

LIVING IN COMMUNITY / COMMUNITY LIVING. (by Assumpció Pujol)

In this presentation, I'll try to answer the question, How could providers of services collaborate with the community, the families and the neighbourhood? In which way could the acceptance of learning disabled people in the community could be improved in order to reduce their risk of exclusion?

Firstly, I think that it is prior to make a reflection on the concept of people with mental retardation and the concept of people with learning disabilities. I think that AAMRA (American Association on Mental Health) definitions are quite essential and appropriate, because they introduce the concept of adaptive behaviour and emphasise the relationship of the social context and the possibilities provided by the society to the people with mental retardation in their development.

This approach allows us to consider the people as the centre of our interventions. It conceives the disability as an initial limitation of opportunities to participate in the society on the same conditions than the rest of the people. This conception allows us to orientate the actions towards the needs and skills of the people and contemplate the existing dependence of any person on his /her social contexts and on the whole society surrounding him / her.

Nevertheless, it is also necessary to adopt new measures of positive discrimination for the people with learning disabilities. In spite of this year-celebration of the tenth anniversary of the Declaration of Rights and Equality of Opportunities of People with Learning Disabilities by the UN, these people still have to face different kind of obstacles which prevent them of fulfilling their rights. Therefore, specialised services addressed to them are still required and necessary. However, the providers of services should take into account that the possibilities of development and adaptation of the mental retardation people are conditioned by their capability to establish inter-personal relationships and by the characteristics of their social surroundings.

Let me explain the model of intervention of *Diputació de Barcelona*. This organism, where I work, is a local supramunicipal administration belonging to a network of 311 municipalities, which compose the Barcelona province. (The Autonomic Community of Catalunya is composed of four provinces: Barcelona, Girona, Lleida, and Tarragona).

I have to clarify that the existing legislation in Catalunya ascribes to the municipalities the competencies in social services of primary care. These are Information, orientation, and derivation to specialised services, housing care, and residential services of temporal

accommodation. At a general level, this legislation points out that municipalities must promote all type of activities and provide as many public services leading to satisfy the necessities and aspirations of the community. The legislation considers specialised services the following: early treatment, occupational centres, special employment centres, housing common services, centres of assessment and diagnosis, specialised attention in centres for care during the day (*centros de día*), and residential centres.

The *Diputación de Barcelona* model is based on:

- ✍✍ Transversality: It implies different areas of the administration: social welfare, health, education, leisure, sports, culture.
- ✍✍ Municipal co-operation: With the finality of improving the capacity of the different municipalities to answer to the needs of disable people, as well as correct the territorial unbalances (municipalities with less number of inhabitants have a less structure of services).
- ✍✍ Participation: Involving representative entities on the tracing and design of new actions, encouraging some of their projects

We try to promote the equality of opportunities improving the people's environment.

All these policies of *La Diputación* contemplate the social diversity, incorporate the concept of "design for all", and try to give solutions to facilitate the life of the whole society. Let me give you some examples: accessibility to urban spaces and equipment (sport, cultural, and social facilities). This accessibility must be contemplated in the broadest sense, with quality criterions, adapting them to the needs of the whole population. The accessibility is also addressed to the information and knowledge of new technologies as an instrument to enable the participation of disabled people, creating and applying a *White Book for the access to web pages (Manual de Estilo para la accesibilidad a las páginas web)*, within the telematic network of *Diputación* and Town Councils. We propose a new model of accessible, sustainable, integrating city, full of solidarity, in which all the people can exercise their rights as citizens.

With the finality of promoting the equality of opportunities, the Social Welfare Area encourages the rest of the Areas to take into account the needs of the disabled people in each one of their policies and plans. We co-operate with the municipalities in the development of those actions and plans that consolidate the local social services, and facilitate the social participation. We collaborate with varied organisms of social initiative. Let me give you some examples of these services:

Respiro, for residential care, and family admittance: the families of the neighbourhood take in the mental retardation person temporarily.

Local Network of home care: there are more than 200 Town Councils participating in this project, as well as other projects which train to the staff of the different municipalities.

As a summary, we could establish that the proposals to increase the acceptance of disable people should be based on these terms:

- ✍✍ Transversal and interdisciplinary work of the administrations and organisms of social initiative.
- ✍✍ Definition of an integral model of services and resources of municipalities that facilitate a coherent and cohesive scene of care of the disabled people.
- ✍✍ Participation of representative organisms of the disabled people, and when possible, the participation of the very disable people in order to achieve the most suitable answers to their needs.
- ✍✍ Knowledge, strategic policy, assessment, and exchange of experiences as tools for the decision- taking and diagnosis of needs.
- ✍✍ Incorporation of the new technologies of information and communication.

We could conclude saying that we should forget the definition of those services based on classifications leading to the homogenisation of mental retardation people. The application of this new concept that contemplates the interaction of the people with their close environment and the comprehension of their capacities will lead us to a varied proposal of services to facilitate the social inclusion of the highest number of people. If possible, we do not have to generate especial answers to guarantee the rights of certain people, but we have to bring solutions for all the members of the society. A society in which every individual has his/her limitations and capacities as well as some needs no satisfied.

Nowadays in Catalunya the way to accede to theses services and to the services for the people with learning disabilities is as follows:

Access to services: Through the autonomic administration (equivalent to the regional) to make an assessment and a posterior derivation.

Types of services: Most of the disabled people live with their families and along their lives, they go to ask for services as:

- Early treatment.
- Special school or special integration school.
- Occupational centres or special employment centres.

Some people live in attended residences (*residencias asistidas*) and others in in homes guarded and supported by the community.