



Change Organisations to Enable Social Inclusion

Project Number: 2017-1-AT01-KA204-035102

Self Assessment Tool for Social Inclusion

Lebenshilfen Soziale Dienste
GmbH (LH SD GmbH)
<http://lebenshilfen-sd.at>

lebenshilfe
Wege für Menschen

CUDV Center for Qualifying, Work
and Social Care, Crna na Koroškem,
Slovenia (SL)
<http://www.cudvcrna.si/>



FENACERCI National Federation of
Social Solidarity Cooperatives,
Portugal (PT)
<http://www.fenacerci.pt/>



Portugal (PT)
<http://www.fenacerci.pt/>

GORABIDE, Biscay Association in
Favour of People with Intellectual
Disabilities, Spain (ES)
<https://gorabide.com/>



Leben mit Behinderung Hamburg
Sozialeinrichtungen gGmbH, Germany
(DE)
<https://www.lmbhh.de>



The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Co-funded by the
Erasmus+ Programme
of the European Union

Content

Preface.....	4
The Self-Assessment Tool for Social Inclusion.....	5
Theoretical Background of the Tool.....	6
What is Social Inclusion?	7
What is the Person-Centred Approach?.....	8
The Individual Level.....	8
The Organisational Level.....	9
The Community Level.....	10
Assessing your Organisation or Service	11
Assessment Tool Indicators	12
Section 1: The Organisational Level	14
Section 2: The Interpersonal Level.....	23
Section 3: The Community Level	29
Resources	34



Preface

This Self-Assessment Tool for Social Inclusion was developed as part of the project COESI – Change Organisations to Enable Social Inclusion. The project received funding from the European Commission, within the framework of ERASMUS+, from November 2017 until October 2019. The project was headed by Lebenshilfen Soziale Dienste GmbH (Austria). Lebenshilfen provides services for people with disabilities and their families. The project was realised together with four partners, all of them European non-governmental organisations:

- CUDV Center za usposabljanje delo in varstvo Črna na Koroškem, a Slovenian centre for qualification, work, and social care;
- FENACERCI – Federação Nacional de Cooperativas de Solidariedade Social, the Portuguese National Federation of Social Solidarity Cooperatives;
- GORABIDE – Asociación Vizcaina en favor de las personas con discapacidad intelectual, a Spanish association working on behalf of people with intellectual disabilities and their families in Biscay;
- LMBHH – Leben mit Behinderung Hamburg providing accommodation, work and consultation for people with disabilities and their families.

The project's main aim is to focus disability care on the social inclusion of people with intellectual disabilities and to reveal and facilitate the organisational transformation process of organisations. Along with the task of providing support, safety, and protection for people with disabilities, organisations should also empower them to facilitate their participation in society and to establish relationships with other people. The person-centred approach (described below) seems to be beneficial in accomplishing these goals, as it places people with intellectual disabilities at the centre of all phases, especially the implementation. This is the only logical starting point for social inclusion: the individual.

Related activities in the project were to develop various kinds of materials (assessment tools, action plan, seminars, and curricula) to create a basic methodology for organisations on their way to enhance social inclusion. The materials address different target groups: professional



staff in organisations (managers and executives as well as support professionals¹ and assistants), the social support organisations for people with disabilities and their families (hereinafter briefly organisations) as institutions, and people with intellectual disabilities.

The Self-Assessment Tool for Social Inclusion

The Self-Assessment Tool for Social Inclusion offers organisations the possibility to carry out a criterial analysis of their actual progress toward the social inclusion of people with intellectual disabilities. The analysis is based on indicators which show the degree of inclusion in the respective organisation and their individual services. The main focus lies on the interplay of organisational structures and the further development of social inclusion based on the person-centred approach.

Additionally, the partnership has developed an assessment tool for people with intellectual disabilities to evaluate and assess the services they use in organisations.

The third tool developed in this project, an Action Plan for Social Inclusion, leads to concrete strategies and recommendations for organisations. It intends to support organisations in implementing adaptations according to their specific development toward inclusion.

¹ We understand support professionals to be people working with people with disabilities on a daily basis, in their daily routine (the frontline staff, so to speak)



Theoretical Background of the Tool

First, we need to clarify the theoretical background for the project in general and for this tool in particular. After pointing out the basic assumptions on which the project is based, we provide the definition of social inclusion that underlies the project. Furthermore, we give a brief overview of the person-centred approach. We also address organisational changes and further developments, thus emphasising the role of organisations before presenting the main part of this paper, the Assessment Tool for Social Inclusion.

There are two basic assumptions that can be viewed as the basis for developing this assessment tool:

- The person-centred approach (PCA) is one practise for supporting people with intellectual disabilities on their particular paths into the community and for facilitating social inclusion².
- An organisation's decision to follow the PCA requires certain changes in organisational structures.

The partnership sees the PCA as one crucial moment within the progress of social inclusion and furthermore postulates that changes need to be made in the organisations that provide services and support for people with intellectual disabilities. Whenever an organisation decides to implement person-centred practises, it will sooner or later come to the point where it recognises that changes in organisational and in interpersonal structures are unavoidable. It will be necessary to reflect on how the organisation has thus far understood roles, functions, and responsibilities (of all persons – the ones being supported and those giving support, the ones managing, and those planning and developing organisations and communities).

² There are many practises that can be useful for giving support to people with disabilities in terms of social inclusion. In the project COESI, we focus on the person-centred approach and practises.



What is Social Inclusion?

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) is one of the foundations of the COESI project. The Convention came into effect in the European Union in 2011. All EU countries signed the convention, and most of them also ratified it. This means that all countries and the EU are committed to uphold and protect the rights of persons with disabilities³. According to Article 1, the UNCRPD's purpose "is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity". Social inclusion is one of the Convention's main principles, and there are many different definitions of this principle. Generally speaking, the partnership of the COESI project refers to the definition of Bates and Davis, who write that "social inclusion means ensuring that people with learning disabilities have full and fair access to activities, social roles and relationships directly alongside non-disabled citizens" (2004, p. 196). The project consortium, however, endeavours to amend this definition to read, "social inclusion means ensuring that people with learning disabilities have full and fair [opportunities for] access to activities, social roles and relationships directly alongside non-disabled citizens". Why does the partnership prefer to talk about "full and fair opportunities for access"? The reason lies in the life realities of people with intellectual disabilities. In many cases, access to activities, roles, and relationships is given. So, it is not a problem of access or accessibility. The problem people with intellectual disabilities are facing in many situations is that they just do not have the opportunity to use the services in the community, to take over roles, or to cultivate relationships, because there is a lack of support, a lack of experience, or a lack of ideas. We think the question is more about giving them the opportunity to access activities, social roles, and relationships and about supporting them in exploring and experiencing opportunities.

Nevertheless, this definition shows two important dimensions in many definitions of social inclusion: interpersonal relationships and community participation (cf. Simplican et al. 2015, p. 19). Simplican et al. present an ecological model of social inclusion that describes five conditions that either enable or disable social inclusion (individual, interpersonal, organisational, community, and sociopolitical conditions) (ibid., p. 25). This assessment tool focuses on organisational, interpersonal, and community-oriented conditions to be evaluated within

³ Ireland signed but has not yet ratified the UNCRPD, making it the last European state to ratify it (cf. <http://ec.europa.eu/social/main.jsp?catId=1138> [13/02/2018]).



the organisation. Enhancing the social inclusion of people with intellectual disabilities also means asking which opportunities organisations and their staff provide to their clients (people with intellectual disabilities) for better access to the community, for a possibility to take part and to also give part⁴.

What is the Person-Centred Approach?

Person-Centred Planning was first developed in the late 1980s in English-speaking countries and comprises a variety of methods and tools to help and support people with disabilities to make future plans. Its focus lies in developing a vision for the future of one's own life, defining targets, and planning steps to achieve set goals. This whole process is to take place together with a circle of supporters. Besides achieving individual goals, it is also about designing appropriate support systems and services and developing services and organisations further. One goal in this process will always be to connect with the community and use community-based resources (cf. Doose 2011, pp. 3–4). From there on out, the realisation of a person-centred practise entails consequences in terms of necessary changes on the following levels:

- the individual level,
- the organisational level, and
- the community level.

Let us briefly focus on these three levels.

The Individual Level

By putting a person-centred approach into practise, the perspectives on people with disabilities change. They are seen as autonomous people who lead a self-determined life. They gain respect like all other people and make their own choices and decisions. A person-centred practise includes the risk of frustration. Nevertheless, the person with disabilities has the right to control his or her own life and he or she also has the right to experiences including making decisions that may be “wrong”. People with disabilities will benefit from a person-

⁴ We define participation as taking part and giving part. This means that people with disabilities not only benefit from the community but also bring value (back) into the community. So, the participation of people with disabilities is a reciprocal process and brings value for both sides.



centred practise by becoming empowered, gaining a better quality of life, and acquiring more abilities.

The person-centred approach necessitates changes in the way people with disabilities are supported. Concluding from the previous paragraph, one task is to give people with disabilities the security that someone is there with and for them and supports them in coping with all kinds of frustration. People with disabilities need people around them who focus on the resources and strengths of the individual – people who support decision-making processes. The professional's role changes to being a supporter, an assistant, a part in a circle of supporters and in a multi-professional team. He or she has to take on the role of coordinator, building bridges to other systems and people. The expertise in the life of a person with disability is no longer anchored exclusively in the professional's know-how. The person him- or herself is the only expert for his or her own life, makes the decisions for his or her life, and gets the needed support from the professionals. Nevertheless, one must be aware that many people with disabilities have never had the chance to acquire experience in their lives. So, "it is a proper role of staff to help people experience new things – they don't have to wait for it to be an active choice of the person they support" (Williams and Sanderson n.d., p. 28).

The Organisational Level

Another consequence is that organisations offering services and support to people with disabilities in a person-centred manner must also change their structures and self-understanding. Organisations must focus on personal results rather than on the resources (processes, services ...) they use to achieve those personal results. They must develop and customize the support suitable for their clients. In a culture of person-centred thinking this support will be flexible and tailor-made and will reflect a comprehensive understanding of the needs and interests of people with disabilities. Organisations must restructure their governance, responsibilities and decision-making processes and need both more internal and more external flexibility.

It may be helpful for organisations to think about and to reflect on their purpose and to rethink the way in which they do their job and how they offer their services.



This need of transformation or change is also outlined by Williams and Sanderson (n.d.). Moreover, they present seven key elements that describe the basis of person-centred organisations. These key elements are:

- Visionary leadership: “Visionary leaders understand how to make change happen, as part of implementing strategy, and have a broad sense of the changes needed to develop a person-centred organisation” (Williams and Sanderson n.d., p. 5).
- Shared values and beliefs: “Organisations need to have clear values, which permeate (and sometimes explode) into every aspect of the organisation” (ibid., p. 15).
- Outcomes for individuals: “... listening to people supported to find out what they want from their lives and then planning an action to support them to achieve this” (ibid., p. 23).
- Community focus: “Person-centred organisations seek to play a part in the communities in which they work. They don’t seek to work in splendid isolation” (ibid., p. 27).
- Empowered and valued staff: “Person-centred organisations should have a clear view of how they lead and manage staff” (ibid., p. 32). This includes the recruitment, management, training, and empowerment of staff.
- Individual and organisational learning: “The challenge for each of us individually, in our teams and organisationally is to learn from our experiences and adjust to changing circumstances to ensure that services become better and better” (ibid., p. 39).
- Partnership: “Effective long-term change to person-centred organisations requires a working partnership and cannot be sustained in the long-term without it. That means a commitment to working through difficulties and differences together” (ibid., p. 44).

In summary: the person-centred approach is an attitude, a way of thinking, a practise that comes up with many different methods and tools to use. It is a concept of supporting people and brings ideas and different perspectives on the supporting systems and service systems in disability care.

The Community Level

On the community level, we may first reflect on the basic frame of the organisation's settings and facilities: Where are they located? What types of accommodations or workshops are offered? What is their scale? What does the setting look like (surroundings)? Are community



services available and accessible there (transportation, mobility ...)? (cf. Simpican et al. 2015, p. 26)

Second, we may focus on the ties to the community (interpersonal relationships with the community); the way organisations foster a connection with the community. This level is about the perspectives the clients have in the particular surroundings. Are there opportunities to join community services? Does the organisation foster cooperation with other people or organisations in the community? Does the organisation or do the clients use other services for support?

As a consequence of the PCA, organisations (and the people in them) widen their focus to a more community-oriented approach in their everyday work. Williams and Sanderson also provide ideas for this challenge in their paper and give some examples on how to improve. One suggestion is to recruit staff directly from the area where they are going to work. They bring relationships and connections to the community and can rely on them in their work with people with disabilities. Another suggestion is to map the community to find out not only about possible activities but also about relationships there. When talking about relationships we also need to focus on the responsibilities each of us has for his or her relationships and to impart these skills to the people we support (Williams and Sanderson n.d., p. 27ff).

Assessing your Organisation or Service

The Self-Assessment Tool for Social Inclusion offers the possibility to organisations as a whole or the particular entities in it (services) to carry out a qualitative analysis of their actual progress toward the social inclusion of people with intellectual disabilities. The Self-Assessment Tool for social inclusion can be used by all people working in organisations (managers, executives, carers, pedagogues, social workers, therapists, ...). The tool's main intention is for the organisations' employees to conduct the assessment. Since volunteers work in different ways and are also managed in different forms, they are not the target group for this tool. Nevertheless, in some cases and in some teams volunteer involvement may make sense. So, it is up to each team to decide who will be involved in this assessment.

The assessment will be most beneficial when conducted in teams. Of course, it is also possible to do it individually, but there will always be the necessity to discuss the individual find-



ings and to make further plans together. This step can be supported with the COESI Action Plan for Social Inclusion.

The assessment tool provides indicators to evaluate your organisation in three sections:

- the organisational level
- the interpersonal level
- the community level

Each section includes examples with three descriptions or statements each. Choose the one that is best suited to your personal situation in the organisation or in your service.

Assessment Tool Indicators

Simplican and her co-authors – referencing but also criticising Parr and Hall – point out “three types of structural settings” (2015, p. 24) that are all very important in the ecological model of social inclusion. They talk about different activities and the involvement of people with disabilities in these activities. Based on the level of involvement, they categorise the activities as follows:

- “segregated activities”
- “semi-segregated activities and”
- “integrated activities” (ibid.).

Separate activities are mainly found in subdivided settings such as day centres, sheltered workshops, or in families who do not go into the community for their activities. In all these cases people with disabilities have contact only to paid staff or their immediate family members. The involvement of people with disabilities can be described as being present “with little to no contact with other people”. Semi-separate activities are those taking place outside the particular facilities, only with contact between the person with disabilities and paid staff or family members, or taking place in the facility involving people from outside. In these settings people with disabilities have encounters with other people in the community in usual day-to-day interactions. Integrated activities take place directly in the community, directly involving people with disabilities. Here people with disabilities are involved in the community; since they taking part in community life, they even have the chance to build relationships with other people (ibid., pp. 24–25). We must be aware that these descriptions only focus on the level of the involvement of persons with disabilities. In this respect it is necessary to emphasise



that the intention is not to generally value integrated activities as the best ones. What is the best setting for each person depends a great deal on his or her particular needs.

Let's switch now to the organisational level and apply this approach there. The settings (separate, semi-separate, integrated) seem to trace the development stages from the institutionalised system of disability care, which operates only in the organisation (separate), to an open system focused on the community and the resources there (integrated). One might also think that these indicators accomplish the transformation from a system-centred to a person-centred thinking.

These three settings are the basis on which we derive the indicators for the assessment tool. The tool's indicators are related to the development or transformation process from separate (system-oriented) to integrated (deinstitutionalised or community-focused) settings. You can choose from three statements that illustrate this development by way of example.



Section 1: The Organisational Level

Corporate Culture – Person-Centred Approach on Client’s Level

Tick one box **X**

1	The organisation is in the beginning stages of applying and implementing the person-centred approach on the client’s level.	
2	The organisation has developed a strategy plan with a clear definition of goals in terms of implementing the person-centred approach on the client’s level.	
3	The strategy for implementing the person-centred approach on the client’s level is committed on all organisational levels and all people in the organisation work actively on its implementation.	

Notes:



Corporate Culture – Person-Centred Approach on Organisational Level

1	The organisation committed on the use of the person-centred approach on all organisational levels (managing, leading, and developing the organisation and the people).	
2	The organisation has developed a corporate policy on the person-centred approach with focus on the staff level and the organisational development level.	
3	There exists an overall and fully transparent policy to apply the person-centred approach on all organisational levels which was developed in a participative and inclusive manner. The policy defines not only the scopes and aims but also the values, substantive amendments needed, and benefits. The change from the organisation-centred thinking to person-centred thinking has been fully accomplished.	

Notes:



Corporate Culture – Social Inclusion

1	The organisation is in the beginning stages of fostering their clients' social inclusion. Social inclusion is defined as one of the organisation's goals.	
2	The organisation has developed an action plan that shows the organisation's goals and efforts in terms of the social inclusion of people with disabilities. The action plan/criteria catalogue shows specific facilitating conditions.	
3	The organisation has developed an overall and fully transparent policy to actively foster the clients' social inclusion which is known to all people. All people working in the organisation work actively and perceptibly on its implementation.	

Notes:



Vision and Mission Statement

1	The organisation's vision and mission statement show basic tendencies of the aim of social inclusion.	
2	The organisation's vision and mission statement clearly reflect the aim of social inclusion and the person-centred approach.	
3	All people in the organisation were involved in the development of the vision and mission statement that clearly reflect the aim of social inclusion and the person-centred approach. All people commit and follow the vision and mission statement.	

Notes:



Responsibilities and Decision-Making – Corporate Governance

1	Responsibilities and decision-making authorisations are allocated based on the organisation's hierarchical structures.	
2	Responsibilities and decision-making authorisations are allocated according to the functions people have in the organisation.	
3	Responsibilities and decision-making authorisations are allocated according to the roles people have in the organisation and follow the principles of self-responsibility and self-guidance.	

Notes:



Client Involvement

1	Clients are seen as users of services and are informed about relevant and important changes and decisions that concern them.	
2	The organisation establishes client advocacy. The clients/advocates are involved in decisions that concern them directly.	
3	A client's advocacy is concisely anchored in the organisation's guiding principles. Based on the principle <i>nothing about us without us</i> , clients or a client's advocate are involved in the organisation's strategic and operational development.	

Notes:



Professional Development (Education and Training)

1	The education and training for the staff focuses on the functions people have in the organisation. Staff have the possibility to express preferences of concrete training and educational programmes.	
2	The person-centred approach and social inclusion are part of the strategic staff development in the organisation. The organisation explicitly fosters training and education that are relevant to PCA and/or social inclusion.	
3	Offered/Consumed training and education is conducted under the principles of social inclusion (inclusive settings, trainer tandems, ...) and PCA.	

Notes:



Innovation Processes

1	The organisation sees itself as innovative and fosters an innovative culture. It provides the necessary resources for new ideas and innovation.	
2	The organisation promotes cooperation and networking with different partners and stakeholders from outside the organisation to develop innovation.	
3	The organisation actively takes part in regional, national, European, and international programs for the development of innovation and/or exchange of good practises. Transfer of innovation and/or know-how is pursued on a national and international level and on a reciprocal basis.	

Notes:



Communication (Internal and External)

1	Communication is oriented on the particular stakeholders or target groups (the used language and documents are suited to the particular target group).	
2	There exists a communication strategy which is complied with on all organisational levels. The communication strategy shows awareness of the particular topics (like gender, cultural awareness, diversity) and target groups.	
3	The organisation's communication strategy features a corporate design and attitude that complies with the organisation's position on social inclusion. The entire visual and written language is barrier-free and accessible.	

Notes:



Section 2: The Interpersonal Level

Client Empowerment

1	The clients' strengths are known, and their will, individual plans and life perspectives are taken seriously.	
2	Person-centred practises are implemented and the individual social network of each client is seen as a useful resource.	
3	Individual flexible solutions are compiled and implemented together with the clients and their social network (circle of supporters).	

Notes:



Staff Roles and Responsibilities

1	The responsibilities of the staff depend on their individual function in the organisation and on their education for their particular job.	
2	The tasks and responsibilities of all staff are defined via their roles in the organisation. Their role descriptions clearly reflect the person-centred approach and social inclusion. Staff and clients clearly know who is responsible for what and which role each of them plays in the organisation. There is a transparency of roles throughout the organisation.	
3	The employees working on the frontlines are seen as assistants. They get the necessary support to change their attitude and understanding in order to implement the vision of “lived” assistance in the organisation.	

Notizen:



Decision-Making Processes (by the Client)

1	Clients have the possibility to make their own choices (for their everyday lives and for their future plans). Information about possible choices is accessible in an easy-to-understand way.	
2	All the necessary support is offered in the decision-making process. It is clear who supports and what this support looks like. The support is also managed via the <i>circle of support</i> .	
3	Decision-making processes and the subsequent developments are evaluated regularly. The organisation aims to actively groom and strengthen the client's competencies in decision-making, making choices and planning further steps.	

Notes:



Client Responsibilities, Rights, and Duties

1	The clients' responsibilities, rights and duties are defined and imparted to them.	
2	The clients were involved in the process of formulating their responsibilities, rights and duties.	
3	Clients are met on equal terms and with equal rights. The clients' responsibilities, rights and duties are formulated in accordance with the principles of person-centeredness, taking in account the clients' needs, habits and interests instead of focusing on the interests of the organisation (e.g., house rules).	

Notes:



Social Networks of Clients (Circles)

1	The clients are supported in cultivating relationships with their closest confidants (family and friends).	
2	Network maps are drawn up together with the clients to support them in establishing and cultivating relationships and friendships. These contacts and relations are seen as resources for the clients.	
3	The clients are supported in being part of the community. Being part of the community is understood as both participating and being valued by the community because of their presence.	

Notes:



Teams

1	The organisation is aware that cooperation in multi-professional teams, with volunteers and various other supporting systems is the basic component for high quality in a person-centred practise.	
2	The planning of staff resources is based and oriented on the clients' individual needs (supporting needs). An implementation and realisation of flexible solutions is in progress.	
3	Expertise and resources of a multi-professional team and a circle of support are available to the clients in planning and implementing further steps.	

Notes:



Section 3: The Community Level

Community Connecting – client's level

1	Cooperation with the community is one main goal in the support offers for clients.	
2	Participation: Clients are supported in getting access to the community. Cooperation activities with the community and relations to the community are cultivated and strengthened.	
3	Giving value to the community: The organisation connects the community with clients with regard to the clients' strengths and potentials (added value, e.g. in the labour market, in voluntary work, in a club or association).	

Notes:



Community Connecting – organisational level

1	Community Connecting is one main goal and mission in the shaping and realisation of services.	
2	Staff and clients are familiar with the community's activities and services, the neighbourhood, educational programs, leisure activities, sport clubs, ... and participate there. Additionally, the organisation also offers services for the community or services which can be used by other people.	
3	The assistants are "bridges" to the community and support the clients to establish themselves in e.g. sports clubs or associations. Such a process is successful when other people (e.g., from the club) take on partial responsibilities (e.g., picking up the client and taking her/him to an appointment).	

Notes:



Client's roles in the community

1	The clients take part in community activities in groups and together with support professionals.	
2	Clients get individually support to take part in community activities by themselves.	
3	Clients take part in community activities individually and have the possibility to also take over socially valued roles there.	

Notes:



Staff's roles in the community connecting process

1	Support professionals accompany the clients to activities in the community.	
2	The support of the professionals is targeted to find individual solutions for their clients to take part in community activities.	
3	Support professionals focus on the best support for both the clients and the community members to act together without the support of professionals. Support professionals are agents in terms of connecting clients and community members.	

Notes:



Self-Advocacy of Clients/Client Advocacy

1	The organisation brings topics to the attention of self-advocates outside the organisation.	
2	The organisation actively supports the establishment of self-advocacy or a client's advocacy and also supports the possibility to network with other self-advocates or groups active in this field.	
3	The organisation actively involves self-advocates or a client's advocate in its strategic planning and decision-making processes.	

Notes:



Resources

Bates, P. and Davis, F.A. (2004). *Social capital, social inclusion and services for people with learning disabilities*. *Disability & Society*, 19(3), 195–207.

Simplican, S.C., Leader, G., Kosciulek, J., and Leahy, M. (2015). *Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation*. *Research in Developmental Disabilities*, 38, 18–29.

Booth, T., Ainscow, M. (2002). *Index for Inclusion: developing learning and participation in schools*. Centre for Studies on Inclusive Education.

Williams, R., Sanderson, H. (ns). *What are we learning about person-centred organisations?* Retrieved from: <https://creativeoptionsregina.ca/being-person-centred/> [02/03/2018].

Doose, St. (2011). *“I want my dream!” Persönliche Zukunftsplanung. Neue Perspektiven und Methoden einer personenzentrierten Planung mit Menschen mit Behinderungen*. 9th, revised edition. Retrieved from: <http://bidok.uibk.ac.at/library/doose-zukunftsplanung.html> [02/03/2018].

