



ERASMUS+ small scale partnerships Ref. No: 2022-1-HR01-KA210-YOU-000081830

GREEN-IN INCLUSION OF ALL PERSONS FOR A GREENER FUTURE

GUIDE FOR VOLUNTEERS IN ASSOCIATIONS FOR PERSONS WITH DISABILITIES

Ines Van Hoek, graduate rehabilitator

Cestica, december 2023

<u>Disclaimer</u>: Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.











Contents

1.	INTRODUCTION	3
2.	PERSONS WITH DISABILITIES	3
3.	BLIND AND VISUALLY IMPAIRED PERSONS	4
	3.1 HOW TO COMMUNICATE AND HOW TO BEHAVE TO VISUALLY IMPAIRED PERSONS	5
	3.2. HOW TO GUIDE A BLIND PERSON	6
	3.3. RULES OF BEHAVIOUR IN RESTAURANTS AND CAFES	7
	3.4. RULES OF BEHAVIOUR WHILE USING PUBLIC SPACES	7
4.	PERSONS WITH HEARING IMPAIRMENT	8
	4.1. COMMUNICATION WITH PERSONS WITH HEARING IMPAIRMENT	8
	4.2. HOW YOU CAN APPROACH AND COMMUNICATE WITH HEARING IMPAIRED PEOPLE	
5.	PERSONS WITH INTELLECTUAL DIFFICULTIES	
	5.1. HOW WE CAN COMMUNICATE WITH A PERSON WITH INTELLECTUAL	
	DIFFICULTIES:	
6.	PERSONS WITH PHYSICAL DISABILITIES	
	6.1. RULES OF BEHAVIOUR TOWARDS PERSONS IN WHEELCHAIRS	
7.	PERSONS WITH THE AUTISM SPECTRUM DISORDERS	11
	7.1. CHARACTERISTICS OF CHILDREN AND PERSONS WITH ASD:	12
	7.2. WHAT DOES A PERSON WITH ASD WANT YOU TO KNOW ABOUT THEM?	13
	7.3. HOW TO COMMUNICATE WITH A PERSON WITH THE AUTISM SPECTRUM DISORDER:	
8.	ADHD	13
9.	PERSONS WITH BEHAVIOURAL DISORDERS	14
	9.1.HOW TO HELP A CHILD WITH BEHABIOURAL DIFFICULTIES	14
1(). FAMILIES OF PERSONS WITH DISABILITIES / CHILDREN WITH DIFFICULTIES	S 15
11	I. VOLUNTEERING AND CIVIL SOCIETY	16
	11.1.RIGHTS AND RESPONSIBILITIES OF VOLUNTEERS	17
11) LITERATURE:	10











Background to the project "GREEN-IN"

This document has been prepared within the framework of the project "GREEN IN - Including all persons for a Greener Future," which is co-funded by the Erasmus+ programme of the European Union under the call for proposals "Small partnerships in the field of youth" (ref: 2022-1-HR01-KA210-YOU).

A grant in the amount of EUR 60,000.00 has been approved for the implementation of the project. The partner/applicant is the Association "Life and Joy/Život i radost" from Cestica, Croatia. The project partner is the Municipality of Cavriago/Comune di Cavriago, Italy. The project started on 03/10/2022 and will last until 03/03/2024 (17 months). The overall goal of the project is to encourage the inclusion of people with disabilities in the community by involving young people in the actions of non-profit organizations. The specific goal of the project is to strengthen the capacity of young people as active citizens to support people with disabilities in their efforts to be socially included in the wider community.

The main activity that will take place within the framework of the project is the creation and implementation of a training program for young people (persons aged 18 to 30) to support people with disabilities in their efforts for social inclusion in life in the wider community.

Key activities and deliverables include the following:

- Selection of 10 participants who will participate in a training program that provides them with the skills and knowledge to help people with disabilities.
- 10 participants (participating in 30 hours of online training and 2 in-situ workshops 1 in Croatia and 1 in Italy) in order to acquire capacities to support people with disabilities in their efforts to be socially included in the wider the community.
- 2 nature-based actions (Green actions 1 in Italy and 1 in Croatia) are organized so that young volunteers and others in the community gain knowledge and understand how to include people with disabilities in protection actions environment in the community
- Implementation of the final conference and finalization of the cooperation agreement between partnership to ensure long-term sustainability of the project model.

Concerning this guide, the partnership of "GREEN-IN" hopes that you, the reader, can use its contents to assist persons with disabilities in your community. In short, we hope that the guide's contents give you advice and ideas on how to assist persons with disabilities in the community to achieve social inclusion in all local actions.











1. INTRODUCTION

Volunteers in associations for persons with disabilities are often faced with their own uncertainty. Lack of knowledge and skills which would enable them to work with persons with disabilities and children with difficulties are the cause of uncertainties among volunteer, which is also the main reason for the difficulty in finding such volunteers. Openness and acceptance of diversity are a foundation of working with all people so as to include persons with disabilities in the community. Associations focusing on persons with disabilities often readily provide education to volunteers and other persons who come into contact with them.

Even today in the world of democracy and science some people fear something new and unknown. It is a well-known fact that in the world every 30 seconds a child with developmental difficulties is born. A child with developmental difficulties, later a person with a disability, is a complete person with their specificities, needs, but also talents. Such individuals primarily require human attention, care and support. These are persons with "visible difficulties": persons with intellectual difficulties, visual impairment, hearing impairment, persons with physical disabilities, individuals with autism, etc. Persons with disabilities and children with difficulties should be approached with love and understanding above all, which will help us realize their needs, but very often their hidden talents. The paths of overcoming our fears range from conversations, listening and touching, and involvement in the activities of everyday life to strictly structured plans and programmes, depending on the population of persons with disabilities, their impairment and their abilities. When we get to know the individuals, when we overcome fears and knock down barriers which divide us like a wall, we will be able to live in a healthy community which accepts and respects diversity.

2. PERSONS WITH DISABILITIES

A child with developmental difficulties, later a person with a disability is a complete being with all its specificities, and needs but also potentials. Primarily, it requires human attention, care and support. These are individuals with "visible difficulties": individuals with intellectual disabilities, visual impairments, hearing impairments, individuals with physical disabilities, individuals with autism, and ADHD.











Persons with physical disabilities and children with developmental difficulties should be approached primarily with understanding which will help us understand their needs, as well as their hidden talents. The paths of overcoming our fears range from conversations, listening and touching, and involvement in the activities of everyday life to strictly structured plans and programmes, depending on the impairment and abilities of persons with disabilities. When we understand the biopsychosocial structure of a person, when we overcome fears by breaking down various barriers that divide us, we will be able to live in a healthy community that accepts and respects diversity.

The attitude to disability varies depending on the culture and society where the person lives, its perception, attitudes and prejudices towards persons with disabilities. The attitude of society toward persons with disabilities reflects how civilized a society is.

Throughout history, there lived persons with disabilities who were stigmatized, rejected, discriminated and pushed to the margin of society. Attitudes of society towards persons with disabilities ranged from isolation and segregation up to respecting their needs, human rights, social integration and participation in the community. Many times they have been deprived of their dignity, e.g. they were called insulting names and compared to animals.

3. BLIND AND VISUALLY IMPAIRED PERSONS

People receive 85% of all information from the environment through the sense of vision which represents a basis of human development on cognitive, motoric, social and emotional levels. Damage to vision causes an imbalance in the development and functioning of a person.

Vision impairment, which is divided into two kinds — blindness and visual impairment, influences not only an individual's development in motor, cognitive and sensory areas, but a person's behaviour as well. Motoric development of individuals with visual impairment is different from motoric development in blind individuals. Learning activities such as dressing, eating, and buttoning shirts, etc. are hindered by the inability to practise and visually imitate the movements and operations of people in the environment.

Restructuring happens in the sensory area, where the senses of smell, hearing and sense of touch play an important role. There are huge individual differences in the cognitive area as well, therefore there are difficulties in abstract thinking, and the concepts are rather created based on other sensory areas. In contrast, blind children do not fall behind in speaking because they depend on verbal ways of communication including description of things and the world around them. Lack of visual contact with the surroundings may lead to undesirable behaviours in some people with visual impairment, such as reduced imitativeness and communication,











aggressiveness, low tolerance threshold, being reserved, depressiveness and anxiety etc. Stereotypical behaviours may manifest as head or body swaying, spinning around or pressing the eyeballs with hands.

Individuals with visual impairment receive information from the outside world utilizing sensory perceptive areas, i.e. sharpened senses such as hearing, smell and touch. The person with impaired vision receives the image of what they are surrounded with through the sense of hearing. The person with impaired vision may recognize and differentiate the emotions of other people by hearing different sounds, and they may learn about what is going on in their environment. The sense of smell tells them what the surroundings are like, while the sense of touch helps them learn about the objects, people etc.

The huge advancement in upbringing and education is credited to Louis Braille, who invented the tactile embossed writing system, Braille. The writing consists of six dots organised in two columns with three dots each. Each letter in the alphabet, a symbol or a character corresponds to a certain combination of these embossed dots (63 characters for letters and symbols and one for space) which are read by moving fingertips over the embossed dots.

Concerning orientation and moving about, blind individuals use their sense of hearing, touch and smell to create a particular spatial mind map and gather as much information about the environment as possible to facilitate their movement and orientation. Individuals with visual impairment move about with the support of a sighted guide, white cane, guide dog, electrical appliances and various techniques.

Visually impaired persons always have to be treated with dignity and with no pity. If we want to help a visually impaired person, we need to ask them whether they want our support.

3.1 HOW TO COMMUNICATE AND HOW TO BEHAVE TO VISUALLY IMPAIRED PERSONS

- communication with the visually impaired person has to be started by speaking to them or by a light touch of hand
- introduce yourself
- when approaching a visually impaired person address them in a calm voice offering your help. If they refuse it, do not get offended, because there are valid reasons for it, which does not mean that somebody else will reject your well-intentioned help
- never speak behind the person's back or from the side
- never take the person's hand to greet them without asking first, unless the person offers it
- never ask the visually impaired person to guess your name
- the visually impaired person has to be looked in the eye during the conversation











- in no way should the guide dog be disturbed while it is helping the blind person move about
- during group discussion point out who the speaking person is addressing
- avoid nodding head
- in the conversation explain the emotions if something is shown non-verbally
- inform the person when leaving the room
- always ask whether the person needs support
- in the conversation it is advisable to use the words such as "see you"
- it is not advisable to change the order of objects at home or in the office if the space is shared with a visually impaired person
- during movement it is important to follow the rules of approaching the blind person
- avoid descriptions like "it is here", "go there", "the chair is here". Each word that speaks
 about the position of objects has to be accompanied by the touch of the blind person's hand
 (speak with words and movements). When you explain and give information which helps
 orientation (when you speak about the direction of movement), use words like: in front of,
 behind, left, right...
- naming the position of objects needs to be specific and accompanied by a lot of details, e.g. the vase is on the shelf to your left.
- possible gesturing with hands and nonverbal demonstration always has to be accompanied by words which describe what is being shown
- when you want a blind person to look at something, give them the object in their hand; let them look at it in a tactile mode, and if possible smell ...
- if it is not possible to look at the object in a tactile mode because it is packed and it is not possible to open it, then describe it with as many details as possible
- read the written information, instructions etc.
- if the object you are showing has tactile signs, draw the blind person's attention to this fact (e.g. on telephones the key 5 is marked with a dot, some remote controls have dots on certain keys ...)
- if you have products marked with Braille writing for the blind, draw their attention to the written text

3.2. HOW TO GUIDE A BLIND PERSON

For a parallel walk in closed or open spaces, stand beside the blind person with your arms lowered down. Let the partner take your arm above the elbow with the fingers on the inside and the thumb on the outside of your arm. At that, the elbow of your partner has to be flexed. In this position, the blind person will be half a step behind you which will enable them to follow the rhythm of your walk.











You should under no circumstances take the blind person by their hand and push them in front of you. Not only does it cause discomfort, but is also life-threatening.

To let the blind persons know that they need to stand behind you, remove your guiding arm behind your back. Your partner will follow you with the extended arm walking behind you instead of beside you.

When getting off the curb of the street, as well as when coming to the stairs, stop briefly before stepping up or down. Your partner will feel the change in the position of your arm, for the blind person to sit, never push them with their back turned to the chair. Regardless of the side from which you approach the chair, always position your guiding arm on the back of the chair. This move will show your partner the position of the chair and then it is your partner's turn to come closer and sit.

While going through the door, always open it with your guiding arm, because in that way your partner will know which direction they open. At that, your partner must be on the side where the door handle is, so that after passing through they can close them with their free hand.

3.3.RULES OF BEHAVIOUR IN RESTAURANTS AND CAFES

- while ordering food and drinks, we help by reading names and descriptions
- a blind person uses eating utensils independently and will ask you for help only when they estimate it is necessary
- if a blind person participates in paying the bill, allow them to do it independently: they will call the waiter, ask for the bill and settle the bill alone
- when serving the food on a plate, the way the food is served can be explained on the principle of the hands of the clock, e.g. at 3 o'clock is meat, at 9 o'clock is rice

3.4.RULES OF BEHAVIOUR WHILE USING PUBLIC SPACES

- when public spaces, such as toilets, are used, it is important to give feedback on the cleanliness of the space where personal hygiene is done or the toilets are used
- do not leave the door half-open in the space where the blind person is moving, because the half-open door is the most dangerous since they are hard to detect with a cane, which may pass by the door and the blind person then bump into the half-open door
- do not miss to inform the blind person about any change in the organization of the space, arrangement of objects and furniture











4. PERSONS WITH HEARING IMPAIRMENT

Along with the eye, hearing is the most important telereceptor. Through hearing, a person gets information, acquires the ability to communicate by speaking and develops abstract thinking. Persons with impaired hearing are sensitive to vibrations which allows them to participate in all situations in life.

Hearing aids help them with orientation in space, detecting the source of sound and perception of different sounds. For the reason of spatial orientation, detection of the source of the sound stimulus, hard-of-hearing and deaf persons often use hearing aids in both ears. However, they do not help with the auditive perception of spoken language or its understanding.

4.1. COMMUNICATION WITH PERSONS WITH HEARING IMPAIRMENT

Persons with hearing impairments communicate using the one-handed or two-handed alphabet, reading the speech from the interlocutor's lips, writing on the palm or using sign language. Here are some main points to consider:

- reading from a hearing interlocutor's lips is guesswork for a hearing-impaired person. It is important to know the linguistic competencies of the hearing-impaired person. The speaker's face needs to be well lit, speech slowed down, gestures slowed and clearer
- spoken sentences need to be simple and special emphasis needs to be on words which sound similar
- it is important to know the range of vocabulary that the hearing-impaired person possesses
- allow the hearing-impaired person to choose the method of conversation
- if they do not understand the interlocutor, ask them to repeat or write
- check whether the interlocutor has understood what was said
- when speaking to hard-of-hearing people, it is suggested that the maximum distance be 1,5 metres
- the hearing-impaired person has to be able to see the face of the speaker all the time
- communication begins with waving the hand or tapping the person's shoulder
- before starting communication, it is necessary to eliminate all audio and visual obstacles
- keep eye contact all the time during the conversation
- avoid speaking loudly and have a conversation in a relaxed way
- switch to written communication in case the persons do not understand each other
- gesticulate and use facial expressions during explanations and descriptions











4.2. HOW YOU CAN APPROACH AND COMMUNICATE WITH HEARING IMPAIRED PEOPLE

- do not shout because I cannot hear you
- come and touch my shoulder that is how I will know you are here
- do not approach me from the back or side because I cannot see you then
- approach me from the front that is how it will be easier for me to notice you
- do not disappear suddenly because I will feel lost
- let me know when you are leaving that is how I will know you are not here any longer
- do not just stand and be quiet when we are together
- be my "ear" by transferring to me information which you hear that is how I will know what is going on
- do not try to impose on me communication which I am not familiar with
- if I am hard-of-hearing, I may be able to read your lips
- look into my face when you are speaking to me when doing that do not lower your head or cover your mouth
- if I am hard-of-hearing, I can still understand loud speech in quiet and peaceful spaces
- speak into my ear where my hearing is better speak slowly, clearly and intelligibly
- if I cannot hear anything, I may know the sign language
- if you can use sign language, talk to me;

5. PERSONS WITH INTELLECTUAL DIFFICULTIES

Intellectual difficulties are not mental illnesses, but are rather life-long individual's conditions appearing around birth and are recognized during school age. They can be treated with educational techniques and therapies, but they are not curable.

Deviations in intellectual functioning are most often recognised as difficulties in performing different thought operations (judging, giving an opinion, concluding, planning, problem solving, abstract thinking, understanding complex ideas, fast learning and learning through experience) which significantly aggravates acquiring abstract learning contents. Very often difficulties are present in the area of:

perception (difficulties in visual perception – reduced colour differentiation, difficulties
in differentiating the figure from the background; difficulties in hearing perception –
reduced concentrated listening, reduced differentiating and memorising sounds, words
and spoken segments; difficulties in visual integration and visual-motoric coordination)











- attention (they do not make the right choice of what needs to be memorised, cannot separate essential from non-essential characteristics of stimulus, they need to be directed and encouraged)
- speech (significant delay, specific deficit in learning a language, expressive speech is delayed concerning receptive speech, quantity and quality of vocabulary is limited, they do not use enough words they do not know)
- memory (reduced capacity of short-term and working memory, reduced number of information items which can be stored in the long-term memory, significantly lower possibility of information analysis and synthesis, memorisation strategies are not used spontaneously)
- motivation
- person development
- emotional, moral, social development and behaviour

5.1. HOW WE CAN COMMUNICATE WITH A PERSON WITH INTELLECTUAL DIFFICULTIES:

- never infantilize the person
- if the person is over 18 years of age, they need to be addressed with "you" in plural form out of respect (in languages that have it)
- avoid complex and strict forms of questions
- use familiar expressions in social conversations
- avoid open questions
- use as clear language structures as possible
- explain at the beginning of the conversation the concepts and complex terminology
- use simple words during the conversation
- avoid questions which include the time dimension
- use direct questions
- talk in a relaxed manner
- if it is necessary to obtain information from the family member or a guardian, it is always necessary that the person with intellectual difficulties remains in the focus of the speaker through eye contact and body language

6. PERSONS WITH PHYSICAL DISABILITIES

By physical disability, we understand physical impairments, deformations, and functional or motor disorders, due to which training for life and work under adequate conditions is required.

Physically disabled persons are those with:

1. damage to the locomotor system











- 2. damage to the central nervous system
- 3. damage to the peripheral and muscular nervous system
- 4. damages resulting from chronic diseases of other systems

Persons with physical disabilities experience difficulty performing certain activities.

6.1. RULES OF BEHAVIOUR TOWARDS PERSONS IN WHEELCHAIRS

- focus on the person rather than on their disability
- shake hands politely with the person with disability even when they have limited possibility of moving hands or when they wear a prosthetic arm
- before offering help, always ask the person in a wheelchair whether they want your help
- it is not allowed to hang or lean against the wheelchair because they are part of someone's personal space
- while moving the person from the wheelchair, leave it within the reach
- address the person in the wheelchair directly
- during a longer conversation, sit at the same eye level as the person in the wheelchair
- do not humiliate or patronize the person in the wheelchair by patting them on their head
- when you explain the way to somebody, think about things such as distance, where the recessed sidewalk is or places with barriers, weather conditions and physical obstacles which may obstruct movement
- it is alright to use expressions like: "walk beside," or "let's go for a walk" when talking to the person in the wheelchair. They understand it as an expression of the idea of moving in the same direction.
- Beware of prejudices! Wheelchair means freedom to its user and the possibility of free movement and full engagement in life
- do not cuddle guide dogs or other animals that help... they are working.
- encourage children to ask the persons in the wheelchair questions about their wheelchair. Talk to them about the disability or encourage them to approach them and ask themselves about their condition and their mobility aid. Communication helps bridge the barriers which are led by fears and delusions.
- do not avoid shaking hands with people who have amputated upper extremities
- take care of breaks for rest in meetings when the persons in wheelchairs are present
- do not touch wheelchairs because they are an individual's personal space.

7. PERSONS WITH THE AUTISM SPECTRUM DISORDERS











Autism is defined as a condition characterized by disorder in emotional stability, intelligence, psychomotor abilities, verbal and social communication. The fundamental manifestation of autism is self-isolation, disorder in voice and speaking communication, purposeless activity and perseverance. Persons with ASD show difficulties in the following areas:

- sensory where oversensitivity or lack of sensitivity to sensory stimuli or sensory overload may make it difficult to participate in social interactions, in class or in acquiring lesson content.
- thinking. memorisation and attention. Thinking in ASD persons may be inflexible, with
 the expressed problems in the application and generalisation of the learned content in
 other contexts. They also have difficulty in understanding abstract ideas and concepts,
 they think in concrete terms and understand literally. It is difficult for them to look from
 another perspective, which is connected with poor social understanding.
- motor planning (which may lead to difficulties in performing sequences of movements), skills of problem-solving and metacognitive skills (thinking about what they have learned and about what they could do)

7.1. CHARACTERISTICS OF CHILDREN AND PERSONS WITH ASD:

- lower ability to express pleasure for the happiness of others (lack of empathy)
- their looks are no different from other children
- lack of interest in other children or their activities
- unsuccessful relationship with peers
- absence or reduced ability to imitate
- reduced ability to express pleasure
- disturbed non-verbal form of communication (eye-to-eye contact, facial expression, body posture)
- absence of first smile
- delayed speech development
- preoccupation with one or more interests
- attachment to routines
- strong resistance to changes
- withdrawal in oneself
- sleeping and eating disorder
- obsessive-compulsive behaviour (ordering things)
- aggression and self-aggression
- do not point to something with their finger, but rather satisfy their need by taking an adult by the hand and leading them











7.2. WHAT DOES A PERSON WITH ASD WANT YOU TO KNOW ABOUT THEM?

- I am a person with autism. I am not "autistic". My autism does not define me as a person.
- My perception is different. This means that the usual sights, sounds, smells and tastes may be a very painful experience for me.
- Please take care of the difference between I will not (I don't want to) and I cannot (it is not possible for me to do it). It is not that I am not listening to instructions I simply do not understand them. Address me directly in simple words.
- I think in very concrete terms and I interpret the language literally. I do not understand play with words or sarcasm and please do not use them in the conversation.
- Be patient with my limited vocabulary. It is hard for me to express what I want when I do not know how to express in words what I feel.
- Because language and expressing myself are not my strengths, I am better at visual learning. I would rather you showed me how to do something than try to explain it in words.
- Focus and direct your energy to what I can and know how to do, rather than what I cannot or do not know how to do.
- Help me with social interaction. It may seem like I do not want to play with other children in the park, but most often I just do not know how to start a conversation or spend time together with them.
- Try to find out what the triggers of my emotional outbursts are, that is, what was before them and what caused them. They happen when one of the stimuli is overloaded. If you find the trigger, outbursts can be prevented.

7.3.HOW TO COMMUNICATE WITH A PERSON WITH THE AUTISM SPECTRUM DISORDER:

- before addressing them, call the person by their name
- give less information and speak more slowly
- use pauses for the person to be able to process information
- use short closed-question types
- have more time for communication
- if the person is nonverbal in communication, use visual cards

8. ADHD

ADHD or attention deficit disorder with hyperactivity and impulsiveness is one of the most frequent neurodevelopmental disorders in children and adolescents of age. This cognitive and behavioural disorder is characterised by hyperactivity, impulsiveness and lack of attention.











Symptoms may vary in intensity, so that a person may be predominantly hyperactive and impulsive, or predominantly inattentive, but both types of symptoms may be combined and appear in an equal intensity. The disorder is present in children, adolescents and adult persons.

ADHD is not an illness but a developmental disorder of the lack of inhibition in behaviour. It is developed around seven years of age. It is manifested as a developmentally inadequate level of inattention, excessive activity and impulsiveness, which aggravates self-regulation and organisation of behaviour concerning the future.

Persons with ADHD experience difficulties in motor activities (restlessness, clumsiness, need for activity), emotional and social relationships (low tolerance threshold, rage, destruction, non-acceptance by peers, aggression) cognitive functions (poor abstract thinking, lack of organisation in thinking, difficulties in forming concepts, memorising difficulties, reading, writing and calculating disorder) and nonselective and short-lived attention.

These persons are often impulsive. They blurt out an answer before the question is asked, find it hard to wait for their turn, interrupt and disrupt others' conversation or play.

Attention deficit leads to mistakes, lack of attention to detail, and difficulty being focused while performing some activities. The person gives the impression of not listening to the interlocutor, not following instructions and not completing obligations, has difficulty in organising, avoids and does not like tasks which require a longer mental effort, often loses things and frequently forgets everyday activities. After each reaction, it is necessary to talk about acceptable and unacceptable behaviour.

9. PERSONS WITH BEHAVIOURAL DISORDERS

Behavioural disorder is the group name for different forms of inadequate, socially unacceptable, harmful and incriminating behaviour of children and youths. These are types of behaviour which result in certain difficulties and damage to themselves or other individuals, groups or community. Such a negative type of behaviour has negative consequences for the educational and work achievements of a child, as well as its social and overall behaviour and functioning.

9.1.HOW TO HELP A CHILD WITH BEHABIOURAL DIFFICULTIES

- recognise a child's call for help
- together with a child agree on clear RULES of behaviour
- agree in advance on consequences in case of breaking the rules of behaviour
- explain to the child why breaking the agreed rules entails consequences











- adapt the rules and consequences to the child's needs, age and abilities (e.g. it is unrealistic to ban a hyperactive child from going out for a month), but also to your possibilities so that you can be PERSISTENT (let the consequence last as long as you can endure)
- consequences MUST NOT include physical punishment, humiliation, mental torturing, deprivation of fundamental life necessities (food, water, clothes, ...), threats

10.FAMILIES OF PERSONS WITH DISABILITIES / CHILDREN WITH DIFFICULTIES

Preparing for parenthood and having happy expectations of a child is on the one hand a great pleasure, and challenge in the life of two people, parents, but on the other hand, it is a great apprehension (anxiety) and fear of the unknown, i.e. whether all will be right with their child who will enter their lives. Many parents expect a perfect child, a "doll from the shop", but sometimes they get a shock which makes them accept or not accept a child with difficulties who enters their already structured and organised lives with clear rules of behaviour outside and within their community.

The arrival of a member with difficulties into the family is a challenge and an outburst of different emotions – grieving, anger, alienation, blaming of self and the other partner.

Parents of children with developmental difficulties spend longer time in stressful situations than parents of typical children. Reasons for such a high level of stress lie in challenges brought by a child with difficulties or a person with a disability, financial difficulties and difficulties in marriage, lack of free time and worry about the future. Families with the child with difficulties will find it easier to cope with stress if members have a positive picture of themselves, built self-esteem, constructive approach to problem-solving, and emotional regulation if within the family togetherness is nurtured, attachment among members, empathy, shared activities and mutual support.

Spouses cope with stress in different ways.

To avoid conflicts and disagreements family communication has to be encouraged. This can be achieved in the following ways.

- allocate free time for themselves as spouses, not just as parents
- be honest about their feelings
- communicate with other families who have children with disabilities
- seek help and counselling when needed











The arrival of a new family member with difficulties influences not only spouses, and partners but brothers and sisters as well. Relationships within the family will influence the atmosphere and the life of the child with difficulties and persons with disabilities as well as all the members of the family.

Attitudes of brothers and sisters towards the member with difficulties will depend on their abilities and their own perception, the relationship between parents and their attitudes. Brothers and sisters grow up and mature quickly, taking the role of a mother or father in performing various household jobs. They are exposed to too big tasks and expectations, relying many times on their own strengths and achievements, expecting because they are "stronger" and are therefore more independent.

Relationships between brothers and sisters and the family member is important for the growth and development of the member with difficulties. Concerning the brother or sister with a difficulty, the parents are expected to:

- be honest in giving information about the difficulty that the brother or sister has
- allocate time and space to ask questions and give as many answers as possible
- explain how they are different and how they are similar
- explain that the brother or sister are doing the same thing as them, but they may just need more time or some kind of assistance
- show understanding for their emotions
- show their feelings because that is how they set good example of accepting a difficulty
- find common time in doing activities. A child with typical development will appreciate the time that a parent dedicates only to them.
- joint problem-solving
- spread the circle of friends of a child with typical development because the child has the right to be with peers only
- talk to a child about their life
- show them that they are equally important to parents as their child with difficulties
- include the member of the family in the support group

11.VOLUNTEERING AND CIVIL SOCIETY

Do not ever doubt the ability of a small but determined group of people to change the world. That is the only thing that has proven successful in the history of mankind.

Margaret Mead,

anthropologist











Discontent and dissatisfaction with the existing reality are the reasons for any civil initiative. When we want to solve the situation as quickly as possible, we react spontaneously and without a plan. When the result does not match the effort and time invested, we conclude: "This makes no sense, nothing can be changed." Naming a specific problem is not enough to engage the local community. Civil society enables effective action and a positive impact on the lives of many people.

Values are the most positive aspect of civil society organizations. Their entire work is based on the struggle for values that are important to them, most often related to positive changes in society.

Cohesive factor - civil society organizations play an active role in promoting harmonious relationships among different political, cultural, religious, and ethnic groups in society.

Promotion of human rights – it is an important part of the mission of most of civil society organizations.

Cultural diversity, equality - all civil society organizations have openness and inclusivity stated in their statutes, as prescribed by law.

Promotion of sustainable use of natural resources - area where civil society organisations have achieved the greatest success.

Democratic decision-making - in civil society organizations, compared to the public and private sectors, there is a more frequent practice of involving members and stakeholders in decision-making processes.

Volunteers are one of the most important characteristics of civil society. They are idealistically motivated individuals who want to dedicate part of their lives to helping others. They recognize social needs and, without the benefits of paid employment, take on responsibilities and dedicate their time to working in non-profit programs, believing that through their work they help others but also themselves.

11.1.RIGHTS AND RESPONSIBILITIES OF VOLUNTEERS

The volunteer has the right to:

- On the certificate of volunteering
- On a written contract, if requested
- To be considered a collaborator, not free help
- To a precise and realistic job description
- To protect personal and private data











- Get to know the organization where he volunteers
- Participate in the organization's activities
- To quality training
- To appropriate working conditions
- For counseling, support and guidance
- To participate in planning
- For recognition, awards and thanks
- Getting to know the risks of volunteer engagement
- To acquire new knowledge, skills and competencies

The volunteer has the responsibility:

- Volunteer in accordance with regulations and ethical standards
- To keep a business or professional secret
- Only accept tasks he can do
- Respect the trust shown
- Respect the organizer's instructions (except when dealing with morally unacceptable services or services dangerous to life and health)
- Perform the task responsibly and respect the agreed deadlines
- Cooperate with other volunteers and employees of the organization











12. LITERATURE:

Alimović, S. Suradnja između stručnjaka i roditelj. Zagreb: ERF, Sveučilišta u Zagrebu. Aronson,

E., Wilson, T. D., Akert, R. M. (2005). Socijalna psihologija. Zagreb: MATE d.o.o.

Barada, V., Jelavić, Ž. (2004). Uostalom, diskriminaciju treba ukinuti! Zagreb: Centar za ženske studije.Baša, F. (2020).

Mogućnosti i izazovi korištenja pametnih mobilnih uređaja za osobe s intelektualnim teškoćama. Diplomski rad. Rijeka: Sveučilište za informatiku.

Begić, D. (2016). Psihopatologija. Zagreb: Medicinska naklada.

Bujas Petković, Z., Frey Škrinjar, J. (2010) Poremećaj autističnog spektra. Značajke i edukacijsko-rehabilitacijska podrška. Zagreb: Školska knjiga.

Cesarić, V., (2019). Diplomski rad: Stavovi društva prema djeci i odraslim osobama s invaliditetom. Varaždin: Sveučilište Sjever, Odjel za sestrinstvo.

Fajdić, A., Priručnik za videće asistente osobama s oštećenjima vida .Zagreb: Hrvatski savez slijepih.

Greenspan, S. i sur. (2004). Dijete s posebnim potrebama. Poticanje intelektualnog i emocionalnog razvoja. Donji Vukojevac: Ostvarenje.

Hercigonja N., V, Kocijan H., D (2022). ADHD. Od predrasuda do činjenica. Zagreb: Grafički zavod Hrvatske.

Leutar, Z., Buljevac, M. (2020). Osobe s invalidatetom u društvu. Zagreb: Pravni fakultet. Svetomir, B., Kolar, D., Kolar, M. (2002) Mentalna retardacija i psihotični poremećaji. Psihijatrija danas, 34 (3-4), 327-343.

Leutar, Z., Buljevac, M. (2020) Osobe s invaliditetom u društvu. Zagreb: Biblioteka socijalnog rada.

Pospiš, M. (1997). Neurološki pristup školskom neuspjehu. Varaždinske Toplice: Tonimir.

Pospiš, M. (1996). Definicija cerebralne paralizu. Zagreb: Savez za cerebralnu i dječju paralizu Hrvatske. Varaždinske Toplice: Tonimir

Pribanić, LJ, I sur. (2014). Priručnik za rad s osobama s komunikacijskim teškoćama u redovnom odgojno-obrazovnom sustavu u sklopu cjeloživotnog slušanja. Zagreb: Centar za odgoj i obrazovanje "Slava Raškaj".

Sabol, R. (1971). Cerebralna paraliza. Pregled.

Stančić, V. (1991). Oštećenje vida- biopsihosocijalno aspekt. Zagreb: Školska knjiga. Šoltić, S. (2018). Diplomski rad: Usporedba stavova opće populacije i stavova osobnih asistenata prema osobama s invaliditetom. Varaždin: Sveučilišter Sjever, Odjel za sestrinstvo Treščec, A. (2023). Komunikacijske vještine. Asertivna komunikacija. PPT Zergollern, Lj. I sur (1986). Medicinska genetika. Zagreb: Školska knjiga.

Zovko, G. (1994). Peripatologija 1. Zagreb: Školska knjiga.





