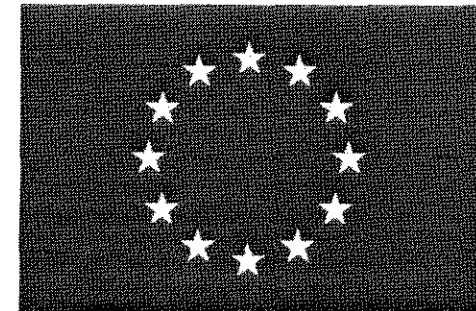
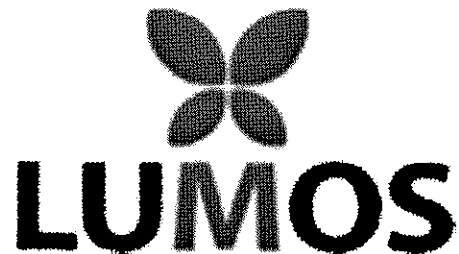


Turning Words into Action

Transnational Planning Workshop
Sofia, 18-20 September 2012



Who is here?

- Children and Young People from the Child Participation Groups
- Parents and carers
- Policy makers
- Members of the National Working Groups
- Lumos staff
- CHANGE

Our Objectives

- To learn more about the project and what's happening in the Czech Republic, Bulgaria and Serbia. (Sharing and learning from each other)
- To understand better how we can use the Better Health Better Lives Declaration to improve things for children and young people with intellectual disabilities. (Policy and practice.)
- Child participation in practice (A new way of working together.)
- Get inspired by the work of others and develop our own national action plans. (Working in country groups. "How can we make change happen in our country?")

About the Agenda Today

This Room

- EVERYBODY TOGETHER FOR THE WELCOME
- 3 country presentations
- BHBL Implementation
- EVERYBODY TOGETHER FOR CHANGE PRESENTATION & THE SELF ADVOCATES' FINAL PRESENTATION.
- Focus on transferring care from institutions to the community
- 3 country groups

The other Room

- Developing our message to the national working groups
- Feedback from the big room.
- Goodbye to self advocates

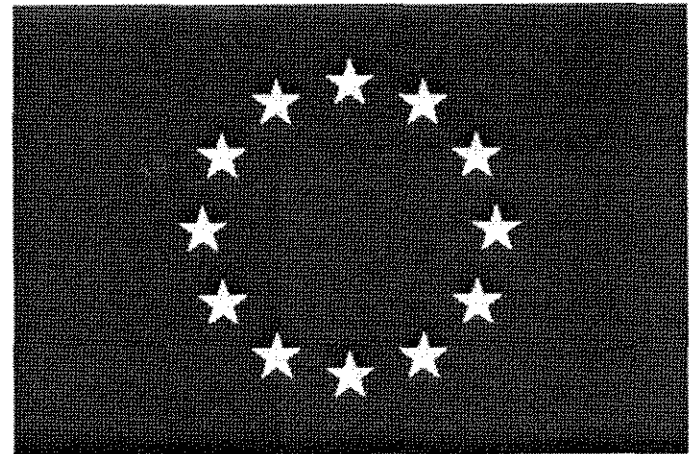
About the Agenda Tomorrow

- Evaluator's Report
- Experiences of Child Participation
(Observations from the Local Co-ordinators)
- Examples of Good Practice in Community Based Health, Education and Social Services
- Work in 3 Country Groups
- Conclusion and next steps

And...

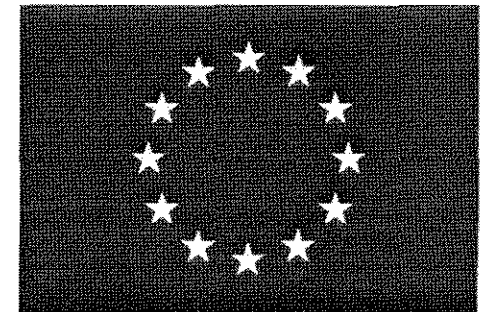
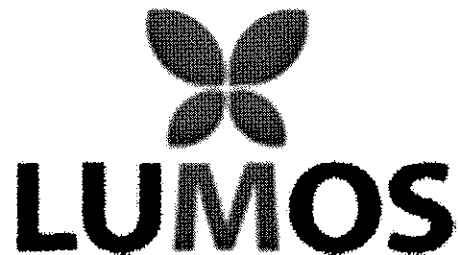
- Parallel sessions - time keeping
- Avoid jargon – remember the interpreters
- Facilitators – Nolan and David
- Filming
- Evaluation forms

With thanks to the
European Union Social
Innovation Fund



Turning Words into Action

Strengthening our Understanding of
the Better Health Better Lives
Declaration



Better Health Better Lives

Better Health Better Lives (BHBL)

- About BHBL
- How can we use it to “turn words into action”
- The priorities identified so far by the national working groups and child participation groups.
- Priority 7: Self Advocacy
- Priority 6: Family Support
- Priority 8: Human Resources and Personnel

BHBL Priority 7:
**Empower children and young people with
intellectual disabilities to contribute to
decision-making about their lives**

Children and young people with intellectual disabilities can and will make their needs and wishes known and contribute to their community, given appropriate support and a receptive environment. Family members and advocates also need encouragement and support to make themselves heard.

EXAMPLES...

BHBL Priority 6: Safeguard the health and well-being of family carers

In order for a child with intellectual disabilities to grow up and develop within a family, the health and well-being of the family as a whole should be supported. Enabling families to care for their child from the time of identification of intellectual disability through to adulthood can prevent harmful family strain or rejection of the disabled child.

EXAMPLES...

BHBL Priority 8: Build workforce capacity and commitment

The well-being of children and young people with intellectual disabilities is strongly reliant on the knowledge, skills, attitudes and commitment of staff in all settings and sectors.

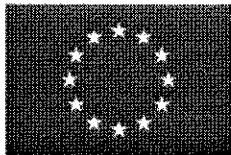
EXAMPLES....

“Turning Words into Action”

Enabling the Rights and Inclusion of Children with Intellectual Disabilities in Europe

This project is supported by the European Union's Programme for Employment and Social Solidarity - PROGRESS (2007-2013).

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STEERING COMMITTEE MEMBERS

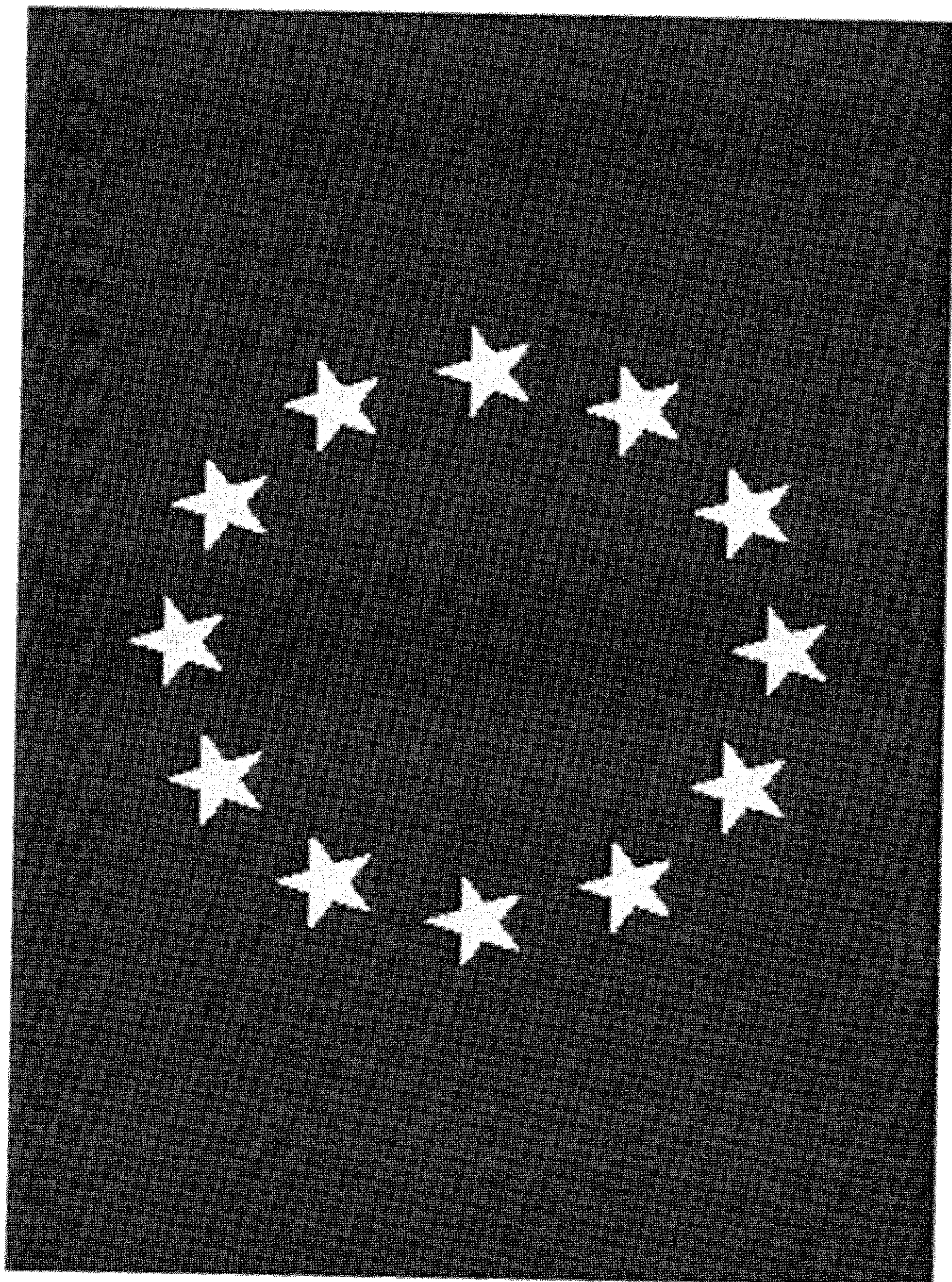
- 2 self advocates (parallel session 20/12/11)
- Parent of a child with a learning disability
- WHO
- International experts involved in the BHBL initiative
- Implementing partners: Karin Dom Foundation (Bulgaria), Pardubice County (Czech Republic)
- Lumos staff

ROLE OF STEERING COMMITTEE

- Governance body
- Support, help, listen & offer feedback to those implementing the project
- Monitor progress and contribute to internal evaluation
- Check uses of finances

MAKING THE MOST OF THE STEERING COMMITTEE and its MEMBERS

- Expert Mentors of National Working Groups
- Facilitators for Transnational Workshops
- Contributing to project documents
- Providing ad-hoc support
- Engaging 'upwards and outwards' to promote and inform wider action on the Declaration

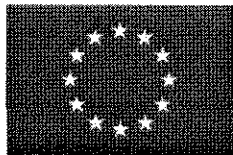


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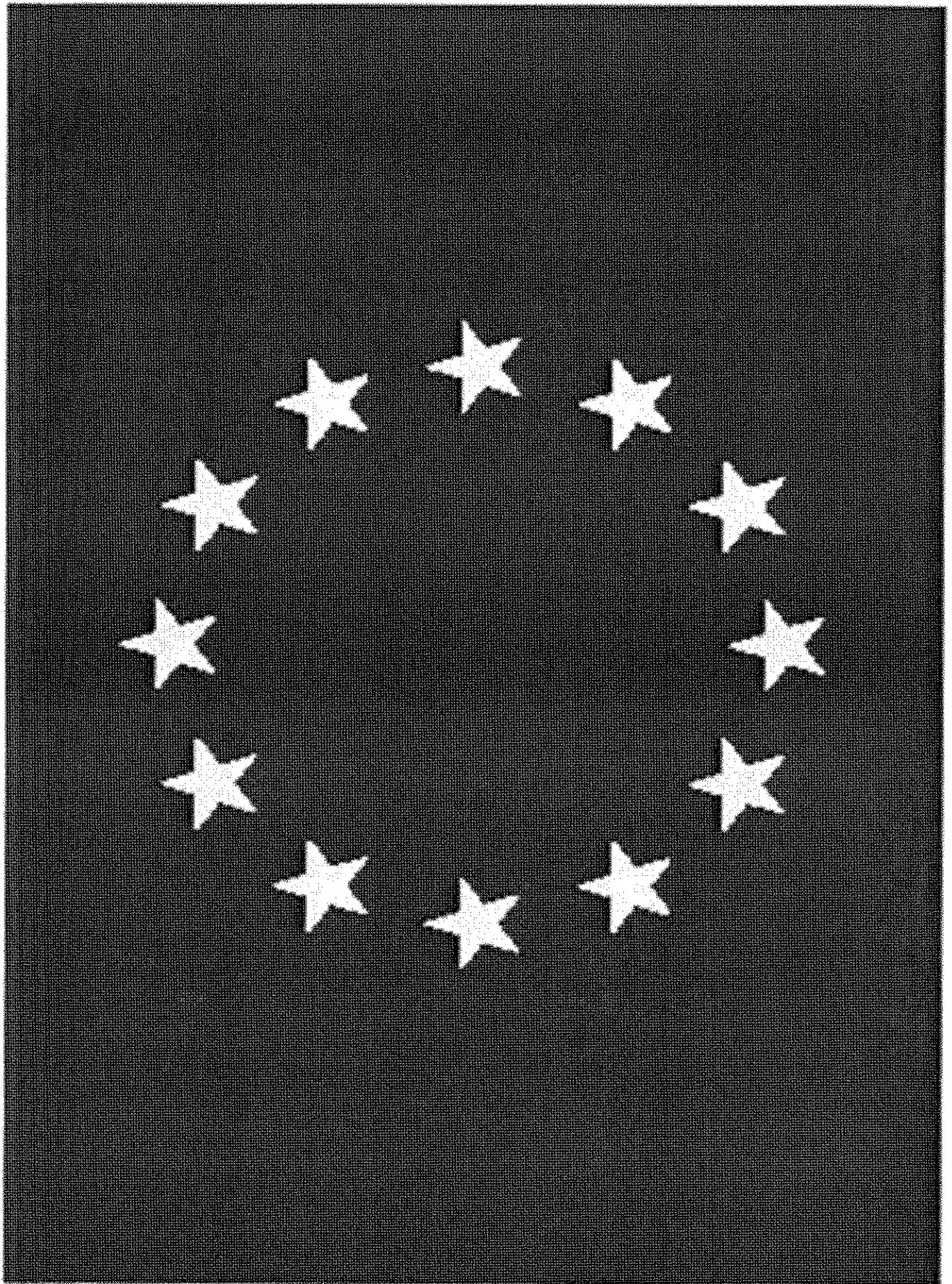
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“Turning Words into Action”

Enabling the Rights and Inclusion of Children with Intellectual Disabilities in Europe

First Steering Committee Meeting, 2011 11 24, London.

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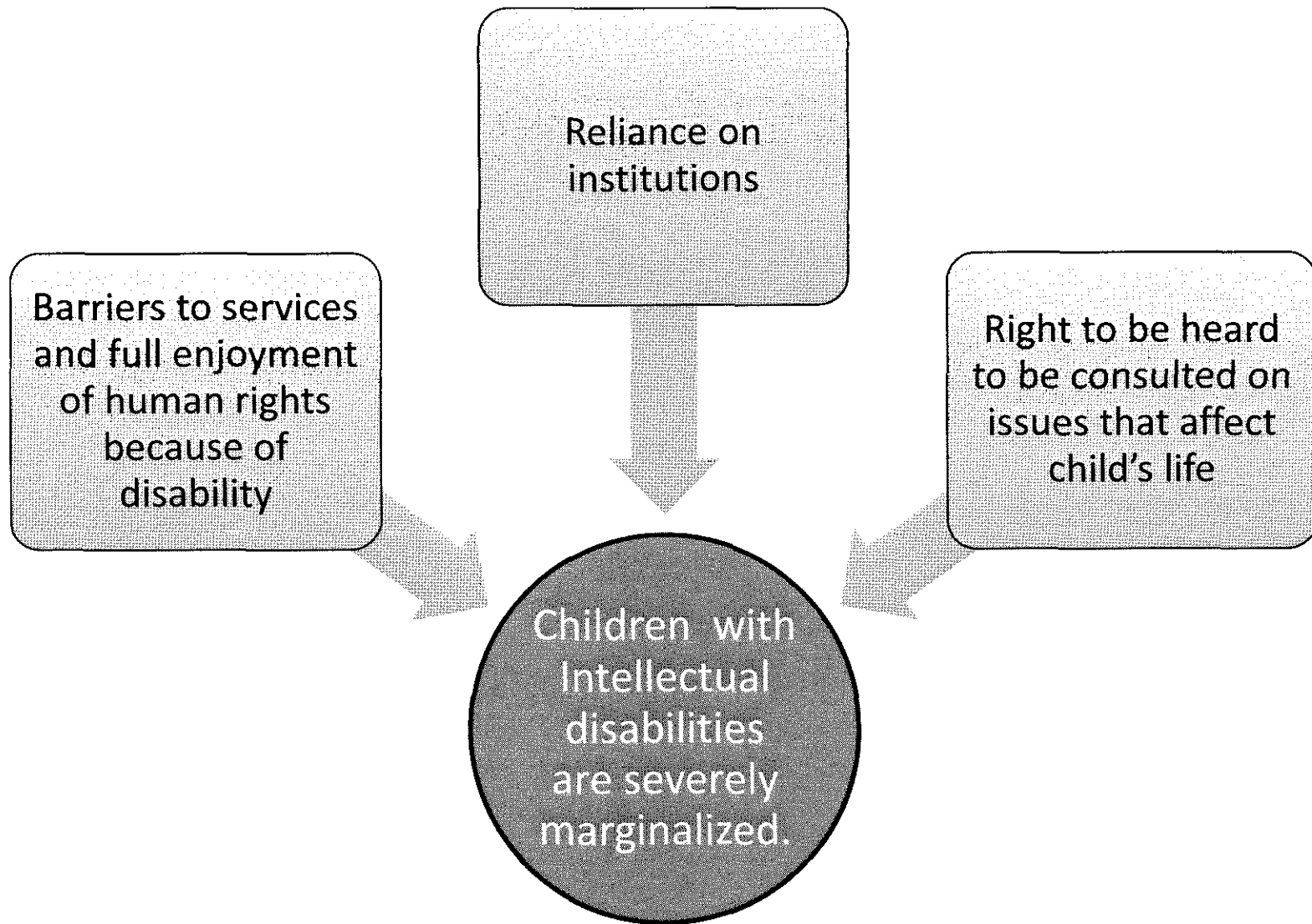
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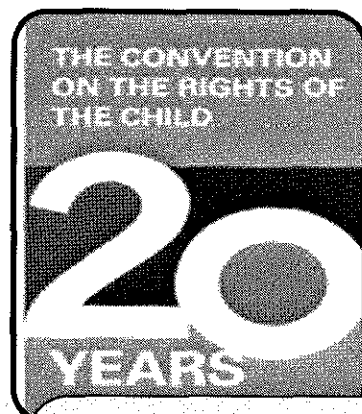


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UNCRC Falls short to protect the right of children with ID for family life and inclusion.



UNCRPD lacks to cover specific needs of children.



ECHR fails to provide specific reference to children and their right for family life



WHO initiative 'Better Health, Better Lives

Persons with
Intellectual
Disabilities
and their
families

European
Declaration on
the Health of
Children and
Young People
with Intellectual
Disabilities

Experts in
the related
area

NGOs

Service
providers

What is this project about?

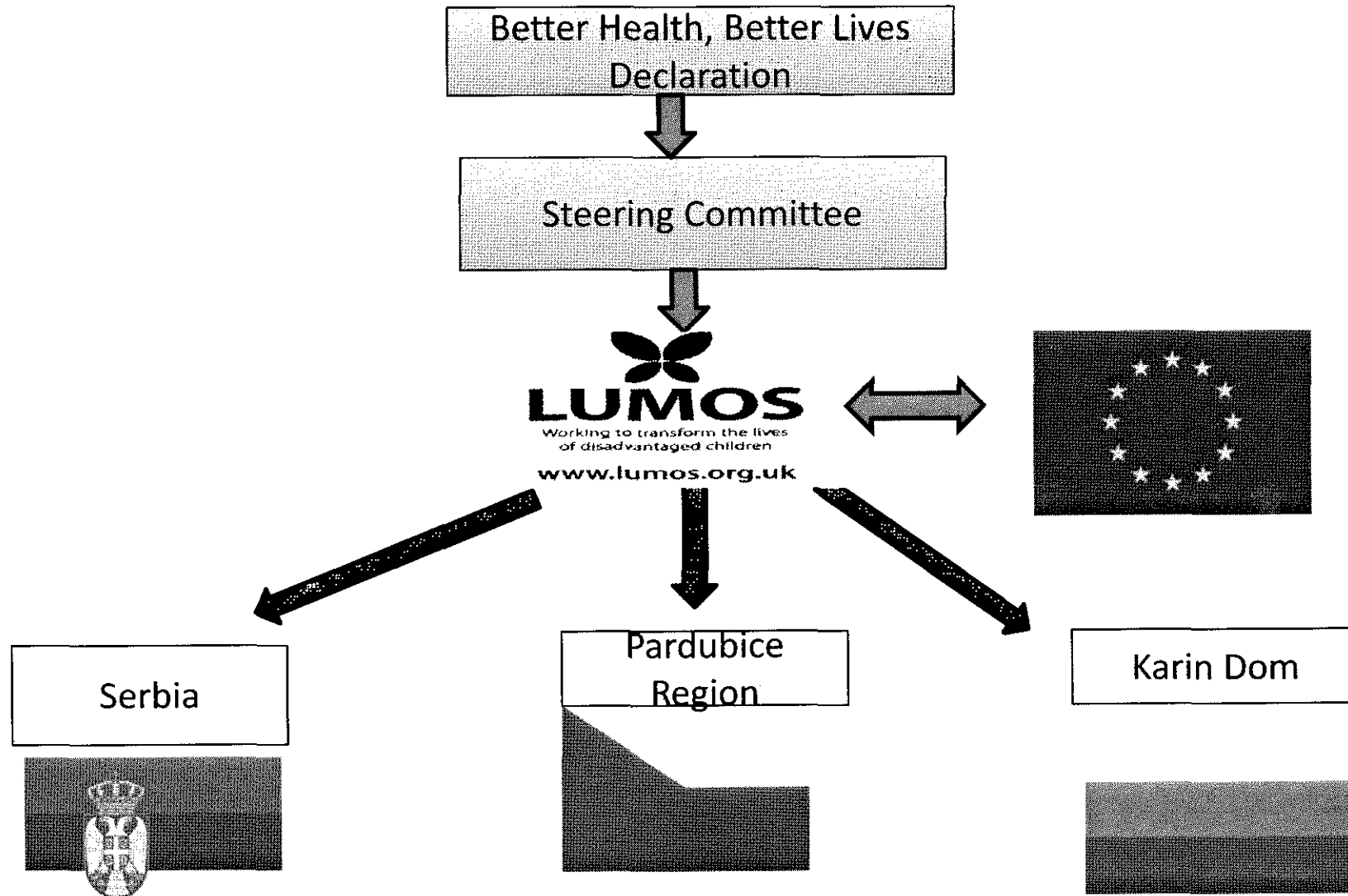
Improving the quality of life of children with intellectual disabilities and their families

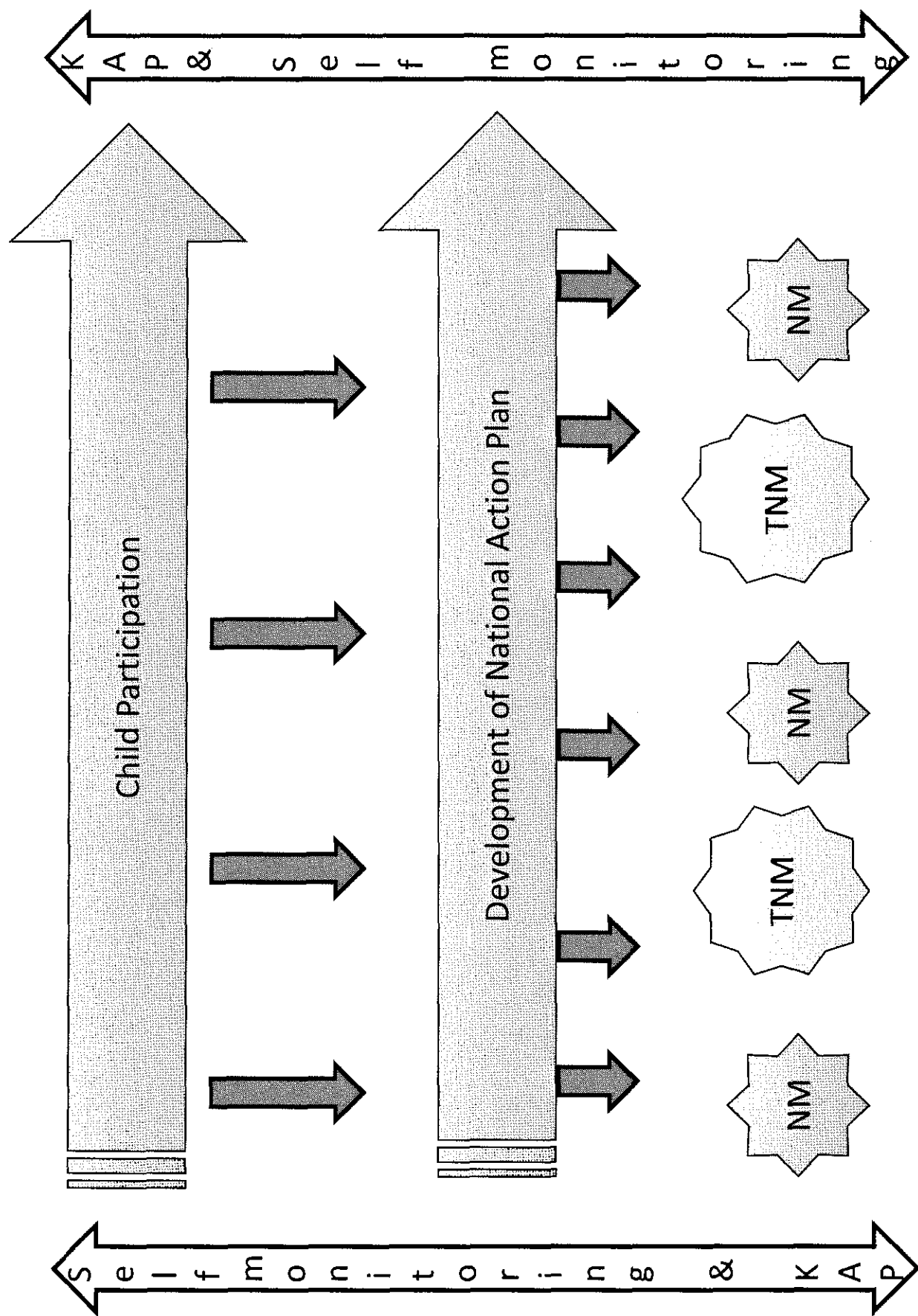
Incorporating International Conventions into National Legislation and practice

Supporting the national governments to develop their action plan about children with intellectual disabilities addressing one or more priorities of the Declaration.

Empowering and providing opportunities for children with ID to express their views and feed them into the development of NAP

How is it going to happen?

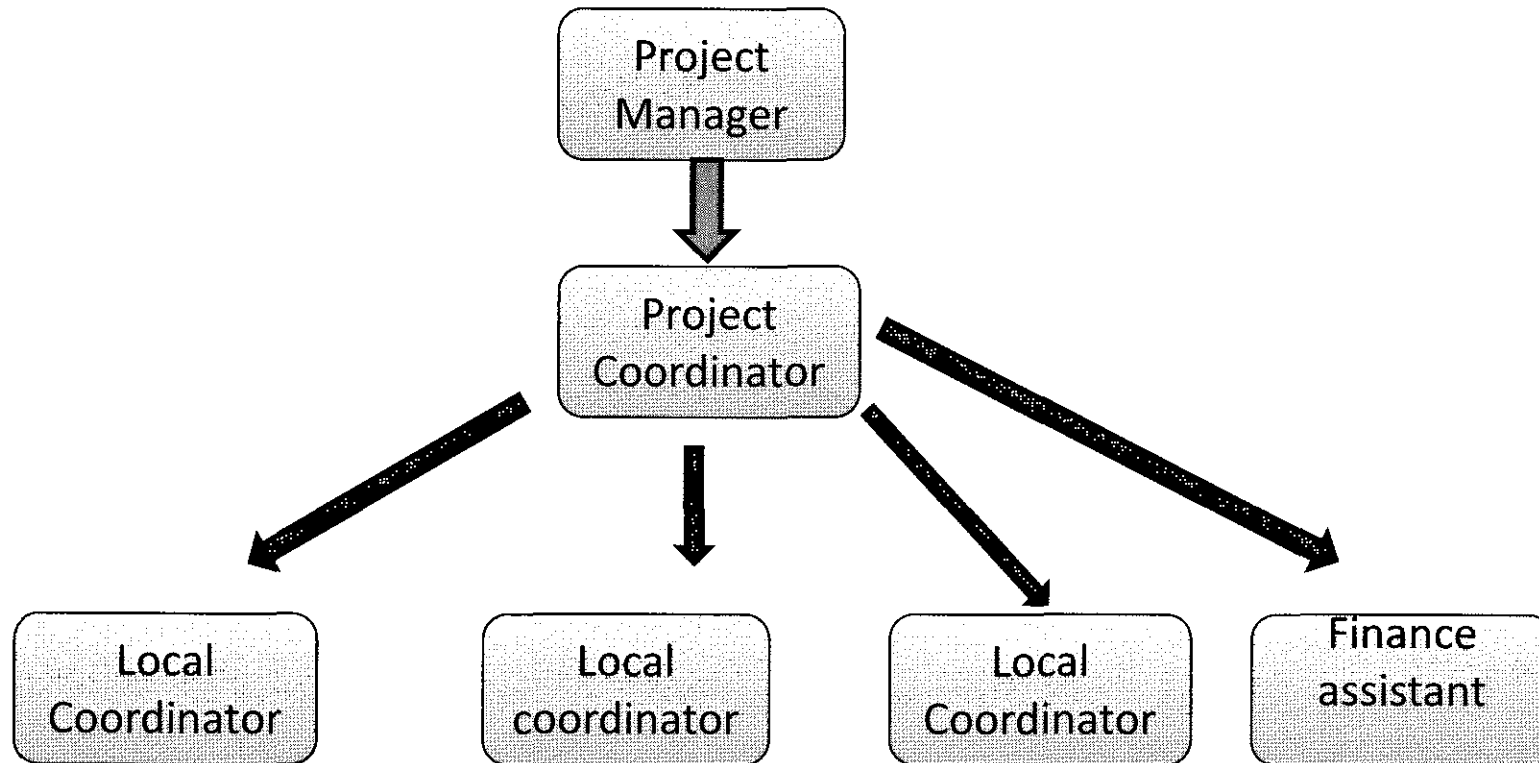




Main Outcomes:

- New, updated or improved National Action Plans ensuring that needs and rights of children with intellectual disabilities are fully met.
- Improved awareness and attitudes towards children with intellectual disabilities and their families.
- Models of good practice that could be disseminated for further implementation of the BHBL Declaration across the whole region.
- Improved quality of life for children with intellectual disabilities.

Project Management Team.

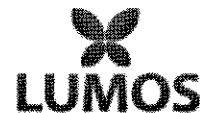
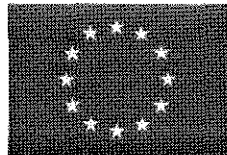


TWIA Self Evaluation Tool

TWIA Steering Committee Meeting

London

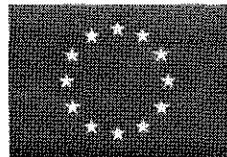
6 June 2013



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What is the tool for?

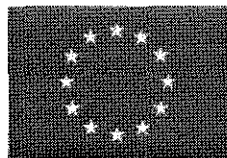
- Assess the impact of the project on BHBL implementation
 - Opportunity to look back
 - Comparison with control countries
- Assess a country's level of implementation of the BHBL Declaration and Provide the user with an easy to digest assessment.
- Sustainable and useful resource on the BHBL which can be adapted with new examples of good practice



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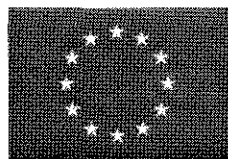
Purpose of the Tool

“This unique interactive tool assists governments, professionals and civil society to assess how close their country is to full implementation of the BHBL Declaration and to identify the steps they need to take to be in full compliance. It was developed as part of the Lumos ‘Turning Words into Action’ project.”



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A walk through...



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NAVIGATE BY COUNTRY

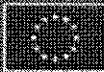
NAVIGATE BY TOPIC

TWIA Self Evaluation Toolkit

- INTRODUCTION
- 10 PRIORITIES
- STANDARD EVALUATION
- HELP

The Better Health Better Lives Declaration is a World Health Organization Europe Resolution which all of the countries of Europe have committed to implementing. It outlines in detail the practical steps governments should take to meet the needs and uphold the rights of children and young people with intellectual disabilities.

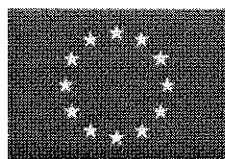
This unique interactive tool assists governments, professionals and civil society to assess how close their country is to full implementation of this Resolution and to identify the steps they need to take to be in full compliance. It was developed as part of the Lumos 'Turning Words into Action' project.

 **European Union**
European Social Fund

This evaluation is funded by the European Commission Social Innovation Fund

1. 30 Second Orientation >


2. Start Evaluation >



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NAVIGATE BY COUNTRY
NAVIGATE BY TOPIC

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TWIA Self Evaluation Toolkit

INTRODUCTION
10 PRIORITIES
STANDARD EVALUATION
HELP

The Better Health Lives Declaration identified 10 priority areas for action. Each one is an essential ingredient to achieve full enjoyment of rights for children with intellectual disabilities. Under each priority, individual standards give more detail of necessary changes in policy and practice. Examples of good practice from across Europe are also included.

Child Protection	Family Environment	Care in the Community	Identify Needs	Good Quality Care	Family Carers	Inclusive Decision Making	Workforce Capacity	Information Collection	Equal Investment
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SELECT ONE OF THE 10 PRIORITIES ABOVE TO BEGIN



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Child Protection

Family
Environment

Care in the
Community

Identify Needs

Good Quality
Care

Family Carers

Inclusive
Decision Making

Workforce
Capacity

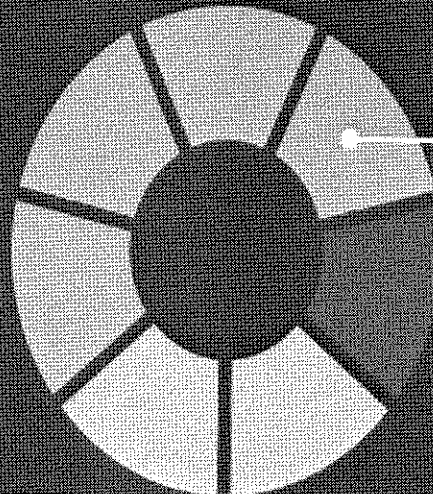
Information
Collection

Early
Intervention

Care in the Community

Residential institutions that have a negative impact on the health and development of children and young people should be replaced by high quality community support. New admissions to such institutions should be stopped through the development of community services. Adequate replacement services include kinship care, foster care and adoptions, regulated in ways that encourage the recruitment of persons who are motivated to care for such children, sensitive to the specific needs of children with intellectual disabilities and likely to benefit them.

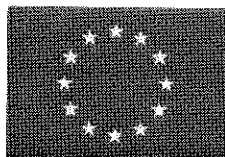
Providing and securing access to inclusive, comprehensive and effective health, social and educational services in local communities and combining them with clear targets related to deinstitutionalisation will enable the phasing out of long-stay residential institutions for children with disabilities.



Continuing Care

Service providers take measures to improve the competence of caregivers in existing institutional care. Continuing education, specialist support and supervision are provided as children and young people are prepared for transfer to family care in the community.

▼ MORE EXPLANATION



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Continuing Care

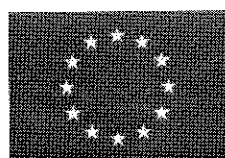
Service providers take measures to improve the competence of caregivers in existing institutional care. Continuing education, specialist support and supervision are provided as children and young people are prepared for transfer to family care in the community.

▼ MORE EXPLANATION

When closing an institution, all placements should be made in the best interests of each child. No child should be moved to an unsuitable placement that does not meet his or her needs or exposes the child to the risk of abuse or neglect. Whilst the institution is closing it is important that the standard of care continues and that the children and young people continue to be provided with education and specialist support.

EXAMPLE: In Albania whilst closing an institution, personnel were also trained in assessment techniques and, under supervision, they carried out initial and on-going assessments of the children to assist with placing them in new services. Personnel were also actively involved in developing individual placement and care plans for each child. One immediate effect of this involvement was that the general day-to-day care of the children in the institution actually improved, as a result of the increased awareness of the children's needs and recognition of staff's role in meeting those needs. Personnel were then involved in preparing children to move to their new placements. Where staff would be moving with the children, for example to a small group home, this helped to strengthen the bonds between the personnel and individual children resulting in better outcomes for the children. Critically, when the children moved to their new placements, the fact that they moved with personnel they knew well eased the transition process and very little disturbance was noted in the children's behaviour.

Involving personnel in placement and care plans also served to stimulate and involve the personnel who were not moving to the new services. Even in the last stages of de-institutionalisation, when it was clear which staff would be made redundant (as a result of the staff's role in the care of the children during the



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Please answer the following questions:

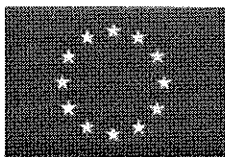
What are we doing best?

1961

What are our priorities to improve?

1962

Lumos is a service of children, and we are committed to providing the best possible care for them.



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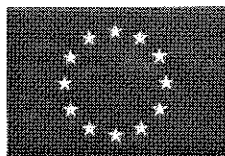
What are our priorities to improve?

Text

How do we involve children, young people, and their parents in ensuring this priority is met?

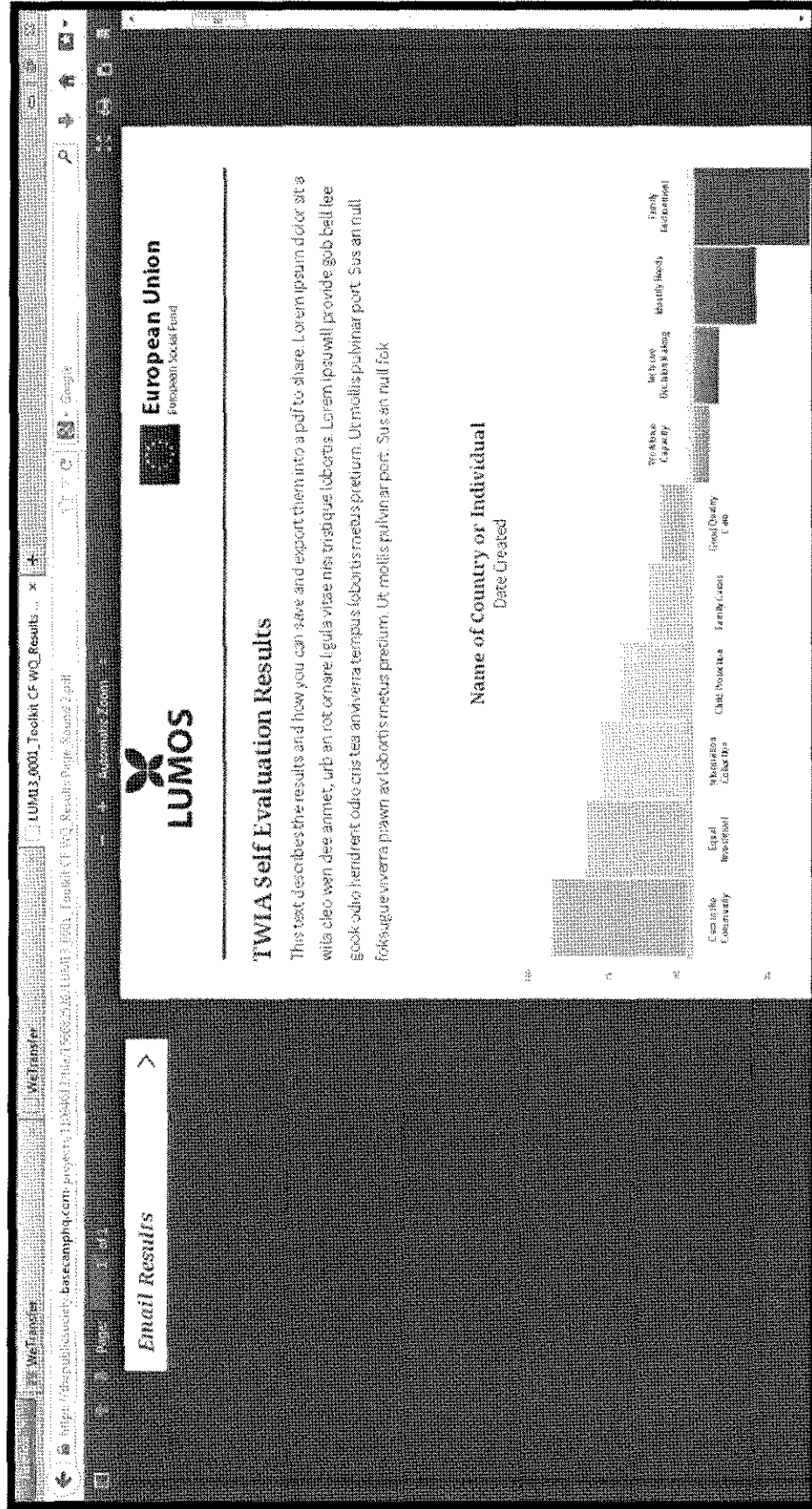
Text

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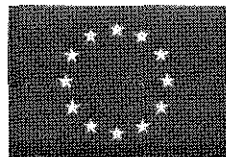
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What's next...?

- Final development of online content, adding further examples and testing of the technology.
- Translation into Serbian, Czech, Bulgarian and French
- National Working Groups to complete the tool
- Control countries to complete the tool
- Assessment of results for the report to EC
- Tool to be made available offline and online
- Tool presented in Brussels – autumn 2013



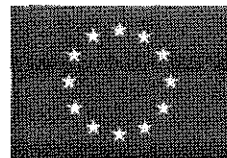
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TWIA Self Evaluation Tool

TWIA Steering Committee Meeting

London

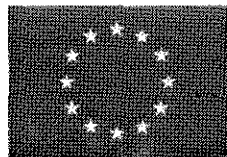
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What is the tool for?

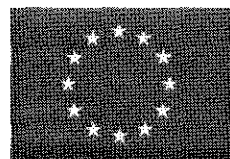
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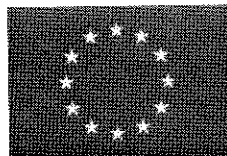
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A walk through...



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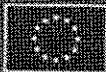
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NAVIGATE BY COUNTRY
NAVIGATE BY TOPIC

TWIA Self Evaluation Toolkit

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[10 PRIORITIES](#)
[STANDARD EVALUATION](#)
[HELP](#)

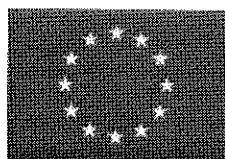
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 **European Union**
European Social Fund

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1. 30 Second Orientation > 2. Start Evaluation >



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NAVIGATE BY COUNTRY

NAVIGATE BY TOPIC

TWIA Self Evaluation Toolkit

INTRODUCTION

10 PRIORITIES

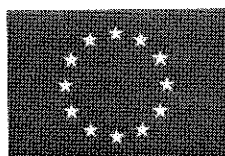
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SELECT ONE OF THE 10 PRIORITIES ABOVE TO BEGIN



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Child Protection

Family Engagement

Care in the Community

Identify Needs

Good Quality Care

Family Carers

Positive Decision Making

Workforce Capacity

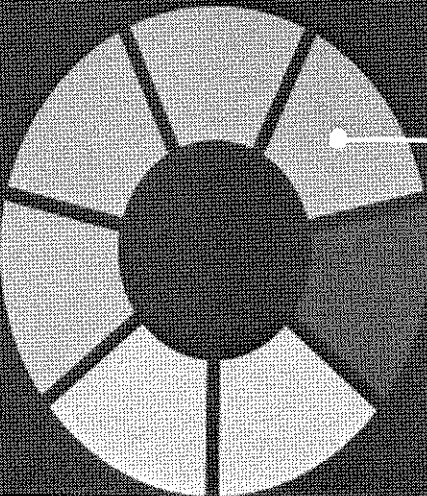
Information Collection

Educational Investment

Care in the Community

Residential institutions that have a negative impact on the health and development of children and young people should be replaced by high quality community support. New admissions to such institutions should be stopped through the development of community services. Adequate replacement services include kinship care, foster care and adoptions, regulated in ways that encourage the recruitment of persons who are motivated to care for such children, sensitive to the specific needs of children with intellectual disabilities and likely to benefit them.

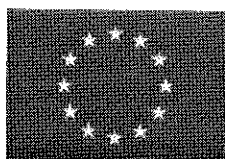
Providing and securing access to inclusive, comprehensive and effective health, social and educational services in local communities and combining them with clear targets related to deinstitutionalisation will enable the phasing out of long-stay residential institutions for children with disabilities.



Continuing Care

Service providers take measures to improve the competence of caregivers in existing institutional care. Continuing education, specialist support and supervision are provided as children and young people are prepared for transfer to family care in the community.

▼ MORE EXPLANATION

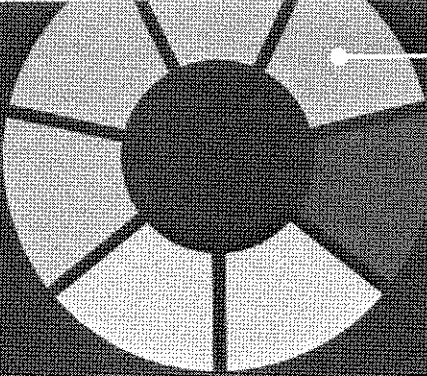


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Continuing Care

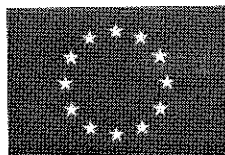
Service providers take measures to improve the competence of caregivers in existing institutional care. Continuing education, specialist support and supervision are provided as children and young people are prepared for transfer to family care in the community.

▼ MORE EXPLANATION

When closing an institution, all placements should be made in the best interests of each child. No child should be moved to an unsuitable placement that does not meet his or her needs or exposes the child to the risk of abuse or neglect. Whilst the institution is closing it is important that the standards of care continues and that the children and young people continue to be provided with education and specialist support.

EXAMPLE: In Albania whilst closing an institution, personnel were also trained in assessment techniques and, under supervision, they carried out initial and on-going assessments of the children to assist with placing them in new services. Personnel were also actively involved in developing individual placement and care plans for each child. One immediate effect of this involvement was that the general day-to-day care of the children in the institution actually improved, as a result of the increased awareness of the children's needs and recognition of staff's role in meeting those needs. Personnel were then involved in preparing children to move to their new placements. Where staff would be moving with the children, for example to a small group home, this helped to strengthen the bonds between the personnel and individual children, resulting in better outcomes for the children. Critically, when the children moved to their new placements, the fact that they moved with personnel they knew well eased the transition process and very little disturbance was noted in the children's behaviour.

Involving personnel in placement and care plans also served to stimulate and involve the personnel who were not moving to the new services. Even in the last stages of deinstitutionalisation, when it was clear which staff would be made redundant or dismissed, 75% of the available staff were involved in the process.



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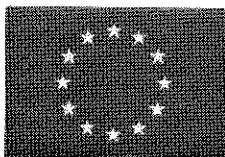
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Please answer the following questions:

What are we doing best?

What are our priorities to improve?



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What are our priorities to improve?

How do we involve children, young people, and their parents in ensuring this priority is met?

Submit Questionnaire >



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[illegible]

[illegible]

Surge
XX

ತುಸುಗುಣವುಳ್ಳವನು. ಅವನು ಬಹು ಹೆಚ್ಚು ಬುದ್ಧಿವಂತನು. ಅವನು ಬಹು
 ಸುಖವನ್ನು ಹೊಂದಿದ್ದನು.

ಈಗ 1800 ರಲ್ಲಿ ಒಂದು ವಿದ್ಯಾರ್ಥಿ, ಡಿಂಕನ್ ಎಂಬ ಹೆಸರಿನವನು, ಅವನು
 ಒಂದು ಸಲ ಒಂದು ಬಾರಿ ಅಧ್ಯಯನ ಮಾಡುತ್ತಿದ್ದಾಗ, ಅವನು ಒಂದು
 ವಿಶೇಷವಾದ ವಿಷಯವನ್ನು, ಒಂದು ಸಲ ಒಂದು ಬಾರಿ ಅಧ್ಯಯನ ಮಾಡುತ್ತಿದ್ದಾಗ, ಅವನು

ಪೊದ್ದಿಸಿದ ಕೆಲಸವು ಬಹಳಷ್ಟು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳುತ್ತದೆ. ಆದ್ದರಿಂದ, ಕೆಲವು ಸಮಯಗಳಲ್ಲಿ, ಕೆಲವು ಕೆಲಸಗಳನ್ನು ಕೆಲವು ಸಮಯಗಳಲ್ಲಿ ಮಾಡುವುದು ಸಹಜವಾಗಿದೆ. ಆದರೆ, ಕೆಲವು ಸಮಯಗಳಲ್ಲಿ, ಕೆಲವು ಕೆಲಸಗಳನ್ನು ಕೆಲವು ಸಮಯಗಳಲ್ಲಿ ಮಾಡುವುದು ಸಹಜವಾಗಿದೆ.

[illegible][illegible]

THE UNIVERSITY OF CHICAGO

[illegible]

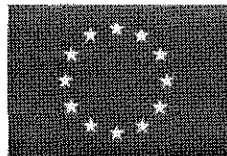
Chloroceryle leucorhoa. Green at regular intervals, at intervals of 1000 ft. in the Atlantic Ocean, and at intervals of 1000 ft. in the Gulf of Mexico, and at intervals of 1000 ft. in the Caribbean Sea.

[illegible][illegible]

Q1) Write any four types of literature which you have read and write a short note on each.

What's next...?

- Final development of online content, adding further examples and testing of the technology.
- Translation into Serbian, Czech, Bulgarian and French
- National Working Groups to complete the tool
- Control countries to complete the tool
- Assessment of results for the report to EC
- Tool to be made available offline and online
- Tool presented in Brussels – autumn 2013



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