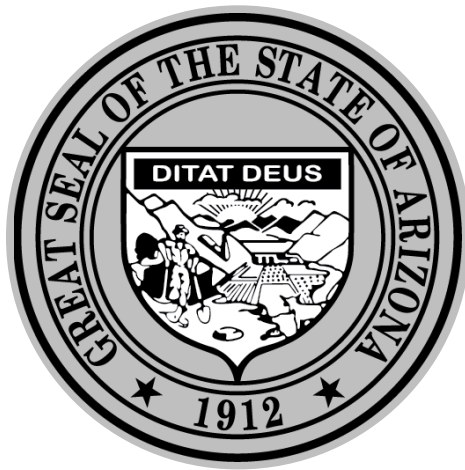


# DDD Foundations

Division of Developmental Disabilities



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DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

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**Participant Guide**

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# DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

## **Equal Opportunity Employer/Program**

Equal Opportunity Employer/Program Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact: Training Solutions Team: 602-542-3782 TTY/TDD Services: 7-1-1. Free language assistance for DES services is available upon request.

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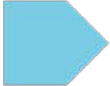


## INTRODUCTION

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### COURSE GOAL

Participants will gain knowledge in trends and key events in the care and treatment of people with disabilities throughout history as well as about the Division's mission to support individuals using person-centered approaches.

### COURSE OBJECTIVES

-  Understand how the history of treatment of people with developmental disabilities influences our current practices
-  Explain how person-centered approaches relate to the Division's Mission and DES's True North
-  Explain why we use person-centered approaches
-  Define social role valorization and identify ways to support it
-  Use person-first language
-  Use accepted disability etiquette

# TRUE NORTH

As Division employees, we're representatives of the State of Arizona, the Department of Economic Security, and the Division of Developmental Disabilities.

Department of Economic Security	Division of Developmental Disabilities
Arizonans who qualify receive timely services and achieve their potential.	Empowering Arizonans with developmental disabilities to live self-directed, healthy and meaningful lives.



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## LESSON

# 1

### Objective

- Understand how the history of treatment of people with developmental disabilities influences our current practices.

# TIMELINE



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## SELF-DETERMINATION

*People with intellectual and/or developmental disabilities (IDD) have the same right to, and responsibilities that accompany, self-determination as everyone else. They are entitled to opportunities, respectful support, and the authority to exert control in their lives, to direct their services, and to act on their own behalf.*

*America Association on Intellectual and Developmental Disabilities (AAIDD)*

### **Freedom**

The exercise of the same rights as all citizens. People with disabilities, with assistance when necessary, will establish where they want to live, with whom they want to live and how their time will be occupied. They do not have to trade their inalienable rights guaranteed under the Constitution for supports or services.

### **Authority**

The control of whatever sums of money are needed for one's own support, including the re-prioritizing of these dollars when necessary. This is accomplished through the development of an individual budget that "moves" with the person.

### **Support**

The organization of these resources as determined by the person with a disability. This means that individuals do not receive "supervision" and "staffing". Rather, folks with disabilities may seek companionship for support and contract for any number of discrete tasks for which they need assistance.



### **Responsibility**

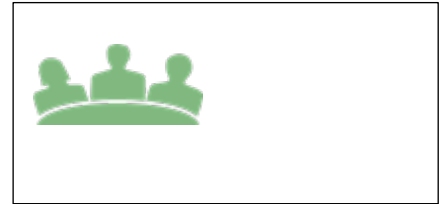
The wise use of public dollars. Dollars are now being used as an investment in a person's life and not handled as resources to purchase services or slots. Responsibility includes the ordinary obligations of American citizens and allows individuals to contribute to their communities in meaningful ways.



### OBJECTIVES

- Explain how person-centered approaches relate to the Division's mission and DES's True North.
- List components of person-centered planning.
- Define social role valorization.
- Identify ways to support social role valorization.

# PERSON CENTERED APPROACHES



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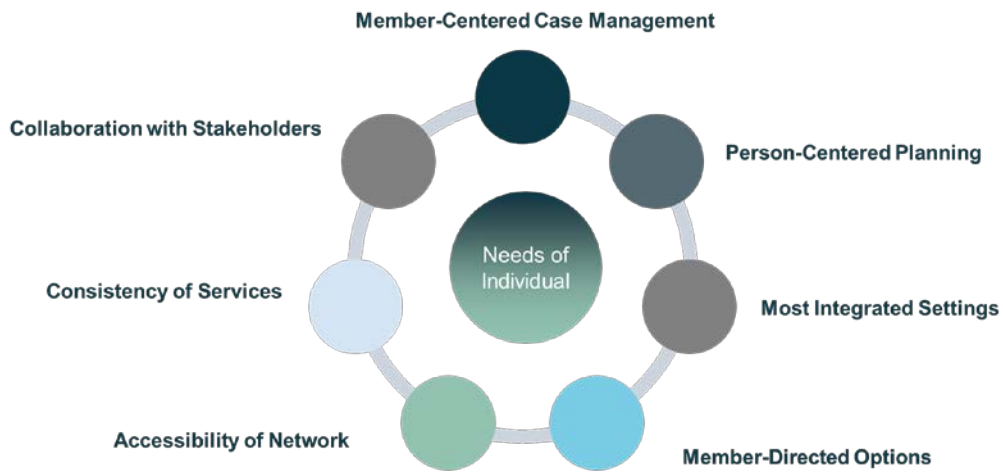
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# ALTCS GUIDING PRINCIPLES



## ● Member-Centered Case Management

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## ● Person-Centered Planning

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## ● Most Integrated Settings

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## ● Member-Directed Options

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**Accessibility of Network**

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**Consistency of Services**

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**Collaboration with Stakeholders**

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# PERSON-CENTERED / NON-PERSON CENTERED APPROACHES

<i>What it is</i>	<i>What it is not</i>
Focuses on individual's unique interests and preferences	Focuses on the individual with a disability from a professional viewpoint
Builds on strengths and high expectations that everyone can and should enjoy the "good" life	Commences from a deficit and needs basis and low expectations
Offers beyond what is currently available and works towards the future	Looks to what is currently available from a service
Focuses on organizing individualized, natural and creative supports and reduces reliance on the service system	Planning assumes the person will spend most of their time grouped with other people with disabilities
Situates power and control with the person and their allies	Situates power with the professionals
Tailors supports to achieve the person's goals and future	Fits the person into the service
Aims for social inclusion, valued roles and community participation	Largely limits the person to disability specialist programs and centers

# A b e

55 years old	One housemate	Gets depressed	Isolates himself
Stays in bed for long periods of time	Nervous breakdown	Speaks to people not in the room	Relationship difficulties
Trouble finding/maintaining job	Rejected for many jobs	Almost homeless once	Not able to stay in school for long periods of time
Attended numerous schools	Trouble with finances	Refuses to use his pockets	

**What other information do you need to develop a plan using a person-centered approach?**



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## ROLE IDENTIFICATION

**How did you identify the roles of each person?**



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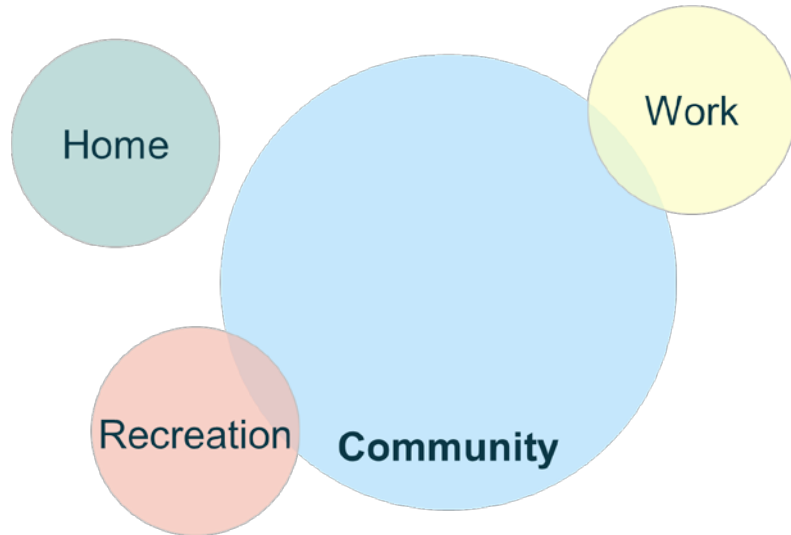
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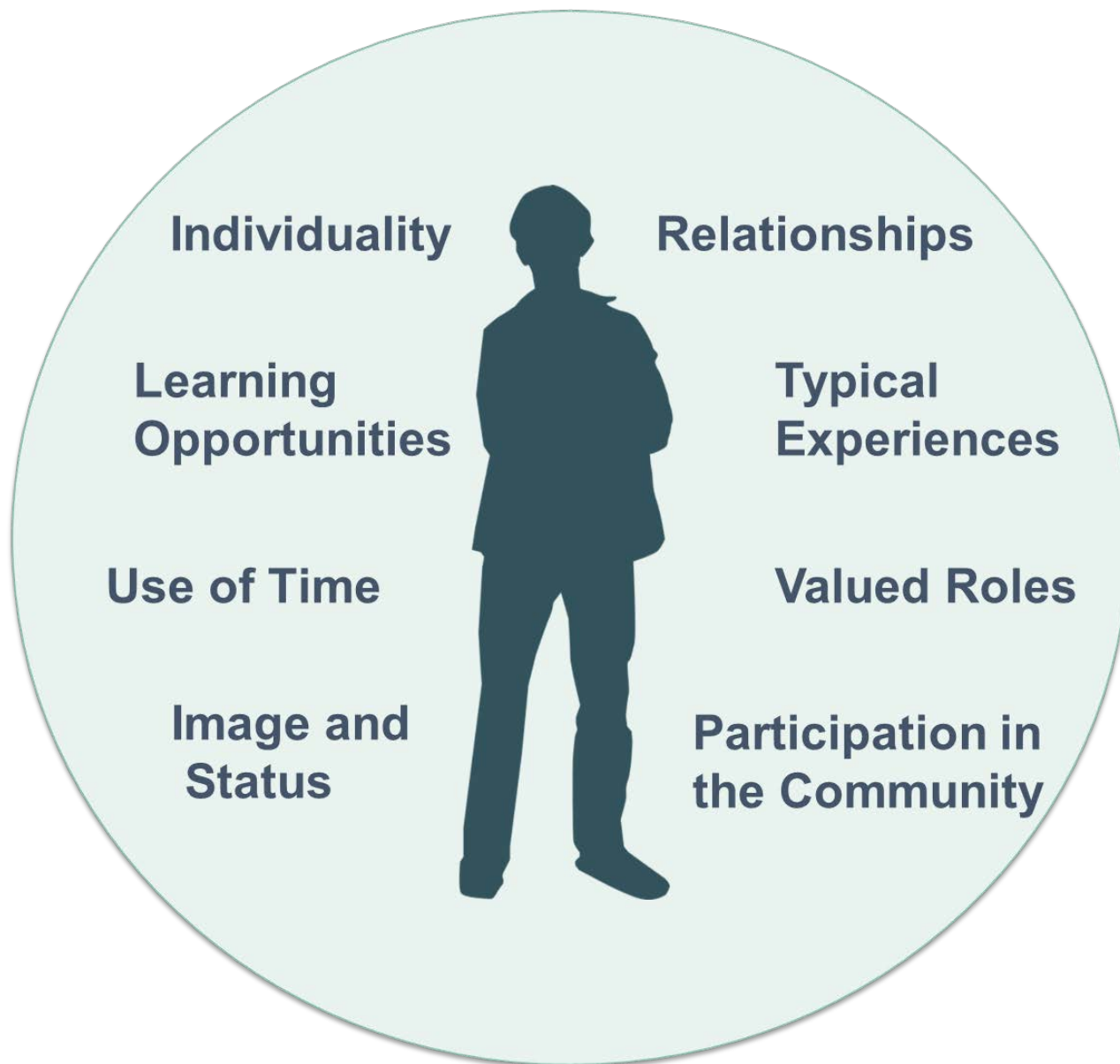
# SOCIAL ROLE VALORIZATION

The process of deinstitutionalization has enabled people with disabilities to be more present in society. However, where they were once shut in, many people with disabilities now find themselves shut out. People with disabilities may be present in our community, but too few are actually part of it.





# DEVELOPING SKILLS AND INTERESTS INTO VALUED ROLES



# SUPPORTING VALUED ROLES ACTIVITY



**How can you support the person in the scenario to develop their skills and interests into valued roles?**

Example:

A young woman with a disability is the oldest sibling in a family raised by a single parent. She has an interest in food and cooking, watching cooking shows on TV, and volunteering to assist her mother with food preparations.

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1. Sarah attends a day a program. She spends most of her time cutting out pictures and pasting them on poster board to make collages hung in the day program.

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2. Tanika sorts screws in a sheltered workshop eight hour a day. She sings all day. She has received several compliments for her singing.

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3. Abir attends school in a special education classroom. He loves baseball and after school, he participates in the special needs baseball program.

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## OBJECTIVES



By the end of this lesson, participants will be able to:

- Use accepted disability etiquette.
- Use person-first language.

# PERSON-FIRST LANGUAGE

Person-first Language is exactly what it sounds like. It means placing the person ahead of their diagnosed disability. It is respectful and promotes dignity.

## Rewrite the statement using Person-first Language

Instead of	Say
My Intellectually Disabled client	
The Autistic member I support	
My Downs' baby	

*We use Person-first Language at the Division not only because it's our standard, but also because we are role models on our teams and in the community.*

# RESPECTFUL COMMUNICATION

How do you demonstrate respect?



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## Individuals with Intellectual Disability



Many people with intellectual disability have difficulty understanding complex language and expressing all of their thoughts and feelings verbally. For those who demonstrate the ability to understand and express themselves using language, the following tips will help to optimize communication:

Every person with intellectual disability will have different language skills and communication modes depending on his or her abilities, experiences and situation. People will communicate in different ways depending on where they are, who they are with and how they are feeling at the time.

- It takes two to communicate, and it is your responsibility to do everything you can to make sure you are understood and have heard and understood the other person correctly.
- Check if the person has had a recent speech pathology or psychology assessment to gain a better understanding of his or her communication skills, modes and needs. If none is available, ask someone who knows the person well about how best to communicate with the person.
- Talk to the person in a place where he or she feels comfortable, e.g. a familiar, and preferably quiet, location.
- Reduce the number of significant others present, as they may interject with their own opinions. Follow the lead of the person being interviewed as to who he or she would like to be present, if anyone.
- Reduce any visual or auditory distractions in the room.
- Make explicit statements to reassure the person that information will not be shared with caregivers or service providers e.g. “What you tell me is private”, “I won’t tell (name caregivers) what you say”.

- Use everyday words that are easy to understand e.g. “things you like”, “what you like doing”. If using abstract words that are hard to visualize e.g. “hopes”, “dreams”, “goals”, provide some concrete examples to help people understand what these words mean.
- Concepts of past and future, and remembering dates, may be difficult to understand, so use life markers or events in the person’s life. You might want to use a calendar, diary, time line or other visual representation of the passing of time.
- Who, what and where questions are easier than when, why and how questions.
- Use short sentences and introduce one idea at a time.
- People may be more likely to agree, or say yes, to statements or questions if:
  - they don’t know the answer
  - the question is too long
  - they think you want them to say yes
- When giving choices, use pictures to help the person remember the options and limit the options to 2 or 3 choices.
- Don’t ask yes/no or forced choice questions directly. Embed the question in the story or narrative i.e. On Tuesdays you usually go swimming. Tell me about going swimming?
- Be observant and try asking questions in different ways to check that you have been understood and that you understand the person.
- Allow the person extra time to respond. Pause, and wait for a response. It might take as long as 15 – 20 seconds. If the person does not respond, try asking the question in a different way and using gesture, objects or pictures to add visual information to what you are saying.
- Try to match the person’s speech. If he or she speaks in very short sentences, make sure you do too. Try to make sure the person you are interviewing talks as much as you do.
- Use repetition and recap the key points at the end of the conversation.



## Individuals who use Alternative Forms of Communication

An alternative form of communication means that the individual is using a different method of communicating other than or in addition to spoken language. Some examples are: sign language, augmentative communication devices, picture exchange cards (PEC) system, picture/letter boards, and writing words down.

When someone doesn't use spoken language, he or she still has important things to contribute to the conversation, especially if that conversation is about him or her. Just because someone doesn't communicate verbally doesn't mean he or she is incompetent or has an intellectual disability.

It sometimes takes longer for someone who uses alternative forms of communication to finish their thoughts and that's okay. Be patient. Allow the individual time to respond to questions and to ask questions of their own. Make sure you allow the person time to finish their thought or sentence before you begin speaking.

Interrupting is considered rude in general, but it's extremely disrespectful when communicating with someone who uses an alternative form of communication. It's hard to be heard and to really participate in a conversation if every time you try to comment, someone interrupts you.

Also, remember not to assume what's going to be said next. As you would with anyone else, if you aren't sure what the person said or have questions, ask the person to repeat what he or she said or let him or her know that you didn't understand.

When communicating with someone who uses sign language to communicate, wait until he or she is done signing before talking. If you are talking while he or she is signing, you are interrupting the person. If the person uses an interpreter, talk directly to the person, not to his or her interpreter. Direct your eye contact and body language towards the individual when speaking and when listening. If the interpreter is speaking, continue directing your attention to the person you are supporting.

A large range of AAC – or augmentative communication devices are available. An AAC device can be as simple as a switch or button that communicates needs and wants when pressed. Another example of an AAC device is a speech generating device. I-Pads and tablets are also popular as AAC devices.

If someone uses an augmentative communication device never touch the equipment out of curiosity or play. A person's alternative communication equipment is an extension of himself.

If the individual writes or draws symbols, make sure you have an extra pen or pencil and blank paper with you so that he or she has the needed materials to participate in the discussion.

# Individuals with Hearing Impairment



## GUIDELINES FOR EFFECTIVE COMMUNICATION WITH DEAF, LATE-DEAFENED, AND HARD OF HEARING PEOPLE

### BEFORE the conversation starts:

- Ask the person what is the best way to communicate with her or him.
- Get the person's attention. For a d/Deaf or a late deafened person, a wave from a distance or a gentle tap on the shoulder is usually sufficient. A hard of hearing person may also benefit from this procedure, but calling the person's name may also help.
- Keep your face and mouth visible—don't turn your head or cover your mouth.
- Remove gum, cigarettes, food, or other objects from your mouth. Speech reading is easier if the speaker's mouth area is free of objects.
- Be sure your face is adequately lit.
- Be aware of light sources. Windows or other bright light sources can create shadows on your face. This can make speech reading or watching signing more difficult.
- Face the person directly when speaking.
- Speak directly to the person—not to the interpreter, the CART provider, or the person's companion.
- Negotiate a comfortable conversation space.
- Only one person should speak at a time.
- Use an Assistive Listening Device, CART or Interpreter services if appropriate. If a hard of hearing person has hearing aids or assistive listening devices, give the person time to adjust the equipment.
- If Assistive Listening Devices, CART or Interpreter services are not available, use paper and pen to assist with the communication process if needed.
- Reduce background noise or move to quieter location.
- Maintain eye contact. Eye contact facilitates direct communication. When working with special populations such as the elderly or children be sure they can see you clearly, and if they wear glasses for daily activity make sure they have them on.





## Healthcare Providers Curriculum

## GUIDELINES FOR EFFECTIVE COMMUNICATION WITH DEAF, LATE-DEAFENED, AND HARD OF HEARING PEOPLE

### DURING the conversation:

- Speak clearly and at a moderate pace. If it appears that you are not being understood, slow down your pace.
- Use short sentences.
- Speak just a bit louder. However, a person using a hearing aid will not always benefit from increased volume. Hearing aids may be worn by d/Deaf people to help with environmental sounds, not speech.
- Be ready to reword phrases if necessary.
- Use medical and legal terms with simple explanations of terms that are not understood.
- Keep movements to a minimum while speaking. Pacing, turning away, or covering your mouth while talking may make speech-reading or hearing with a hearing aid more difficult.
- Use facial expression and gestures when appropriate. These "clues" can fill in missing gaps or help with the "tone" of your message.
- Give the person a cue when changing subjects—give key words for the new topic.
- If either person does not understand ask the speaker to rephrase.
- Verify Information : Confirm dates, times, places, addresses, names and other important details
- Ask a question to see if you are understood
- Write down information or key words.
- Be aware that accents or slang may be difficult to understand.

### As the conversation ENDS:

Offer to summarize. This is another opportunity to make sure that the person has understood the conversation.



**Arizona Commission**  
for the deaf and the hard of hearing

100 N. 15th Ave, Ste. 104  
Phoenix, AZ 85007

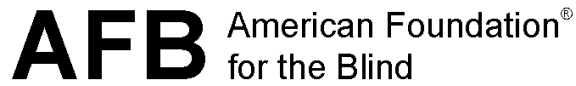
(602) 542-3323 V  
(480) 559-9441 VP  
(602) 364-0990 TTY  
1-800-352-8161 (In State Only)

info@acdhh.az.gov



[www.acdhh.org](http://www.acdhh.org)

# Individuals with Vision Impairment



Expanding possibilities for  
people with vision loss

## Fact and Courtesy

If you have any uncertainty about what is and is not courteous, tactful behavior toward a friend, relative, or complete stranger who is blind or visually impaired, there are some basic guidelines listed below. And keep in mind that, in the case of someone you're close to, it's entirely possible to continue having a mutually rewarding, supportive relationship; to have relaxed, spontaneous discussions; and to enjoy most, if not all, of the activities you shared in the past.

- Feel free to use words that refer to vision during the course of a conversation. Vision-oriented words such as look, see, and watching TV are a part of everyday verbal communication. The words blind and visually impaired are also acceptable in conversation.
- Be precise and thorough when you describe people, places, or things to someone who is totally blind. Don't leave out things or change a description because you think it is unimportant or unpleasant.
- Don't avoid visually descriptive language. Making reference to colors, patterns, designs, and shapes is perfectly acceptable.
- When you speak about someone with a disability, refer to the person and then to the disability. For example, refer to "a person who is blind" rather than to "a blind person."
- If a friend, relative, or stranger on the street is traveling with a dog guide, do not pet the dog, offer it food, or distract it in any way while it is working. Dog guides are not pets but highly trained mobility tools.

If you see someone who is blind or visually impaired about to encounter a dangerous situation, be calm and clear about warning the person. For example, if he or she is about to bump into a stanchion in a hotel lobby, calmly and clearly call out, "Wait there for a moment; there is a pole in front of you."

- Do not take care of tasks for the person that he or she would normally do, such as change television channels, cut meat, or salt and pepper food. First ask if the person needs help, then offer to assist. Most people with a visual impairment will tell you if they would like some assistance.
- If you are asked to complete a task for someone, always leave things in the same place you found them.
- Do not move furniture or other articles in your friend's home or your own home without letting the person know.

## Communicating Comfortably

While most people who are visually impaired have some vision, you shouldn't assume that your friend or relative can make out where you are and what you're doing when you are in the same room. Here are some helpful guidelines that can make communication between you more comfortable:

- When greeting a friend who is blind or visually impaired, don't forget to identify yourself. For example, "Hi, Jane, it's Sophia."
- Speak directly to your friend or relative who is visually impaired, not through an intermediary.
- Speak distinctly, using a natural conversational tone and speed. Unless the person has a hearing impairment you do not need to raise your voice.
- Address your friend or relative by name, so he will immediately know that you are talking to him rather than someone who happens to be nearby.
- As soon as a friend, relative, or stranger who is blind or visually impaired enters a room, be sure to greet the person by name. This alerts her to your presence, avoids startling her, and eliminates uncomfortable silences.

- Be an active listener. Give the person opportunities to talk. Respond with questions and comments to keep the conversation going. A person who is visually impaired can't necessarily see the look of interest on your face, so give verbal cues to let him or her know that you are actively listening.
- Always answer questions and be specific or descriptive in your responses.
- Say when you are leaving and where you are going if it is appropriate, for example, going to the kitchen to get a drink of water.
- Indicate the end of a conversation with a person who is totally blind or severely visually impaired to avoid the embarrassment of leaving the person speaking when no one is actually there.

## People who use Wheelchairs

### ABILITY360

- A person's wheelchair is part of his or her body space and should be treated with respect. Don't hang or lean on it unless you have the person's permission. Don't be tempted to pat a person in a wheelchair on the head, as it is a degrading gesture.
- Speak directly to the person and if the conversation lasts more than a few minutes, sit down or kneel to get yourself on the same level as the person in the wheelchair.
- Don't worry about using expressions such as "running along" or "walked away" when speaking to a person in a wheelchair. These sayings are used in everyday conversation and are not offensive.
- Wheelchair use provides freedom. Don't assume that using a wheelchair is in itself a tragedy. It is a means of freedom, which allows the person to move about independently. Structural barriers in public places create inconveniences for wheelchair users. You can help by advocating for wheelchair access.
- When giving wheelchair users directions, be aware of architectural barriers such as narrow doorways, stairs, curbs, etc.
- When a person transfers out of the wheelchair to a chair, toilet, car or other object, do not move the wheelchair out of reaching distance. Some people who use a wheelchair for mobility can walk with aid, such as braces, walkers, or crutches. They use wheelchairs some of the time to conserve energy and move about more quickly.
- Don't classify persons who use wheelchairs as sick. Although wheelchairs are often associated with hospitals, they are used more frequently to help people with mobility disabilities get around their home, work and community.
- Relationships are Important. Have eye and physical contact with chair users in the same respectful manner you would a person that isn't in a wheelchair.

Presentation Notes

**Communicating with individuals with Intellectual Disability**



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**Communicating with individuals who use Alternate Forms of Communication**



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# Communicating with Individuals with Hearing Impairment



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# Communicating with Individuals with Vision Impairment



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# Communicating with Individuals who use Wheelchairs



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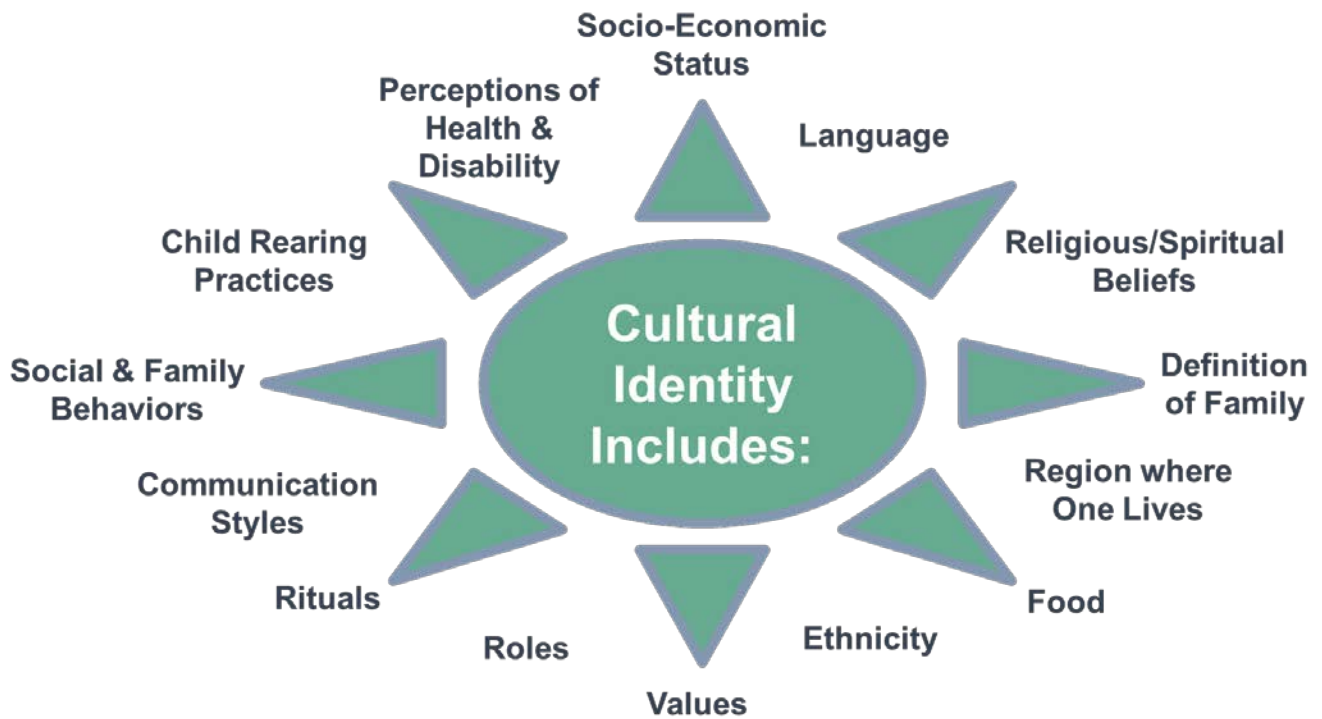
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# CULTURAL COMPETENCY



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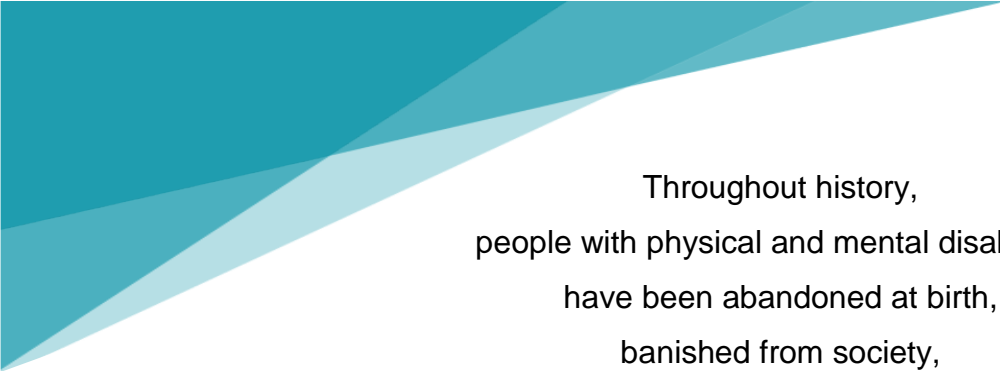
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*Important!*

*To receive credit for this class, you must take the  
online assessment in TraCor.*

*DE2000.T1 DDD Foundations – Assessment*

# A C R E D O F O R S U P P O R T

A decorative graphic on the left side of the page, consisting of overlapping teal and light blue shapes that form a triangular, abstract shape pointing towards the right.

Throughout history,  
people with physical and mental disabilities  
have been abandoned at birth,  
banished from society,  
used as court jesters,  
drowned and burned during the Inquisition,  
gassed in Nazi Germany,  
and still continue to be segregated, institutionalized,  
tortured in the name of behaviour management,  
abused, raped, euthanized, and murdered.

Now, for the first time, people with disabilities are taking their rightful place as fully contributing citizens. The danger is that we will respond with remediation and benevolence rather than equity and respect. And so, we offer you

Do Not see my disability as the problem.  
Recognize that my disability is an attribute.  
Do Not see my disability as a deficit.  
It is you who see me as deviant and helpless.  
Do Not try to fix me because I am not broken.  
Support me. I can make my contribution to the community in my way.  
Do Not see me as your client. I am your fellow citizen.  
See me as your neighbour. Remember, none of us can be self-sufficient.  
Do Not try to modify my behaviour.  
Be still & listen. What you define as inappropriate  
May be my attempt to communicate with you in the only way I can.


Do Not try to change me, you have no right.  
Help me learn what I want to know.  
Do Not hide your uncertainty behind "professional" distance.  
Be a person who listens, and does not take my  
struggle away from me by trying to make it all better.  
Do Not use theories and strategies on me.  
Be with me. And when we struggle  
With each other, let that give rise to self-reflection.  
Do Not try to control me. I have a right to my power as a person.  
What you call non-compliance or manipulation may  
Actually be the only way I can exert some control over my life.  
Do Not teach me to be obedient, submissive, and polite.  
I need to feel entitled to say No if I am to protect myself.  
Do Not be charitable towards me.  
The last thing the world needs is another Jerry Lewis.  
Be my ally against those who exploit me for their own gratification.  
Do Not try to be my friend. I deserve more than that.  
Get to know me. We may become friends.  
Do Not help me, even if it does make you feel good.  
Ask me if I need your help. Let me show you how you can best assist me.  
Do not admire me. A desire to live a full life does not warrant adoration.  
Respect me, for respect presumes equity.  
Do Not tell, correct, and lead.  
Listen, Support, and Follow.  
Do Not work on me.  
Work with me.

*Dedicated to the memory of Tracy Latimer*  
1995 © Norman Kunc and Emma Van der Klift



# Appendices


## Appendix 1



### UN Documents

#### Gathering a body of global agreements


[Home](#) | [Sustainable Development](#) | [Education](#) | [Water](#) | [Culture of Peace](#) | [Human Rights](#) | [Keywords](#) | [Search](#)



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**United Nations**

**A/RES/30/3447**



### General Assembly

Distr: General  
9 December 1975

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**Thirtieth session**  
Agenda item 12

### Resolution adopted by the General Assembly

## 3447 (XXX). Declaration on the Rights of Disabled Persons

*The General Assembly,*

*Mindful* of the pledge made by Member States, under the *Charter of the United Nations* to take joint and separate action in co-operation with the Organization to promote higher standards of living, full employment and conditions of economic and social progress and development,

*Reaffirming* its faith in human rights and fundamental freedoms and in the principles of peace, of the dignity and worth of the human person and of social justice proclaimed in the Charter,

*Recalling* the principles of the *Universal Declaration of Human Rights*, the *International Covenants on Human Rights*, the *Declaration of the Rights of the Child* and the *Declaration on the Rights of Mentally Retarded Persons*, as well as the standards already set for social progress in the constitutions, conventions, recommendations and resolutions of the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the United Nations Children's Fund and other organizations concerned,

*Recalling also* Economic and Social Council resolution 1921 (LVIII) of 6 May 1975 on the prevention of disability and the rehabilitation of disabled persons,

*Emphasizing* that the *Declaration on Social Progress and Development* has proclaimed the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged,

*Bearing in mind* the necessity of preventing physical and mental disabilities and of assisting disabled persons to develop their abilities in the most varied fields of activities and of promoting their integration as far as possible in normal life,

*Aware* that certain countries, at their present stage of development, can devote only limited efforts to this end,

*Proclaims* this Declaration on the Rights of Disabled Persons and calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

1. The term "disabled person" means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.

2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person himself or herself or to his or her family.

3. Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

4. Disabled persons have the same civil and political rights as other human beings; paragraph 7 of the *Declaration on the Rights of Mentally Retarded Persons* applies to any possible limitation or suppression of those rights for mentally disabled persons.

5. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.

6. Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration.

7. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.

8. Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning.

9. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive therefrom. If the stay of a disabled person in a specialized establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.

10. Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

11. Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.

12. Organizations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.

13. Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration.

2433rd plenary meeting  
9 December 1975



**Division of Developmental Disabilities  
Operations Manual  
Chapter 2000  
Support Coordination**

**2003 Planning Document**

Support Coordinators, when completing a Planning Document, shall use a person-centered approach, taking into consideration natural and community resources, acute care services, home and community-based services, behavioral health services, and what is important to the member now (priorities) and in the future (vision), and:

- A. Provide information to assist members/responsible persons in making informed decisions and choices;
- B. Provide members with flexible and creative service delivery options;
- C. Provide service options that support the member's priorities and outcomes;
- D. Provide coordination across all facets of the service system in order to determine the efficient use of resources and minimize any negative impact on the member;
- E. Provide necessary information to providers about any changes in the member's functioning to assist the provider in planning, delivering, and monitoring services;
- F. Review all professional evaluations;
- G. Assume responsibility for completion of all components of the planning document in conjunction with the team; and,
- H. Provide copies of the completed Planning Document (e.g., Annual Plan, Reassessment of the Planning Document, Changes in the ISP, cover sheet) to all team members and service providers within 15 working days of the date of the Planning Team meeting, or revision resulting in a change in the Planning Document, and ensuring that copies of the Planning Document are available in all settings where the individual receives services.



*2003, continued*

A critical component of the person-centered approach is the assessment process. This process involves the member and their family as appropriate in the identification of support needs and includes their participation in decision-making. In designing the plan, the Planning Team must consider the unique characteristics of the member as expressed by the member or documented by others who know the member. For the member, the planning process will:

- A. Recognize and respect rights;
- B. Encourage independence;
- C. Recognize and value their competence and dignity;
- D. Promote social inclusion;
- E. Preserve integrity;
- F. Support strengths;
- G. Maintain the quality of life;
- H. Enhance all areas of development; and,
- I. Promote safety and economic security.

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