professionals' practices and positioning

The platform also works with a sociologist on the topic « what is support? ».

General comments

Psychopathological disorders are part of the curriculum of many of the qualifications that one finds in social care services. Nevertheless, this initial training often took place a long time ago and it is necessary to refresh it.

Hungary

Adequate trainings for staff members,

Hand In Hand Foundation has 3 accredited staff training material which trainings aim is train social professionals who work with people with different disabilities.

Our aim is prepare staff members to be able to provide services for both mental and intellectually disabled persons.

We do provide these trainings regularly, every spring and autumn semester.

In Hungary every staff member needs to collect points so they have to participate in trainings. We do have opportunity to provide these trainings by EU founds, so the staff members have the opportunity to participate for free. Sadly the staff training system is not well planned it depend on ad hoc opportunities, and EU founds.

The training materials are transferable but the training system is not.

Success factors:
Found to provide the trainings

Weaknesses:
Weakening capacity of staff members so they are so over loaded they cannot participate on trainings.

Poland

DZWONI CENTRE

Near the end of 2012, the first meeting concerning the double diagnosis sector, with participation of the DZWONI Centre members, took place. This sector deals with activities concerning persons with psychiatric illnesses as well as those with both psychiatric and intellectual disabilities throughout the Association (the participants are workers of all facilities in PSOUU).

Due to the work of this sector concrete actions, aimed at support enhancement for 'new users', have been planned and undertaken.

Organization of trainings (planned during meetings of DD sector and based on the needs of staff):
The first training was connected with the topic of sexuality of the supported beneficiaries (a lot of difficult situations are connected with this sphere especially when we are taking into account persons suffering from psychiatric illnesses and intellectual disabilities).
It is also planned to organize trainings in the field of support for beneficiaries suffering from schizophrenia, depression, shopaholizm, alcoholism etc. because supporting them become a problem (lack of knowledge, no practice).
We also have an opportunity to attend internal trainings, for example: specialists in aggression replacement share their knowledge with people, who deal with such problems, in course of their work with beneficiaries.

Work with specialists (internal and external experts):
There are talks within the multidisciplinary teams (specialists from different facilities of PSOUU are trying to discuss about a given person, solve difficult situation connected with e.g. behavior (exchange of experiences, mutual support).
Second action is meetings with the leading psychiatrist, consultations with clinical psychologists, concerning a given person (usually in psychiatric hospitals). We are also planning an informative meeting for psychiatrist, concerning double diagnosis (we are experiencing the lack of knowledge of "psychiatric staff" in the aspect of DD – there is no connection between the aspect of intellectual disability and the aspect of psychiatric problem which causes a lot of problems in the medical treatment of a person). There was an important meeting in the framework of the Podkarpackie Psychiatric and Social Care Forum where we had opportunity to exchange of experiences and good practices of the Małopolskie and Podkarpackie regions – the problem of DD was mention and the new knowledge connected with possibility of support from the hospitals and medical staff appeared. Such meetings are planned in the 2014 year (cooperation between social care, psychiatric hospitals and facilities supporting persons with DD and psychiatric problems.

EUROPEJSKIE KLIMATY/GALERIA PRZEDMIOTU

Near the end of 2012, the first meeting concerning the double diagnosis sector, with participation of the Europejskie Klimaty/Galeria Przedmiotu staff members, took place. This sector deals with activities concerning persons with psychiatric illnesses as well as those with both psychiatric and intellectual disabilities throughout the Association (the participants are workers of all facilities in PSOUU).

Due to the work of this sector concrete actions, aimed at support enhancement for 'new users', have been planned and undertaken.

Organization of trainings (planned during meetings of DD sector and based on the needs of staff):
The first training was connected with the topic of sexuality of the supported beneficiaries (a lot of difficult situations are connected with this sphere especially when we are taking into account persons suffering from psychiatric illnesses and intellectual disabilities).
It is also planned to organize trainings in the field of support for beneficiaries suffering from schizophrenia, depression, shopaholizm, alcoholism etc. because supporting them become a problem (lack of knowledge, no practice).
We also have an opportunity to attend internal trainings, for example: specialists in aggression replacement share their knowledge with people, who deal with such problems, in course of their work with beneficiaries.

Work with specialists (internal and external experts):
There are talks within the multidisciplinary teams (specialists from different facilities of PSOUU are trying to discuss about a given person, solve difficult situation connected with e.g. behavior (exchange of experiences, mutual support).
Second action is meetings with the leading psychiatrist, consultations with clinical psychologists, and often with the social care concerning a given person (usually in psychiatric hospitals).

NOTE

DZWONI Centre and Europejskie Klimaty Bar and Galeria Przedmiotu are the initiativse of PSOUU that is why general training plan is similar and the main points are the same, there are just some differences connected with the realization of the assumptions.

Portugal

Portuguese Training Modules in Dual Diagnosis – TRINNODD Project

Through TRINNODD partnership, Dual Diagnosis training modules start being developed in November 2009 in Lisbon – Portugal.

TRINNODD partners compiled is own generic guidelines, embracing the synthesis of the needs assessment, some recommendations and the results drawn from the external evaluator as well from recent research studies brought up by the research partners.

These guidelines were the starting point for all preparatory work, during that partners were invited to share information and materials. The expected outcomes were the training modules with innovation aspects included in terms of methodological, emotional and technical approaches, ready to be delivered to the identified audiences in each country.

Most important was assure the link between the recent research results and the concrete experience of frontline staff. As our external evaluator advice the partnership explicitly agreed that research partners would provide educational support resources to be spread within the partnership.All partners add access to a kit of slides informed by the current literature concerning Quality of Life, Attitudes toward disability and social inclusion, Life events approach and Family - environmental factors in pathogenesis and in intervention -. Luis Salvador Carulla (SP), Marco Bertelli and Giampalo la Malfa (IT) articles as well several references, documents, articles and pdf books from Dual Diagnosis field where shared to those involved in the project, like ESTIA (UK); TURNING POINT (UK); Royal College of Psychiatric (UK); British Psychological Society (UK); MHID – Mental Health Intellectual Disability (NL); National Association for the Dually Diagnosed (USA); POMONA Project (EU); FEAPS (SP); WORK POSITIVE (UK); NHS (UK); WHO and WPA documentation.

So partners committed themselves in incorporate the dimensions former identified supported by this literature and well as others they found useful combine of course with their extensive experience in the field on the concrete context of their own country.

For Portugal the description of these training modules is as following:

Hours	30
Trainers	Mª Filomena Amaro, Psychiatric Maria João Gonçalves, Psychologist Sónia Fontes, Psychologist Raúl Melo, Psychologist
Trainees	Staff in Occupational Day Care Centres and Residential Units: o Social workers o Therapists o Psychologists o Educators o Front Line Carers
Main Topics	- Mental health of professionals - Intellectual Disability, Mental Health Problems - Dual Diagnosis and Vulnerability factors to develop Mental Health problems - Multidisciplinary team intervention regarding DD - Stress management support strategies within the teams

To check whether or not we wore targeting the right audience and following other recommendation from the former TRIADD project that further projects should focus on the evaluation procedure, TRINNODD partners have decided to design 3 specific evaluation forms: 1) An evaluation form before the training; 2) An evaluation form right after the training; 3) A long- term evaluation carried out 6 months after the training.

This methodology could reassure us of being targeting the right audience with the contents they need to improve their work with people with DD, enhancing Quality of life of their clients, families as well as their ones.

The first questionnaire delivered (Form1) had to be completed in the beginning of the course.

The trainees attribute high importance to all topics stated in the form generally speaking, according to the number achieved by score 5 and 6 on this questionnaire, which is above 87% of the answers in every topic.

The importance given to basic knowledge about intellectual disability and mental health, how to communicate better in order to understand people's problems, the range of interventions for helping people with id and mental health problems, relationship between dual diagnosis and challenging behaviour and managing stress are equal or above to 95% when considering score 5 and 6.

As we had in mind the information compiled on our Dual Diagnosis training modules was consider of high importance to the audience we target.

The clarity of the message and of the contents were assured by the fact that each country and partner could freely transmit the most adequate information's considering their own national context and specific needs as assessed during the first TRINNODD work package. All the trainers were professionals with direct knowledge of the ID services and multidisciplinary team interventions.

The contents each partner produced as a large breadth of usage and can be easily adapted to different contexts.