PARENTS SUPPORTING INTEGRATION OF DISABLED PEOPLE IN LABOUR MARKET AND LIFE

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Abstract

Integration/inclusion of disabled children, young adults and adults in society has become a key feature of discussions about the development of education policy and practice around the world. There is the consensus about benefits which are gained from integration/inclusion of disabled young people in to the society. Therefore in almost all developed countries a remarkable support is offered to schools and teachers to achieve positive attitudes towards integration/inclusion of people with special needs in to the education. This support, so excellent functioning in school system, seem to fail, when young people with special needs should enter in to real life – when they should enter the labour market and begin to live self-dependently as far as the limit of their special need it allows.

Disabled young people need special support on the border between school and their working place; they need an inclusive environment, which accepts them on their new working place. And this is often a problem. The creating of inclusive environments is no simple process. In the proposed model, presented in the paper, a key element of this process are the parents who are most motivated for success and have the best conditions and opportunities (time and closeness) but don’t have enough necessary tools and knowledge to use their potentials and advantages. In our paper we will point out how to include parents in the process of integration of their disabled children in to the labour market.

Introduction

Nowadays the society is taking much better care for the disabled people than in the past. It is a trend to integrate them in all areas of life, especially in school and after school time in working places. In almost all developed countries the paradigm of charity and social help for
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Disabled society members changed significantly in last two decades. Modern legislations demand from society (state) to create environments for disabled people in whom they will have the opportunity to live as self-dependent as the limitation of their disability makes it possible – including the right to provide money for their living an so: to get a job and earn money. This is a good evolution, which probably will continue.

The creating of inclusive environments is no simple process. Many schools in developed countries are facing new demands to discover flexible answers, so that they will be able to educate all students with special needs as now they are responsible for their academic success and social integration. They are also expected to work collaboratively with the support teachers, as well as to develop different relationships with the broader community. As reported in current research schools are doing excellent job in this area. Young people are, when they finish the school, much more educated, much more qualified and much more competent as they were in decades before. More open stays the question, what shall happen after the school. Will the labour market accept their ability to work and provide financial basis for their self-dependent living? How can the society fulfil the promise, written in legislation, concerning the right of disabled people to live as self-respected and independent society members? To fulfil this promise, the society must solve the problem which occurs on the bridge between school life and successful integration in to the labour market. Not only jobs for disabled people must be created, also “regular working places” should be changed in the way, they will be inclusive, and “disabled worker friendly”. At this point this doesn’t mean that the weaker work result should be tolerated by the employer. One knows what a hard competition is a struggle for economic susses in the globalised world. And in this economy the employers are in an extremely difficult and stressful position. With the “disabled worker friendly” environment is meant the inclusive attitude of the employer and above all the inclusive attitude of the first working tutor and after that the first superior person/chief of the disabled worker.

To become a disabled worker friendly tutor/chief a person must, besides having a tolerant and inclusive attitude, social intelligence and empathy competence, be in possession of certain knowledge. It is the knowledge about the kind of handicap of the disabled worker and the knowledge what can (may) the employer demand of that worker, it is the knowledge about the way of communication one has to use in the interpersonal dialog with the particular disabled person and it is the knowledge about stress and competence of stress management, which is needed in a working relationship with a disabled worker. It is indeed quite an amount of knowledge. And it is of course a question which way the system should choose to implement this knowledge in to the working environments. Of course it would be naive to expect employers would demand of their stuff to attend the courses for tutors of disabled workers. This
Parents supporting integration of disabled people in labour market and life, Boris Aberšek - Metka Kordigel would cost too much time and money. The society must find others ways.

It is a fresh idea to use in this context the parents. Parents are and have always been support trainers of their own children. To educate parents for their tutoring role in their disabled child’s life was a main idea of model, developed for the European project: Parents: Training Most Powerful Supporters and Guiders of Disabled People. Children and adults just need continuous support in the process if integration. Since evaluation of the project showed good results, the idea and developed methodology could be used also for parents’ assistance at supporting the entrance of disabled person in the economic self dependence after he finishes the school.

The actual state

The integration of disabled people after adoption of Salamanca Statement, which was signed by representatives of 92 countries and with the adoption of the legislation documents in several countries of project partners is successfully developing and this has influenced also greater integration of disabled in all levels of education from VET to UNI, as well as the integration of disabled into everyday life (Aberšek, 2004).

The integration of disabled people in the regular school system and society – including labour market – means the integration of this people in all aspects and levels of life and education as well as into the national vocational training system, the universities and economy [The Development of Education, National Report of the Republic of Slovenia]. The trend is similar in all developed countries. Therefore there is a great need for disabled people to have someone to help them and assist them through all integration phases. The most natural (but also very economic partner for the system) in this process and for this task are the parents (guardians), the unexploited and insufficiently well exploited potentials.

In the European project: Parents: Training Most Powerful Supporters and Guiders of Disabled People a system for education for parents was developed and tested in different cultural environments. This model can serve as an original contribution in developing the unique strategy for supporting vocational training and entering labour market for disabled people (Aberšek, Kordigel Aberšek (2007)).

The European project Parents: Training Most Powerful Supporters and Guiders of Disabled People connected partners from three countries: Slovenia, Greece and France. In all this countries similar as in most developed countries continuous education, lifelong learning and adult education were well known methods. They are intended for training the people for work but less for training them for tutoring to help others. The innovative contribution of the project
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Parents: Training Most Powerful Supporters and Guiders of Disable People was in using this knowledge, traditional methods in the process of work with the target group of parents, so that they can be trained for tutors of the disabled people – their disabled children. In the project the existing methods and work environments (instruments, products, and instruments) were joined and improved with adapted and newly developed instruments to improve the quality of integration of disabled people in education and social environment.

The start point of the project idea was the international agreement/consensus about inclusive environments, which are a basic condition for integration of disabled people. Professionals and teachers all over the world are expected to discover flexible answers how to create inclusive environments. Teachers in schools of all levels are expected to develop different relationships with the parents and the broader community. In this context the project Parents: Training Most Powerful Supporters and Guiders of Disabled People designed tools for educating/training parents as a support trainer of their own disabled children. This was the main idea of the project, while disabled children and disabled young adults need continuous support in the process if integration.

Among the innovative aspect of the project Parents: Training Most Powerful Supporters and Guiders of Disabled People there was definitely the development of the tutoring system – the combination of didactical methods of education with a great natural potential of parents motivation for implementation of knowledge for the good of their disabled children/children.

In short: at the beginning of the project Parents: Training Most Powerful Supporters and Guiders of Disabled People it was obvious that in all three participating countries: Slovenia, France and Greece

- Teachers are professionally trained but at their efforts they are limited in their motivation and time frame.
- Labour market - employees in general are not sufficiently trained to work with handicapped and also unable to define their needs and environment for their efficient work (Aberšek, 1997).
- Parents have no necessary tools or knowledge to perform their tutoring role in life of their disabled young or adult children, although they are personally and emotionally involved and are motivated to dedicate more time and assist their children more than any other party.

The project was structured in three phases: in the first phase of the project needs analyses were investigated, good practices in participating countries were gathered and selected and
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curricula for modules for teacher training were prepared. After that the teachers were trained to become the trainers for parents. In the second phase of the project the pilot training for smaller groups of parents – tutors was started - to get the experiences to get the possibility for simultaneously improvement the system of education. And in the last - third phase of the project the final educational packages were prepared, introduced and evaluated.

At the end the final results of the project Parents: Training Most Powerful Supporters and Guiders of Disabled People were: tool package to train the teachers – trainers, tool package to train the parents – tutors, methodology and organization for the transfer of the results from the performers to the users and dissemination and promotion of the methodology how to help disabled people and to increase their quality of life and integration in school, working environment and everyday life.

**First phase: need analysis**

The need analysis was performed by the Greece partner in the project and is based on the Ch. Valata study (2002, 2007). In this study the most reported everyday difficulties for parents of handicapped children were stress, as a consequence of the daily care giving and the demanding behavior. As a second most important problem the low communication skills of the disabled child was identified.

In the Valata study parental stress was associated with the care giving demands. This result is similar with other studies (Frey et al., 1989), where it was found, that the younger rather than the older children, tended to be more demanding in their care according to parents’ reports. It was found that the diminished functional independence of the child caused increased care giving demands on the parent.

Another daily difficulty reported by parents was the demanding behavior of the child. Problematic behavior has been directly associated with poor physical health in mothers and has been found as one factor which has a pronounced effect on family functioning (Carr, 1990; Wallander et al. 1989; Stainton and Besser,1998; Floyd et al.,1997). Similarly with Cameron et al.(1991) and Hagborg (1989), in Valata study (2002, 2007), the child with behavioral problem caused more stress to mothers. According to DeKlyen et al. (1998) behavioral problems cause also reduction of sense of efficacy and satisfaction with parenting and decreased positive parent-child interaction. Parents also reported reduced social activities and negative effect on their marital relationship. The relationship between behavior and social activities and/or marital relationship might not be one way. Demanding behavior most likely reduced social activities of parents, which influenced the behavior of the child since the opportunities for experiences out of the house were minimized. This could make parents fell less competent in their roles and might
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have influenced their moods and evaluations of their children’s behavior.

The results of Valata study showed the connection between the education level of mothers and their perception of disabled child behavior as difficult and stressful. Mothers, who answered that the behavior of their child was their greatest difficulty, were from all educational levels except those with degree and were between the ages of 31-40. These findings were statistically significant (p=<0.05). It could be concluded that they might lack the means to help their child interact socially, so they need to find ways to expand their social lives. It could be concluded, how important it is to help parents to accept their child and its disability, to teach them to manage stress and to develop communication skills to manage the everyday life with the disabled child. Similarly Carr (1990) found in his study that parents were successful in dealing with behavioral problems more than with teaching skills. According to Carr (1990), parents could be taught basic and straightforward methods for the management of demanding behavior. However the intervention focused only the behavior of the child is less likely to be successful. The intervention should be put on new grounds, where the mother would receive more support from the father, and also the father and the siblings would be able to deal with the demanding behavior of the disabled child more effectively (Sloper et al., 1991). Apart from the teaching of methods for the management of demanding behavior, parents could be taught stress management and relaxation techniques. A model of stress management was suggested by Hornby (1994). His model consists of strategies related to the interpersonal, cognitive, physical, organizational, and task-related factors which have to be assessed from the professional and the individual in order to effectively manage stress.

According to the research findings the communication problem between parent and child is statistically important (p=<0.01). These children were mainly young in age, and the parents were young in age, both findings were found with statistical significance (p=<0.05). Consistent with other research designs (Frey, Fewell and Vadasy, 1989; Frey, Greenberg and Fewell, 1989; Sloper and Turner,1993) the Valata study (2002, 2007) proved when the child’s communication skills were low, the parents experienced more stress. When the child’s communication skill was low, the parents felt more stressed. Also Sloper and Turner (1991) suggested that communication problems were related to the parents’ adaptation. Disabled children have greater difficulties in communicating their wants and needs (Nihira et al., 1980) and as a result parents tend to provide less stimulation and structure. It seems that reduction in the ability to express and negotiate intentions and/or interpret each other meanings or intentions, resulted in more stress. Probably, parents of young children lack skills of alternative communication patterns, so they face more difficulties with the basics of communicating.
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Phase two: tool package to train the teachers – trainers, tool package to train the parents – tutors

1. Tool package *Train the trainers, how to introduce the knowledge about child’s handicap/disability to the parents*

According to needs analysis research the importance of helping parents to accept their child and its disability was concluded. Further it was concluded that such acceptance is dependant (beside emotional part of the process) also from the information/knowledge about the disability/handicap. So a Slovene part of the Project team (Schmidt, M., Schmidt, I., 2007) designed a tool package *Train the trainers, how to introduce the knowledge about child’s handicap/disability to the parents*. The authors stressed out that “parent’s acceptances of disability and socially emotionally adjustment of a child with disability are the most frequent key factors, which have to be taken into consideration when working with parents. Only help focused on the family, a help which understands family members, and enables them to cooperate with identifying problems, with organization, and decision making about what kind of support is most sufficient, can be effective “ (Schmidt, M., 2007: 113). With the help of existing diagnostic documentation, planed programs for children and interviews with parents, teachers and social worker and principal of the school, a curriculum for the tool package was designed. Based on the identified needs a program was formed, which included 3 topics: a) intellectual disabilities b) stress c) encouragement of literacy for children with intellectual disabilities (Schmidt, M., 2007).

Three sets of problems should be solved that way: the problem of overprotection of disabled/handicaped young persons, the problem of knowledge, what is possible, and the problem of knowledge, how to act to support child’s education and development so that he will achieve the maximum of his limits.

2. Tool package *Train the trainers, how to recognize and manage stress*

Needs analysis of the parents of disabled children, as pointed out, showed toward usefulness of learning stress management and relaxation techniques. A model of stress management has been designed, performed and assessed from the professionals for parents to effectively manage stress.

The Slovene team of the Project so designed a Tool package *Train the trainers, how to recognize and manage stress* with a following goals: to determine a degree of risk of mental health before participating a workshop *Train the trainers, how to recognize and manage stress*, to teach parents how to recognize stress, to teach parents the technique of stress management. For the tool package the author (Schmidt, I., 2007)) selected the stress management technique
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Autogenous training. The tool package Train the trainers, how to recognize and manage stress was introduced to the teachers and after that – also to parents of disabled children.

3. Tool package Train the trainers, how to develop communication skills.

As communication problems were reported as a stress factor in social community with disabled child (Valata 2007), it seemed important that intervention, suggested by the Greek part of the Project team, should serve also to explain to the parents how to observe the existence of communication cues their child is using in his (rather limited) communication and how to develop those characteristics of children, which affect interaction. So the third tool package: Train the trainers how to develop communication skills was designed. It should train the teachers how to train parents to raise the communication skills of their disabled children. It should also help parents to use alternative means of communication to have better communication with their children and consequently, to provide their children with a higher level of stimulation and support, since they would be more able to understand their wants.

For the practical part of the module, INTECOM, Sue Jones' experiential seminar for communication (1990) was chosen. This training package was chosen because it involves both parents and experts, which was thought to benefit mutual understanding in educational issues. Moreover INTECOM allows extensive and substantial evaluation that could be used as a basis for intervention either at school or at home. The Greek team, which designed the third tool package: Train the trainers how to develop communication skills chose the INTECOM, because it introduces educators and parents alike, in no particularly demanding ways, to a program of functional intervention on which they themselves would control.

The seminar spanned five sessions for teachers and five for the parents. Each session lasted three hours. In total, each teacher and each parent received 15 hours of training in the subject of communication. Each of the five sessions of the seminar included an experiential/practical and a theoretical part. The seminar's basic aim was to make educators aware of their role as important persons in the environment of students with learning difficulties. This means recognizing ways of expressing support and positive influence and creating opportunities for people with difficulties to communicate their messages successfully. (Kambouroglou, 2007)

PHASE THREE: EVALUATION RESULTS

EVALUATION 1: INTELLECTUAL DISABILITIES

PURPOSE

The purpose or goal of evaluation of the first topic was: to get the insight into the knowledge about the selected topics (intellectual disabilities, causes, appearance, additional
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disabilities, acceptance of child’s disability) before and after application of lectures and workshops for parents.

METHODOLOGY

Sample

There were 7 parents actively included into the sample. They attended lectures and workshops on Intellectual disabilities. 10 parents attended the first meeting. However, from different reasons they could not attend all meetings.

Procedures for data collection

We gathered information with a questionnaire, which was applied in April 2006 before and after the realization of the first set of lectures and workshops in the primary school Minka Namestnik in Slovenska Bistrica. The parents were given a five-degree evaluation scale for answers and they also had to answer one open question. The questionnaire was developed by Nataša Potočnik Dajčman, PhD, specialized in pedopsychiatry.

Procedures of data processing

We used tabular demonstrations of frequency distributions of included variables.

RESULTS

Evaluation 1 TOPIC: KNOWLEDGE ABOUT DISABILITY

Table 1: Knowledge about the selected topics before and after lectures and workshops

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Evaluation</th>
<th>BAD BEFORE</th>
<th>BAD AFTER</th>
<th>NOTGOOD/NOT BAD BEFORE</th>
<th>NOTGOOD/NOT BAD AFTER</th>
<th>GOOD BEFORE</th>
<th>GOOD AFTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>f  f%</td>
<td>f  f%</td>
<td>f  f%</td>
<td>f  f%</td>
<td>f  f%</td>
<td>f  f%</td>
</tr>
<tr>
<td>Intellectual disabilities</td>
<td></td>
<td>-</td>
<td>-</td>
<td>3(42,8) 1(14,3)</td>
<td>4(57,2) 6(85,7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Causes for intellectual disabilities</td>
<td></td>
<td>1(14,3)</td>
<td>-</td>
<td>1(14,3) -</td>
<td>5(71,4) 7(100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidence of intellectual disabilities</td>
<td></td>
<td>1(14,3)</td>
<td>-</td>
<td>4(57,2) 1(14,3)</td>
<td>2(28,6) 6(85,7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional, accompanying disabilities</td>
<td></td>
<td>-</td>
<td>-</td>
<td>4(57,2) 1(14,3)</td>
<td>3(42,8) 6(85,7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance of child’s disability</td>
<td></td>
<td>-</td>
<td>-</td>
<td>3(42,8) 1(14,3)</td>
<td>4(57,2) 6(85,7)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The knowledge about the additional/accompanying disabilities was estimated as partially
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good by 4 parents and as good by 3 parents. After application of lectures and workshops only one parent evaluated the knowledge about accompanying disabilities as partially good, and similar as knowledge about incidence of ID, all 6 parents evaluated their knowledge as good.

3 parents evaluated accepting a child’s disability as partially good and 4 as good. After lectures and workshops on this topic, 6 parents evaluated accepting the disability as good and only 1 as partially good.

Additional proposals at the conclusion of lectures and workshops

To repeat the topic and workshops in a period of two years. It would be very educational.

I would like more extensive explanation.

To take better care for children with disabilities after age 18.

EVALUATION 2: KNOWLEDGE ABOUT STRESS AND STRESS MANAGEMENT

PURPOSE

The purpose or goal of the second topic evaluation was:

to determine a degree of risk of mental health before and after the application of Autogenous training (AT),

to determine how can parents take care of themselves before and after AT,

to determine a successful stress management before and after AT application,

to determine a recognition of stress by yourself before and after AT,

to determine a degree of susceptibility for stress before and after AT,

to get an insight into how parents evaluate the content of training, the organization of training,

to determine the expectations of participants about the training, and if those expectations were realized, and what is usefulness of gained knowledge, and

to present the expressed proposals and suggestions.

METHODOLOGY

Sample

In the training program on Stress there were 6 parents (mothers), who were actively
Parents supporting integration of disabled people in labour market and life, Boris Aberšek - Metka Kordigel involved, although, there were more parents (10-12) at certain meetings, who could not end the program from different reasons (work or problems with finding a baby-sitter).

Procedures for data collection

The data was collected before (in April 2006) and after (in October 2006) the training program. We used the following questionnaires and evaluation scales:

Questionnaire PRIME – MD (Primary care evaluation of mental disorders) (Spitzer et al, 1994),

Scale »How well can you take care of yourself« (Powell, 1999),

Scale »How do you manage stress« (Powell, 1999),

Scale »How to recognize stress« (Powell, 1999),

Scale »What causes stress« (Powell, 1999).

Procedures of data processing

We used tabular and graphic demonstrations of frequency distributions of included variables.

RESULTS

Table 2: The demonstration of results from the questionnaire PRIME – MD in the area of somatophorm, feeding, mood, anxiety, alcohol addiction, obsessive disorders, social phobias before and after AT program

<table>
<thead>
<tr>
<th>Areas</th>
<th>Participants</th>
<th>A Before</th>
<th>A After</th>
<th>B Before</th>
<th>B After</th>
<th>C Before</th>
<th>C After</th>
<th>D Before</th>
<th>D After</th>
<th>E Before</th>
<th>E After</th>
<th>F Before</th>
<th>F After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatophorm d.</td>
<td></td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Feeding d.</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mood d.</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol addiction</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Obsessive-compulsive d.</td>
<td></td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social phobias</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>TOTAL</th>
<th>14</th>
<th>7</th>
<th>11</th>
<th>0</th>
<th>13</th>
<th>4</th>
<th>19</th>
<th>10</th>
<th>3</th>
<th>12</th>
<th>0</th>
</tr>
</thead>
</table>

All 6 participants states high degree of presence of somatophorm symptoms (out of all 15 symptoms they can by themselves recognize 40% - 66%). Feeding disorders are not present at any participant. Mood disturbances are indicated by 5 participants. Anxiety is highly present (out of three symptoms questionnaire PRIME – MD in 30% - 100%). 1 participant has symptoms of alcohol addiction, 4 participants have symptoms of obsessive-compulsive disorders, and 1 participant has signs of social phobia.

Table 6: Presence of all symptoms by individual participant in % before and after AT

<table>
<thead>
<tr>
<th>Participants</th>
<th>Number of symptoms</th>
<th>% of symptoms Before</th>
<th>% of symptoms After</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>14 7</td>
<td>50 25</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>11 0</td>
<td>38 0</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>13 4</td>
<td>46 14</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>19 10</td>
<td>67 35</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>10 3</td>
<td>35 10</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>12 0</td>
<td>42 0</td>
<td></td>
</tr>
</tbody>
</table>

From information in table 6 we can conclude that this is a group of participants, who was highly burdened in the sense of risk of mental health.

The comparison of the condition before and after AT by the participants shows a reduced degree of presence of mental disorders after participating the workshop How to use AT. The somatophorm is present from 0% to 28%. The symptoms of feeding disorder are not present by any participant (the same as in the initial state). The mood disorders are indicated only by 2 participants. The symptoms of anxiety disorder are present by 2 participants, but in both cases in small amount as initial. The symptoms of alcohol addiction, the obsessive-compulsive disorders and social phobia are in the final measurement no longer present.

After AT the number of symptoms, which show the level of mental health by participants with high stress level, was essentially reduced, and it showed that these are really symptoms of stress disorder and burnout. The condition of mental health improved after AT.

Graph 1: Demonstration of points on the scale »How well can you take care of yourself« before and after A
It is important to take care of yourself. It includes: amusement, enjoyment, healthy food, work out, rest, socializing. Self-rewarding is a good strategy to maintain a mental health. It is about healthy selfishness, which simultaneously has a negative social meaning. Therefore, it is possible that the answers in this questionnaire are false, and that they depend on the context of responding.

In the questionnaire all the participants showed the above average care of themselves before and after AT. Considering the high level of stress among them, we cannot take their answers as completely accurate. The condition before and after AT is the same.

Graph 2: Demonstration of points on the scale »How do you manage stress« before and after AT
The scale evaluates the ability of the individual how to handle stress. It includes aspects like confidence, time management, rational thinking, improving relationships, and taking care of yourself.

Before AT 5 participants have achieved a result which shows a middle degree of successful stress management and 1 who has achieved a good degree. After AT 4 participants have achieved a middle degree and 2 a good degree. The scale measures imparted ways of reactions, which are resistant to changes and cannot be changed in the short period of AT exercises. It takes a longer period of time. Therefore, only a small improvement is visible.

Graph 3: Demonstration of points on the scale »How to recognize stress«

Legend:
High stress > 40 points
Middle stress 20-40 points
Low stress < 20 points

The scale evaluates the threats due to stress in the month before answering. Before AT 2 participants showed signs of high stress, 2 middle, and 2 low, this is together 188 points. After AT 2 participants showed signs of low stress, and the rest 4 middle, which is together 135 points. After AT we can identify lower degree of stress threat by the participants.

Graph 4: Demonstration of the results on scale »What causes stress« before and after AT
The scale evaluates susceptibility for stress in the year before answering, and evaluates the stress of different life events. The repeated accomplishment of the scale after 6 months has a limited meaning, because it concerns the whole year events. We can influence some stressful situations, but some happen without our will. Because this is an example of stressful events of one year, it would be sensible to apply the scale after a longer period of time, perhaps after a few years.

Before AT 2 participants had high susceptibility for stress due to their life events, while 4 had a middle one. After AT a high susceptibility remained by one participant, while one had a low and 4 had middle one. The pattern of stressful events reduced a little bit with the whole pattern of participants (improvement).

After 7 meetings all mothers successfully learned the autogenous training (AT) technique.

In the whole pattern of mothers stressful events reduced. However, this is not only due to the effects of AT. It is important to point out, what the literature also states, (Pisula, 2003, Roll – Petterson, 2001) that child’s characteristics (degree of disability, age), life changes connected with developmental boundaries of a child with disability, the support of family members, and also a suitable social and professional help play an important role when dealing with stress.

The reduction of stress by parents or the abolishment of stressors (with the help of different programs for stress reduction, programs of behaviour-cognitive therapy, with different forms of relaxation etc.) is an important factor for improving abilities for encouragement of development and upbringing of a child with intellectual disability. For that reason it is extremely important that professional services identify them as soon as possible, understand their needs, crises or stressors and offer them an appropriate support.

The final evaluation of the content, organization, expectations, usefulness of acquired
EVALUATION 3: TOOL PACKAGE TRAIN THE TRAINERS, HOW TO DEVELOP COMMUNICATION SKILLS.

PURPOSE

The purpose or goal of evaluation of the third topic was: to get the insight into the knowledge and attitudes about the selected topics (interest for the topics of the course, evaluation of the progress concerning the knowledge about communication, insight into the work of speech therapist, contentedness with the course) after application of lectures and workshops for teachers and parents.

METHODOLOGY

Sample

There were 12 parents and 11 teachers actively included into the sample. They attended lectures and workshops Train the trainers, how to develop communication skills.

Procedures for data collection

We gathered information with a questionnaire, which was applied after the realization of the Tool package Tool package Train the trainers, how to develop communication skills on the Pammakaristos School for Children with Special Needs. The teachers and parents were given a three-degree evaluation scale for answers and they also had to answer five open questions. The
Parents supporting integration of disabled people in labour market and life, Boris Aberšek - Metka Kordigel

questionnaire was developed by dr. Maritsa Kambourglou

RESULTS

Parents

<table>
<thead>
<tr>
<th></th>
<th>On the whole did you find the course interesting?</th>
<th>Yes</th>
<th>partly</th>
<th>no</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Q2</td>
<td>Has your idea about communication been expanded by the course?</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>66%</td>
</tr>
<tr>
<td>Q3</td>
<td>Do you feel that you are more aware of what speech therapists working with people with learning difficulties are concerned with?</td>
<td>10</td>
<td>0</td>
<td>2</td>
<td>83,3%</td>
</tr>
<tr>
<td>Q9</td>
<td>Would you recommend the course to a colleague/friend?</td>
<td>12</td>
<td>0</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Teachers

<table>
<thead>
<tr>
<th></th>
<th>On the whole did you find the course interesting?</th>
<th>Yes</th>
<th>partly</th>
<th>no</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>91,6%</td>
</tr>
<tr>
<td>Q2</td>
<td>Has your idea about communication been expanded by the course?</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>83%</td>
</tr>
<tr>
<td>Q3</td>
<td>Do you feel that you are more aware of what speech therapists working with people with learning difficulties are concerned with?</td>
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<td>0</td>
<td></td>
<td>91,6%</td>
</tr>
</tbody>
</table>

In the other 5 following questions the participants had to give a verbal answer.

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<tbody>
<tr>
<td>Q4</td>
<td>What parts of the course did you find (a) most useful (b) least useful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q5</td>
<td>What has been the most memorable part of the course content for you? Why?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Q6</td>
<td>What ideas/methods did you think of for increasing the communicative opportunities of children you work or live with?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q7</td>
<td>Which ideas/methods for increasing communicative opportunities will you be able to carry out in the near future?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q8</td>
<td>What aspects of communication skills would you like to learn more about?</td>
<td></td>
<td></td>
<td></td>
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The answer varied in both groups but few points should be mentioned:

On question 5 the most striking issue was the realization from both groups that usually it
is due to the environmental factors that communication fails between the handicapped child and the adult (parent /teacher). It was very difficult for both parties to visualize their role as facilitators rather than supportive instructors for the promotion of the child’s communication skills. Since the procedure of communication involves interaction where the roles are interchangeable what it is usually happens with the handicapped children is the direct dominance of the adult not leaving any opportunities for the child to experience the natural process of communication.

As a general comment people in both parties expressed their desire to continue their training since the building up of communication and language skills demands a lot of personal development of self awareness from the part of the professionals as well as of the parents. The parents expressed more clearly their desire to work in the future in an even more practical way with the help from the professional in order to tackle in a better way their children’s communication and language problems.

**Discussion: More potential in parents**

Similar to other current research in the field, the need analysis of the parents of disabled children has shown the necessity and effectiveness of knowledge about the type of child’s disability, knowledge about stress and communication skills, to encourage and support child’s potential, how to manage stress and how to develop child’s communication competence. The evaluation of tool packages: Train the trainers, how to introduce the knowledge about child’s handicap/disability to the parents, Train the trainers, how to teach recognize and manage stress and Train the trainers, how to develop communication skills showed good results in which parents expressed a good influence of new knowledge and skills on their family social community. It was clearly proven that educated / informed parents fell more competent to support and encourage their child’s social, intellectual and progress and their self dependentness in everyday life. On this point new horizons and new possibilities are opened: if parents can perform such a good task in supporting their young children there must be more potential in their role as supporters of their children in the age of young adulthood – on the border between school life and their entrance into the working life. With the little further education parents can be also in service trainers for tutors / chiefs of their disabled child on one side and supporters of young adults’ integration in the working place on other side. This means

- parents can help their child – young adult to manage emotional problems and help solving problems on/around his working place when the problem occurs on the disabled workers side, or
- they can deliver information or knowledge to the tutor/chief, when the problem occurs on
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So a new model of in-service training for tutors/chiefs/employers should be developed. The key elements of the proposed model should be the parents who are most motivated for success and have the best conditions and opportunities (time and closeness to their children in the age of young adultness) but don’t have enough knowledge and skills to use their potentials and advantages. Equipping parents with needed knowledge, as it was done in the project Parents: Training Most Powerful Supporters and Guiders of Disabled people, they could serve as in-service trainers for tutors/employees directly on the working place in the moment, when they judge the tutor/employer would need more information about the disabled worker – their child, they could deliver information about communication problems, which occur because possible limited communication skills (disabled people tend to communicate rather confident in their primary social group – family and are much more shy in the not familiar social environment!) and they could support solving emotional problems, caused by stress.

The model: parents in-service trainers for tutors/employers of their disabled child should be introduced in following steps:

Definition of the criteria for the inclusive working environment for disabled young worker.

Definition of the informal educational system, organization of the education and the competent educators parents as in service trainers for tutors/employers.

What is an inclusive working environment for a handicapped/disabled young adult?

What are the demands of a working environment we can call inclusive? How can we define the criteria for an inclusive working environment? An inclusive working environment is an environment in which employers except a handicapped young adult as an individual human being with all his advantages and disadvantages. A handicapped/disabled person has good and not so good sides – as any other person/worker too. The employee, qualified to achieve best results with human resources of his team, knows how to get the best results of each worker and of the team as a whole. He also knows how to get best results of a handicapped/disabled worker. For that he needs knowledge/information of the nature of the handicap and knowledge/information what are (if there are) the limits of his achievement in the working process. This will prevent him to overload his handicapped worker or to overprotect him in the working process.

The inclusive working environment is the environment in which the employee is qualified to recognise stress – in the disabled worker and his own stress – and knows the techniques how
Parents supporting integration of disabled people in labour market and life, Boris Aberšek-Metka Kordigel to handle with stress.

The inclusive working environment for disabled/handicapped young adults is a democratic community of workers and employers in which problems are discussed and solved in a democratic dialog. It is an environment in which working procedures are explained in a understandable language, social rules are clear defined and in which the team leader can communicate in a motivational way.

A two way communication is an absolute need in a democratic society – and so also a need in a inclusive working environment. Knowledge about communication means, a handicapped worker is competent to use is consequently a basic knowledge of an employee in a inclusive working environment.

Definition of the informal educational system, organization of the education and the competent educators parents as in service trainers for tutors/employers.

The main aims of the model: parents - in-service trainers for tutors/employers of their disabled child are to train:

Teachers to work with parents. Teachers are trained to work with children but they don’t have the necessary knowledge to work with adults, especially with very emotional adults (like parents of the disabled children are).

Parents to become tutors for disabled children. This will enable parents to become a better support to disabled in the integration process in social and working environment.

Parents to become the in-service trainers for employer/tutors, who should become a better support to disabled in their inclusive working and social environment.

Creating of tutoring system for disabled: parents - in-service trainers for tutors/employers of their disabled child will help us achieve the following: better quality of life for disabled people, to alleviate the work of people who are involved with disabled, to raise the quality of integration of disabled in all areas of their life and to help raise the work ability of disabled – to help put the right people on the right work places, which will help to make disabled happier and satisfied and will result in better efficiency and satisfied employers.

The tutoring system for inclusive working environment for disabled/handicapped young adults workers would involve:

The development of tools – the didactic methodology to work with educators and parents, the didactic methodology for parents to work with disabled, development of didactic tools (handbooks, teaching material, equipment and instruments), didactic environment.
The development of the concept for organizing the training for parents (transfer of needed knowledge according to need analysis and knowledge about the form and possibilities of in-service training) performed by teachers in the time, their disabled/handicapped children are going to school.

The development of inclusive working environment for disabled/handicaped young workers in which employers are willing to receive from parents in the form of in-service training

knowledge about the disability, it’s limitations and the borders to which the work load oh disabled worker can be extended,

knowledge about specialties of communication means, the young disabled worker is using and

Knowledge about stress, which could occur in everyday working life – also in everyday working life with young adult disabled/handicapped workers

On the bases of the demands and set priorities the tutoring system for in-service training for employers/tutors of disabled/handicapped workers should be developed, which will involve all interested parties:

![Diagram](image)

Such system would significantly contribute to the creation of disabled/handicapped worker inclusive environment in which the handicapped/disabled young worker could use all his potentials and get the opportunity to live as self-dependent, as the limitation of his disability/handicappe makes it possible

**CONCLUSION**

The parents already play very important role in their disabled child. But they could become even more powerful supporters and guiders for the development of their disabled child. For this role parents need help and education. They need additional knowledge and competences to support three main areas of disabled child’s life: school time, active life and job life. Training
Parents supporting integration of disabled people in labour market and life, Boris Aberšek - Metka Kordigel

the parents for this role, especially for the role of in-service trainers for working tutors/chiefs, would assure a great multiplicative effect: the society would get regular disabled people friendly working places. These way inclusive working environments for disabled people would be created, in whom they will have the opportunity to live as self-dependent as the limitation of their disability makes it possible – including the right to provide money for their living.

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