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PROMOTING QUALITY OF LIFE IN THE COMMUNITY

**Historical Background of Support
The Work of Community Membership**

**Person-Centred Values
Supporting Individuals at Home
Supporting Individuals in Community
Planning Activities
Increasing Social Competence
Supporting Friendships**



PROMOTING QUALITY OF LIFE IN THE COMMUNITY

As a Direct Support Provider (DSP), some of your work will take place in the community and some will take place in the person's home. Your role will be to accompany the person into the community and to support the person in their own home. In order to do this well, it is important that you understand the relevance of both home and community in the lives of individuals with disabling conditions.

Community can mean everything from the neighbourhood a person lives in to relationships established with others around similar interests. According to Peggy Hutchison and Judith McGill (1998), individuals experience a sense of community when they are, "part of a neighbourhood, embedded in relationships, having a circle of friends,

being a family member, attending a local school, and belonging to local clubs and organizations” (p. 11).

In this section you will learn about six important dimensions of supporting individuals to have full and meaningful lives. These are:

- ◆ Person-Centred Values
- ◆ Supporting Individuals at Home
- ◆ Supporting Individuals in Community
- ◆ Planning Activities
- ◆ Increasing Social Competence
- ◆ Supporting Friendships

HISTORICAL BACKGROUND

Throughout history, people with disabling conditions have been treated in disrespectful and inhumane ways. They have seldom been seen as having the same importance as individuals who do not have disabilities. Slowly these perspectives are changing.

Our current perspectives have been influenced by:

- ◆ The era of segregation
- ◆ The era of community-based services
- ◆ The era of community membership

The Era of Segregation

In North America the period from 1859 -1960 could be called the era of segregation. Individuals with disabling conditions were not part of society. In the case of persons with an intellectual disability, many were placed in

large institutions in the countryside or were sheltered at home with their family. There were virtually no community programs.

The thinking at this time was that individuals with disabling conditions did not "fit" and would not benefit from being part of the community. It was believed that they needed their own world away from everyone else. A problem with this practice was that the average person in the community did not learn how to interact and live together with individuals who had a disabling condition.

Instead society learned that there was "us" and "them".

In the 1960's a major shift in thinking about individuals with disabling conditions occurred. It was influenced by the human rights movement which affected how all people who faced exclusion were seen. This movement claimed that individuals with disabilities were entitled to the protections and benefits of Canadian society.

At the same time popular culture (magazine articles, books, and movies) started to include positive stories about persons with disabling conditions. These events opened the door to a shift in perspectives within North American society.

The Era of Community-Based Services

The period of time from 1960 -1980 could be called the era of community-based services. Large institutions were still in existence but the number of people living in them started to decline and a parallel system of services began to emerge in the community.

For the first time children with disabling conditions were included in the public school system. The expectation of parents was that their children would remain part of the community when they became adults.

At this time, the two main community-based services for adults were "group homes" and "sheltered workshops".

- ◆ **Group homes** allowed people to move out of the family home (or the institution) to a home in the community with other individuals with similar disabling conditions.
- ◆ **Sheltered workshops** allowed people the opportunity to do work activities in the community in segregated settings.

As community-based services evolved, the support and funding from government increased. A step had been taken that would forever change the quality of life for persons with disabling conditions in Canada.

The Era of Community Membership

In North America the period of time from 1980 - Present could be called the era of community membership. By 1980 it became clear that while major gains had been made for individuals with disabling conditions there was still much work to do.

**Research
Shown**

1 People lived in a community residence but still:

- Did not know their neighbours
- Were not part of the community
- Did not have friends

2 People worked in sheltered workshops but still:

- Did not have a job in the community
- Did not have control over their lives

Individuals with disabling conditions were physically present in the community but this was not enough. They also needed social acceptance. Community Membership recognized that quality of life issues were important. Concepts like inclusion, self-determination, empowerment, and meaningful relationships emerged as measurements of quality of life.

The community membership perspective also redefined the role of support staff. In earlier eras most support staff worked in “facility-based” services.

In the era of Community Membership the role of staff is to:

- Connect individuals with disabling conditions to others (friends/family/neighbours)
- Support individuals in meaningful work or activities
- Ensure that the individual's dreams and interests are "driving" the planning process in his or her life

Community Membership works to ensure that individuals with disabling conditions are socially part of the community. It is a work in progress and as a DSP you will be part of that work.

THE WORK OF COMMUNITY MEMBERSHIP

Person-Centred Values

As a DSP the work of support begins with you and your values or beliefs. What you believe about disability will influence how you respond to individuals with disabling conditions. Person-Centred Values include:

Regarding Each Person as a Unique Individual

Each individual is unique. While two individuals may live with the same disabling condition (Autism, Down syndrome, Depression) no two people are the same. You have to get to know the individual. Ask, "what are the person's gifts, talents, interests, challenges, limitations, and needs for reliable assistance?"

Being Socially Included

It is not enough to just be physically in the community. People need to be part of the community. Inclusion is about connections and relationships.

Being part of a Neighbourhood

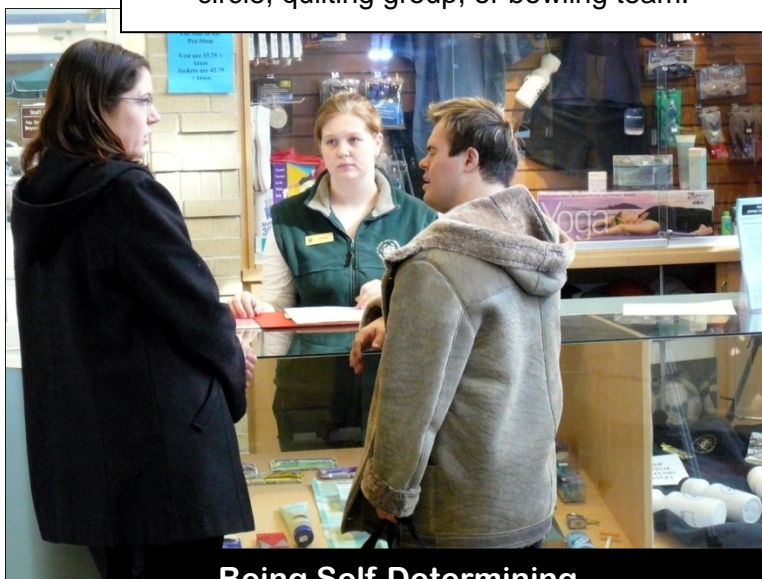
An individual should have a strong sense of "belonging" to the neighbourhood in which they live. At least some time should be spent figuring out neighbourhood places where an individual can become known in a positive way.

Having a Circle of Friends

An individual should have a circle of people in their lives who know and care about them. This circle should include family and close friends, school or work friends, and other acquaintances. The support you provide must include nurturing existing relationships and working to build new ones.

Belonging to Groups

An individual should belong to community groups and associations that they have an interest in. It could mean belonging to a church, synagogue, mosque, or temple. It could be Brownies, Girl guides, Cubs, or Scouts. It could be a sewing circle, quilting group, or bowling team.



Being Self-Determining

Self-determination means:

- ➔ People have choice and control over their lives.
- ➔ People are respected and treated as partners in the planning process.
- ➔ People's lives are shaped by high expectations, opportunities, and support.

Supporting People in their Community and in their Home

As a DSP some of your time will be spent accompanying individuals with disabling conditions in the community and some of your time will be in their home. In all situations it is important that you “role model” respect and dignity for the individual. Always treat adults as adults and not as children. Never dominate the person or make him/her look incompetent. The way you relate will provide cues to others for how they should relate to individuals with disabling conditions.



Helpful Hints

- ➔ **Talk to the person you are supporting and not about the person.**

It is important when speaking to people in the community (clerks, recreational or facility staff, etc.) to make sure you do not talk about an individual as if he or she were not there. Model involving the person and always re-direct conversations back to the person.

- ➔ **Promote independence by doing things WITH and not FOR the person.**

It is important to not do everything for the individual you support both in the community and the person's home. This can make the person appear incompetent. To the maximum degree possible encourage people to do things independently. Self-esteem and competence are increased when individuals exercise new skills or practice previously acquired skills.

➔ **Consult with the person being supported about choices.**

It is important to always offer the person you support as much choice as possible. Choice signals to the rest of society that the person making the choice is a unique human being with preferences about what to eat, drink, and wear. Encourage individuals to exercise control over their lives by making as many choices as possible.



Planning Activities

Planning is one of the keys to successful support. Planning refers to organizing your time with the individual you support. The following hints will help as you plan to visit various places in the community.

Helpful Hints

- ➔ Make a list of places within walking distance that you and the individual you support can visit
- ➔ Make a list of activities in the home enjoyed by the individual you support. Plan with the person to participate in these things. It is critical that people have something they are looking forward to.
- ➔ Make a list of events to go to in the community. These could include exhibitions, fairs, festivals, parks, sporting events, museums, nature settings, movies, libraries, restaurants, and concerts. Remember to base the list on the interests, gifts, and talents of the person you support.



- ➔ Make a list of the individual's interests. These could include home activities such as: watching TV, playing video games, exercising, playing games, art projects, crafts, developing and supporting hobbies. Learn about the individual's interests and plan activities based on these interests.

- ➡ Make a list of things to do that relate to the season of the year. Each season has a variety of activities that are specific to cultural, recreational, and social occasions. Plan a variety of activities.

Increasing Social Competence

As a DSP, focus on using community activities as a time to increase the competence of the individual you support. This type of learning is sometimes called incidental learning. It is the kind of learning a person needs in order to be more independent in the community.



John is a twelve year old boy who enjoys computer games, attending school, and playing sports. He has been diagnosed as having an attention-deficit disorder and an intellectual disability. Curtis, his support provider, is working in partnership with the family to increase John's independence. Every Tuesday evening they go swimming at a public pool. Curtis makes sure that John is learning all the skills involved in going for a swim. John is learning how to pay the clerk on the way into the pool, use a lock and locker, enter the pool safely, and shower and dress when he finishes. Curtis supports John but does not do everything for him. This allows John's independence to grow.

In order to increase the individual's competence in the community, focus on helping him or her to learn skills that are functional, meaningful, and age-appropriate.

- ▶ **Functional** - The person can use the skills frequently in their life. This could include going to movies and community recreational centres, or taking public transportation.

- ▶ **Meaningful** - The person wants or needs to know the skill or information. This could include belonging to a professional sports team fan club, shopping for music, or attending concerts of favourite artists.

- ▶ **Age-Appropriate** - The skills are appropriate for the age of the person being supported. This means that an adult does not spend time learning how to ride a toy horse in a mall, playing in the children's section in a fast-food restaurant, or swimming with the "tots" program.

Supporting Friendships

As a DSP there may be times when your work includes assisting the individual you support to make and have friends. Some people have difficulty making friends. Aspects of friendship like talking, playing, sharing, joking, spending time together, and understanding feelings may be new to the person you support.



You can help someone learn about friendship by:

- ▶ **Explaining the Meaning of Friendship** - This includes things like affection for others, knowing others, trusting others, and enjoying the company of others.
- ▶ **Spending Time with Others** - This includes things like inviting people over to have dinner, watching a movie, playing a game, or going out together.
- ▶ **Contacting Friends** - This includes things like developing a way to contact people by phone or email. If the person cannot use a phone or email they may need assistance in this area.

Friends provide a sense of belonging in life. Friends are the people who like and accept us. Individuals with disabling conditions need to learn about and experience friendship.



Helpful
Hints

- ➞ Make a list of the contacts that the individual you support currently has. These could include family members, school acquaintances, neighbours, contacts from religious groups, contacts from work, or from other associations. Try to expand the social circle of the person you support by spending time with some of the individuals you have listed. Remember, community is not just a place to go; it is also the relationships we form with others.

So . . .

Your position as a DSP in the community would not have existed fifty years ago. At that time individuals with disabling conditions typically did not live in the community. In this section we have considered the importance of community in the lives of individuals who have historically been excluded. Because of this history of exclusion it is particularly important that you use the strategies and hints provided to ensure community membership for individuals with disabling conditions.

Promoting
Quality of Life in
the Community

Resources:

The following books may be helpful in providing more information on how to include individuals with disabling conditions in the community.

Hutchison, P., & McGill, J. (1999). **Leisure, Integration, and Community**. Toronto: Leisurability Publications Inc.

Mount, B., & Zwernik, K. (1991). **It's Never Too Early and It's Never Too Late**. St. Paul: Minnesota Governor's Planning Council on Developmental Disabilities.

Porter, B. (2005). **More Than Inclusion-Honouring the Contributions of People with Developmental Disabilities**. Montreal: L'Arche Canada.

The following websites may also be useful:

Life2@mts.net - **Living in Friendship Everyday Inc. (LIFE)** is a non-profit organization with excellent resources for planning around community inclusion.

amado003@umn.edu .- Angela Novak Amado is the author of the book, **Friends: Connecting Individuals with Disabilities and Community Members**. This is an essential read for anyone wanting to assist individuals with disabilities and others in the community.

The Circle of Life - A Book of Activities for Life Planning. This is a wonderful resource for thinking about the relationship between an individual, their family, the community, and the broader society. Bob Manwaring, Marsha Dozar, Keith Bloodworth, and Mike Maunder created this beautiful and engaging planning manual. It offers many good ideas for

including people in community life. Continuity Care can be contacted at www.continuitycare.ca.

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