



SARCA Reception Services for Individuals With Handicaps

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Research and writing, Final version

Éléonora Santini, Commission scolaire de Montréal

Research and writing, Preliminary version

Normand Allard, Training consultant

Working group

Éric April, Commission scolaire de Montréal

Johanne Auclair, Commission scolaire des Premières-Seigneuries

Daniel Avon, Commission scolaire des Premières-Seigneuries

Diane Blanchette, Commission scolaire des Premières-Seigneuries

Sam Boskey, Direction des services à la communauté anglophone, Ministère de l'Éducation, du Loisir et du Sport

Frank Bouchard, Comité d'adaptation de la main-d'œuvre pour les personnes handicapées (CAMO)

Lise Cloutier, Commission scolaire de Montréal

Susie Faguy, Commission scolaire des Premières-Seigneuries

Francine Hotte, Commission scolaire de Montréal

Michèle Lussier, Commission scolaire des Premières-Seigneuries

Guylaine Pépin, Office des personnes handicapées du Québec

Éléonora Santini, Commission scolaire de Montréal

Diane Veillette, Office des personnes handicapées du Québec

Technical support, Production

Marie-Paule Dumas, Training consultant

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INTRODUCTION

In keeping with the Government Policy on Adult Education and Continuing Education and Training¹ and the General Framework for Reception, Referral, Counselling and Support Services (SARCA), it is essential that school boards pay attention to the various requests from adult learners in their territory. The reception an adult learner receives is often the basis upon which the quality of his or her educational path is built. An adult learner's first contact with a staff member in an adult education centre or vocational training centre can be a turning point.

This guide is intended for SARCA support staff and professional staff who work in the first and second levels of reception services. It presents ways and strategies for working with handicapped people. It is not a training tool. Rather, it is aimed at helping staff identify and understand the special needs of individuals with handicaps in order to be able to foster the *expression of demand for learning* while taking their particular situation into account.

Although individuals with handicaps constitute the principal target group, we will not divide them into categories (and thus marginalize them) in this document. For that reason, emphasis has been placed on the ways things are said and named. We will generally be referring to individuals *with handicaps* rather than specifically to individuals with *physical, visual, auditory or intellectual impairments, or mental health disorders*.

It should also be noted that this guide does not present an organizational model, since it would not apply across the board.

According to the SARCA General Framework (2006), it is essential that we understand and clarify adult learners' requests (expressions of demand for learning) and provide them with the information they need to pursue their process. But what should one do when the adult learner has a handicap? What attitudes should one adopt? How should one provide reception services? How can one identify the person's needs with respect to accessibility and adapted services?

Individuals with handicaps face a variety of obstacles depending on the nature, causes and origin of their *impairment*. Therefore, the support they need to compensate for their *disability* differs from one person to the next. How then does one provide them with a reception service that meets their specific needs?

Becoming familiar with specific needs and the appropriate vocabulary is the first step in interacting directly with individuals *with handicaps*, since the adult learner's satisfaction will depend on the quality of this interaction. Furthermore, openness and an adapted approach will enable reception staff to establish a good relationship with individuals *with handicaps* because the staff will be sensitive to their situation.

¹ Québec, Ministère de l'Éducation, *Government Policy on Adult Education and Continuing Education and Training*. (Québec: Gouvernement du Québec, 2002), 3.

The first chapter of this guide presents the characteristics of each type of impairment and the related specific and special needs. It also provides suggestions on how various intervention practices can be adapted in different environments and how adult learners can be encouraged to express their demand for learning when they feel comfortable with staff who pay attention and listen (to them).

What should one do to be able to meet these special needs? How does one organize the reception services and identify the demand for learning? What is a special need? In Chapter 2, we provide a series of answers to these questions by proposing simple and functional reception methods drawn from a fund of experience with this clientele and by referring to the orientations in the SARCA General Framework.

This document is therefore a support tool to help reception staff deal with individuals with handicaps in the best possible way. It was produced through the collaborative work of representatives from the school boards, the Comité d'adaptation de la main-d'œuvre pour les personnes handicapées (CAMO), the Office des personnes handicapées du Québec (OPHQ) and the Direction des services à la communauté anglophone of the Ministère de l'Éducation, du Loisir et du Sport (MELS), with the financial support of MELS.

CHAPTER 1: Main Characteristics of Individuals With Handicaps and the Best Approach to Serving Them

1.1 Attitudes to adopt and the concept of integration: A person with a handicap is first and foremost a person

For most people, individuals with handicaps are people confined to a wheelchair who have difficulty getting around, whose movements are uncoordinated and who may have speech difficulties. Others think immediately of a white cane or guide dog. A hearing impaired individual using sign language can also be an object of curiosity. In all of these cases, *it is the difference that stands out*.

Even if we avoid forming a closed-minded perception of an individual with a handicap, we may nevertheless at first feel awkward or uncomfortable in his or her presence, since we do not always know how to relate to someone with a communications or mobility disability. Reception staff can, however, listen to the person, provide information and refer him or her to resources in the education community.

A particular experience of persons *with a handicap* is that they often sense discomfort, or even *rejection* (conscious or unconscious) on the part of persons *without a handicap* with whom they must interact. On the other hand, sensing an acceptance of their *differences* enables them, like anyone else, to develop their potential and make their own choices.

The ideal situation would be to allow individuals *with handicaps* to develop according to their abilities, taking their special needs into account and adapting the services offered. An adapted and inclusive approach would enable them to develop in a variety of community or public settings without being discriminated against or segregated, and with respect for their individual needs. This would require their active participation and integration in society at large.

For the individual with a handicap, the right to be different also involves taking charge of his or her own integration, which has a direct impact on the different services to be put in place.

In Québec, considerable efforts have been made to ensure the full and active participation of individuals with handicaps in society. These efforts include the policy *À part entière: Pour un véritable exercice du droit à l'égalité*,² adopted in June 2009, which promotes increased participation in society by individuals with handicaps, in the spirit of encouraging them to exercise their rights and liberties.

² Québec, Office des personnes handicapées du Québec, *À part entière: pour un véritable exercice du droit à l'égalité*, government policy to increase participation in society by individuals with handicaps (Drummondville: OPHQ, June 2009). In subsequent references, this document will be cited as *À part entière*.

It is therefore important to develop, in each of our centres, practices that respond to the special needs of individuals with handicaps and that are also consistent with the values and orientations of society in general.

1.2 The right vocabulary fosters understanding

It is important to be aware of the vocabulary we use, since it reflects our perception of individuals with handicaps. Words such as *deficient*, *handicapped* and *crippled* are still being used. These terms do not mean the same thing and cover a variety of situations.

The adjectives *deficient* and *handicapped* can be pejorative and offensive to persons with handicaps who want to have their rights recognized and participate fully and actively in society.

In the 1978 *Act to secure the handicapped in the exercise of their rights*, the definition of “handicapped person” is a “person limited in the performance of normal activities who is suffering, significantly and permanently, from a physical or mental deficiency, or who regularly uses a prosthesis or an orthopedic device or any other means of palliating his handicap.”³

A distinction is made between the terms “deficiency” and “handicap”:

“A deficiency is pathological and measurable and has been diagnosed.”

“A handicap is an obstacle related to the environment or the negative attitudes or limitative beliefs in that environment. It is the result of a deficiency or disability barrier that is environmental in nature or is created by negative or restrictive attitudes of a community. It interferes with the performance of life roles by persons who have a deficiency or disability.”⁴

It is therefore preferable to focus on the person and use the term “individual with a handicap.”

In the past 25 years, there has been an evolution, not only in language, but also in concepts. We have realized that the physical and social environment creates more handicap situations than does any *impairment* or *disability*. That is why major social changes were adopted to make life easier for individuals with handicaps. Such changes include reserved parking spots, the development of paratransit, Braille inscriptions in elevators, access ramps and sloped sidewalks.

³ Québec, *Act to secure the handicapped in the exercise of their rights*, RSQ, c E-20.1, Chapter 1, section 1, paragraph g.

⁴ Québec, OPHQ. *L'intégration de la personne handicapée. Les conférences socio-économiques du Québec : État de la situation*, (Québec: Secrétariat permanent des conférences socio-économiques du Québec, 1981),19.[Translation]

The concept of handicap has also evolved and we now refer to the disability creation process. The policy *À part entière: Pour un véritable exercice du droit à l'égalité*, adopted in June 2009, contains the following definition:

A handicap situation involves diminished life habits as a result of the interaction between personal factors (impairments, disabilities and other personal characteristics) and environmental factors (facilitators and obstacles).⁵

People can therefore have the same *impairments*, without necessarily having the same *disabilities* or living conditions. Consequently, they are not always necessarily in a *handicap situation*. It is when they encounter architectural or social barriers in everyday activities that their *disabilities* result in a *handicap situation*. In this document, therefore, we will use the expression "individual in a handicap situation."

Bill 56 amended the *Act to secure the handicapped in the exercise of their rights* by changing its title to *Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration* and by changing the definition of a handicapped person to "a person with a with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities."⁶

"Here, the deficiency corresponds to the degree of physiological impairment and disability to the degree of diminishment of an aptitude intrinsic to the individual, without regard to the environment."⁷

It is therefore important to make sure that staff members who are in direct contact with this clientele have a basic knowledge of the problems individuals with handicaps face, so that physical differences do not become an obstacle to their integration into society, school and the workplace.

⁵ Definition based on the following documents:

- OPHQ, *À part entière*, Sec 1, 67. [Translation]
- International Network on the Disability Creation Process, *Guide de formation sur les systèmes de classification des causes et des conséquences des maladies, traumatismes et autres troubles* (Lac St-Charles: International Network on the Disability Creation Process, 1997), 77. [Translation]. In subsequent references, this document will be cited as *Guide*.

⁶ Québec, *Act to secure the handicapped in the exercise of their rights with a view to achieving social, school and workplace integration*, RSQ, c E-20.1, Chapter 1, section 1, paragraph g. Current version.

⁷ *Guide*, 76-78. [Translation]

1.3 The specific needs related to each type of impairment, special needs and their impact on reception services: Better service based on knowledge

An individual with a handicap is a person who, because of his or her particular impairments and disabilities, has a specific need related to his or her physical or social environment. This results in special needs particular to the individual's life situation.⁸

In this context, it is impossible to draw up a complete list of all special needs, since they depend on the environment and the person's living conditions. Therefore, we propose that people's specific needs be identified based on their impairments (diagnosis) and disabilities (functional limitations versus aptitudes). Functional limitations are a result of the impairment and include difficulty speaking, communicating or getting around, but these limitations nevertheless include abilities to act and to express or actualize oneself by alternative means. In examining these abilities we can identify specific needs.

The aim is not to present a detailed nomenclature or to train specialists, but to provide enough information for SARCA reception staff to adopt attitudes that foster the gathering of relevant information without prejudice to individuals with handicaps. It is only once the life situation of each person has been taken into account during the reception process that their specific needs become special needs.

Understanding the special needs of each adult learner will enable the different educational institutions to put adapted services in place, thus avoiding placing the person in a handicap situation.

The following reference points can help identify the specific needs of individuals with handicaps and provide a brief description of the different disabilities. This information may prove useful in identifying obstacles that the person might encounter in his or her learning process and, consequently, possible solutions. Secondly, it is important to take into account the abilities and skills the individual has developed to deal with these obstacles.

Different nomenclatures exist. According to the International Network of the Disability Creation Process, disabilities can be related to, among others, hearing, vision, language, motor activities,

⁸ Definition based on the following documents:

- Commission scolaire de Montréal (CSDM), Centre Champagnat, *Présentation d'un modèle d'intervention pour l'accès à l'éducation des adultes aux personnes handicapées* (Montréal: CSDM, 1984). [Translation]
- OPHQ, *À part... égale. L'intégration sociale des personnes handicapées : Un défi pour tous*, Québec: Gouvernement du Québec, 1984). [Translation]

intellectual activities, mental health or behaviours.⁹ The different categories of disabilities can also prove useful as an initial reference point.

In the following pages, we will address mostly specific and special needs related to motor, visual, auditory and intellectual impairments, and mental health disorders. Individuals with language, speech or organic impairments also have disabilities and are considered individuals with handicaps. However, many of these disabilities can be controlled through the proper treatment. The others involve far too much information and far too many nuances and interventions to be included in this document, and will be written up in the support file of the individual concerned.

1.3.1 Individuals with motor impairments

The specific needs of individuals with motor impairments are related to a loss, deformity or abnormality in the skeletal, muscular or neurological systems responsible for motor skills.

Individuals with motor impairments can have motility (mobility and grip) and communication problems. Their mobility is reduced, and they can also have difficulty controlling their movements. Some of them use a communication board. They may need assistance with their personal care (hygiene, feeding, getting around, etc.). They may get around using a wheelchair, crutches or with no assistance at all.

Special needs related to the expression of demand for learning and the attitudes of reception staff

- Individuals with motor impairments are aware of their specific needs and are able to express them.
- Motor impairments vary from person to person. It is important to take the time to listen to each individual and ask how one can help.
- Provide the person with accurate information on the accessibility of the premises as well as the immediate environment (work tables, doors, etc.) and about services for physical care (going to the bathroom, eating and getting around) available in the SARCA centre or organization to which they will be referred. The individual can then decide what best suits his or her needs.
- Ask the person if he or she needs help performing certain tasks such as filling out a registration form. What means does he or she use to write or communicate?

⁹ International Network on the Disability Creation Process, "Évolution canadienne et internationale des définitions conceptuelles et des classifications concernant les personnes ayant des incapacités: Analyse critique, enjeux et perspectives." *Revue Développement humain, handicap et changement social / Journal of Human Development, Disability and Social Change* 9, nos. 2-3 (1998).

- When scheduling an appointment, it is important to be aware that people with motor impairments often need to book paratransit in advance.

1.3.2 Individuals with visual impairments

The specific needs of individuals with visual impairments are related to vision problems that cannot be corrected by wearing glasses or contact lenses. This category includes totally blind and low-vision individuals with reduced visual acuity, a reduced field of vision or both.

Individuals with visual impairments most often use a guide dog or white cane. Their degree of mobility depends on how much they can see but even more on their knowledge of their environment. Access to written and visual information can be an obstacle, but there are visual and technological aids available such as Braille, touchpads and closed circuit television systems for magnifying print.

Special needs related to the expression of demand for learning and the attitudes of reception staff

- Staff must make the introductions and ask the person how they can help and what services the person needs.
- Detailed and accurate information is absolutely essential for individuals with visual impairments. Give descriptions rather than directions.
- Make sure to provide the necessary information in a quiet place and avoid extraneous noise.
- Use reference points and provide precise directions to help the person get around.
- Inform the person when the meeting is over and when reception staff members leave the room. The person should not have to guess.

1.3.3 Individuals with hearing impairments

The specific needs of individuals with hearing impairments are related to their inability, to varying degrees, to hear and discriminate between sounds. People with hearing impairments may have been born deaf or hearing impaired, or have become deaf or deafblind.

Individuals with hearing impairments are limited in their ability to receive verbal messages. However, technical aids such as hearing prostheses, hearing aids or cochlear implants may partially compensate for this disability.

Depending on their degree of deafness, individuals can communicate using Langue des Signes Québécoise (LSQ) if they are francophone, or American Sign Language (ASL) if they are anglophone. They may also use lip-reading, hands-on signing or any other form of language.

Sign language interpretation is used to translate a message into signs. *Oral sign language interpretation* allows individuals to lip-read, depending on their level of deafness. The interpreter amplifies articulation and expression. At the individual's request, he or she may add voice and signs. *Hands-on signing* is used with deafblind individuals. The interpreter communicates by touch, "signing" on the person's hand.

Special needs related to the expression of demand for learning and the attitudes of reception staff

- It is possible to communicate by telephone with an individual with a hearing impairment by using the Bell Relay Service (1-800-855-0511). The deaf person communicates with the operator (9-711) using a teletype or telecommunications device for the deaf (TDD) to answer in writing. The operator then transmits the message orally.
- Some people use sign language to communicate but one must remember that sign language is not universal. Not only can the signs used differ depending on the person's age and region, but the language is constantly evolving.
- Individuals with some hearing can lip-read or use different hearing aids. Deaf people are not mute, but they may prefer using sign language to communicate. Their choice should be respected.
- Staff must make sure they have the person's attention before giving information. The person must be able to see them clearly in order to understand the message.
- Staff must speak normally, without raising their voice, and give the person time to express himself or herself. They must speak directly to him or her, not to the interpreter, making sure that the interpreter has enough time to translate the message into sign language.

1.3.4 Individuals with intellectual impairments

The specific needs of individuals with intellectual impairments are related to their intellectual and adaptive functioning, degree of autonomy, basic skills and behaviour.

Individuals with intellectual impairments can progress and acquire new learning. However, they may have difficulty performing certain tasks. Each individual has a different degree of autonomy. For example, an individual may have disabilities in at least two areas of adaptive functioning: communication, personal care, social skills, domestic skills, functional academic skills, work skills and the use of resources.

There is a difference between intellectual impairments and psychiatric or emotional disabilities, which are related to personality disorders.

Special needs related to the expression of demand for learning and the attitudes of reception staff

- Take the time to establish contact with the person. A warm, simple greeting will make him or her feel at ease. Staff must express themselves clearly and in simple terms, without treating the person like a child.
- Make sure the person participates and is involved in the process, even if he or she is accompanied by relatives or practitioners. Allow enough time for the person to express himself or herself.
- Reformulate the request to make sure everyone understands it. Point out the consequences of certain choices.
- Give examples or ask the person about his or her interests in order to help him or her make choices.
- Do not impose limits on the person by saying he or she will be unable to register for an activity. Instead, ask the person what type of support and supervision he or she needs.

1.3.5 Individuals with mental health disorders

The specific needs of individuals with mental health disorders are related to the manifestation of a psychological malfunction resulting in discomfort, as well as emotional and social adaptation problems. These individuals can be treated, but the effectiveness of such treatments varies. They need help with everyday activities related to their social integration.

These individuals are often said to have mental health problems. This term covers a variety of disorders such as anxiety, depression, schizophrenia, personality disorders, eating disorders and organic disorders.

Individuals with anxiety disorders feel anxiety, stress or excessive apprehension that has a negative impact on their relationships, social activities and performance at work. They find themselves in a handicap situation on a daily basis. Anxiety disorders include phobias, obsessive and compulsive disorders, panic disorders and excessive anxiety.

Individuals with mood disorders suffer from severe distress and are in a handicap situation in their social, occupational or educational activities. Mood disorders include major depressive disorder, bipolar disorder and dysthymic disorder (a type of chronic depression).

Schizophrenia appears in early adulthood. Its symptoms (delirium, hallucinations, social withdrawal) cause problems in functioning that can be treated with medication, care and support.

Special needs related to the expression of demand for learning and the attitudes of reception staff

- Ask the person what he or she wants and try to clarify his or her goal.
- If the person says he or she is having difficulties, ask how he or she usually functions. Try to understand in what context and under what conditions he or she functions best.
- Even if the person appears impatient, observe his or her body language, since he or she may simply be anxious or lack self-confidence.
- The person's previous experience can provide clues as to his or her progress. He or she may explain what worked and describe his or her difficulties in detail, but will be unable to put in place the measures required to succeed. Offer assistance, but make sure the person is involved in the process.
- Mental health problems can affect anyone. They are not a sign of weakness of character. Do not judge the person if he or she does not take charge of his or her situation. He or she may be unable to do so. Proceed step by step, at the person's own pace. Refer him or her to a support organization if necessary.

1.3.6 Individuals with pervasive development disorders

Pervasive development disorders (PDDs) are related to serious difficulties in the areas of communication, social interaction and behaviour. There are five types: autism, Asperger's Syndrome, Pervasive Developmental Disorder, Not Otherwise Specified (PDDNOS), Rett's Syndrome and Childhood Disintegrative Disorder.

Individuals with a PDD may have had a difficult adolescence during which they were hypersensitive to their physical and psychological changes. These difficulties may have exacerbated their problems in the area of social interaction. Some individuals who cannot communicate verbally can express their discomfort or pain by making sounds or engaging in certain behaviours.

These individuals have great difficulty accepting change. Periods of transition can significantly increase their anxiety and stress. It is therefore essential to ensure an integration process that is adapted to their needs.

Although PDDs may have certain characteristics in common such as impairment in verbal and non-verbal communication, problems with social interaction, and restrictive and stereotyped behaviours, we have chosen to describe the two PDDs most likely to be observed in training centres:

- 1) Autism, the best known of these disorders, is characterized by a qualitative impairment in social interactions and an abnormal delay in the development of communication. People suffering from autism may have difficulty initiating and sustaining a conversation. They may also have a restricted pattern of interests, sometimes accompanied by repetitive or stereotyped behaviours. The manifestations of this disorder can vary greatly from one person to another.
- 2) An individual who suffers from Asperger's Syndrome, an Autism Spectrum Disorder (ASD), will also have a qualitative impairment in social interaction and will use multiple nonverbal behaviours such as eye contact, facial expressions and gestures. He or she will usually have difficulties in social and occupational areas of functioning.

Special needs related to the expression of demand for learning and the attitudes of reception staff

- If the person with a PDD arrives from the youth sector, he or she has a support file that includes an individualized education plan (IEP). If the situation is complex, requiring intervention by more than one institution, the individual may have an individualized, intersectoral services plan (IISP). This plan is drawn up as part of a joint planning and coordination of services process. The person should usually talk about and present it.
- Individuals with a PDD are more easily frustrated when they have to overcome difficulties so it is important to find what is causing their stress (e.g. anxiety about returning to training, a new training establishment, future classmates) to help them deal with these stressful situations.
- These individuals can also be upset by loud noises, a lot of people around them or someone touching them. They may also have difficulty maintaining eye contact with the other person. On the other hand, others are hyposensitive to sound, touch and movement and may therefore seek them out and start to shout or want to touch everything. Some may withdraw within themselves.
- These are people who have difficulty understanding abstract language, but that does not preclude using humour in explaining the meanings of words. It is possible to make it easier for them to understand by breaking ideas down, by using photographs or images. By asking them questions, staff can make sure that they understand. Body language should be avoided as these individuals usually have difficulty interpreting it.
- The staff must take the time to understand each person's needs so they can respond with a personalized approach, while establishing a relationship of trust.

1.4 In short, a special need is . . .

These reference points can certainly be of assistance to reception staff who do not frequently come in contact with people in a handicap situation, but a word of caution is necessary.

Major impairments do not necessarily create disabilities if the person has the means of compensating for them, such as a completely blind person who uses technological aids to read and write. In this case, his or her impairment does not create a disability in terms of being able to write as he or she can do so using an alternate means, which must then be identified. An individual with motor impairments does have disabilities but, thanks to home services, that does not stop him or her from living where he or she wants. An amputee who wants to drive his or her own vehicle may have no special needs other than getting the vehicle adapted.

On the other hand, people with hidden impairments can have difficulty integrating if the appropriate measures are not taken.

Consequently, since there is no absolute correlation between impairments, disabilities and handicap situations, staff must avoid generalizing and listen carefully to each individual.

The definition of special need given above becomes even more meaningful here: “An individual with a handicap is therefore a person who, because of his or her particular impairments and disabilities, has a specific need related to his or her physical or social environment. This results in special needs particular to the individual’s life situation.”¹⁰

¹⁰ Definition based on the following documents:

- Commission scolaire de Montréal (CSDM), Centre Champagnat, *Présentation d'un modèle d'intervention pour l'accès à l'éducation des adultes aux personnes handicapées* (Montréal: CSDM, 1984). [Translation]
- OPHQ, *À part... égale. L'intégration sociale des personnes handicapées : Un défi pour tous*, Québec: Gouvernement du Québec, 1984). [Translation]

CHAPTER 2: Integrated SARCA Reception Process for Individuals With Handicaps

2.1 Presentation of integrated SARCA reception services for individuals with handicaps

Client services are currently being expanded, reorganized and revamped as a result of the implementation of reception, referral, counselling and support services (SARCA). The number of clients with handicaps varies from institution to institution and region to region. It is up to each institution to put measures in place to provide them with reception services or to recruit them, depending on the resources available. It would therefore be unrealistic to present a single reception model without being familiar with the organizational framework of each service or the reception and support resources available.

Chapter 1 of this document contains basic information to help reception staff better understand the diversity of needs among individuals in a handicap situation and thus adopt an approach that is better adapted and more consistent with our society's values.

In Chapter 2, the reader will find a process to facilitate the expression of demand for learning by individuals with handicaps and an information gathering tool to take the client's special needs into account. Remember that interventions must focus on the services **requested** and not on the services **offered**.

Reception staff must know how to direct a person to an appropriate institution, according to its mission and mandate, and based on the person's own interests, not on the services offered by the institution. However, regardless of the institution, fostering the expression of the demand for learning will help staff understand the person's situation in order to provide support or refer him or her to the proper resource. Reception should therefore focus on the demand for services.

2.2 Objectives of an integrated reception process

Reception, referral, counselling and support services should be able to receive individuals with handicaps, identify their specific needs and the appropriate resources and measures, and refer them to the institution that is best able to help them achieve their goals. These services are said to be "inclusive" when they are integrated into the institution's current reception services and when clients are referred based on their own choices.

Regardless of the institution and its resources and mandate, it should be possible, within an *integrated reception process*, to foster the expression of demand for learning among individuals with handicaps, while taking their special needs into account. How? By personalizing the

services offered, developing an interdisciplinary approach with the different partners and coordinating social programs and services.

The challenge is to make services accessible using an integrated process, then to personalize it at the first and second levels of reception.

2.3 Intervention strategies at the first level of reception: Clarification of the initial request

In Chapter 1, we looked at the different definitions of an individual with a handicap, a specific need related to an individual's impairment and disabilities and a special need related to his or her environment. In addition to specific and special needs, there are broader needs related to the personal growth of all individuals and each one's role in society. Something else that must be kept in mind is that the initial request does not always correspond to the actual need. It is by clarifying the request that the real need becomes apparent. At the first level of reception, therefore, the staff member should focus on the expression of demand for learning to make sure he or she fully understands the individual's need and can thus provide proper guidance.

2.3.1 Receiving an individual with a handicap

Staff working in the first level of reception play a key role in receiving the initial request. According to their understanding of this request, they provide basic information or immediately refer the person to the second level of reception to clarify their objectives or path or choose between different options.

The first step is therefore to receive the request, in person or over the telephone. This appears to be a simple step, since the person knows why he or she is contacting the SARCA service. It can, however, become more complex when individuals in a handicap situation hide their concerns and needs for fear of being refused the services they want, are unable to clearly state their request because of speech difficulties, or because they need time to take down the information. For example, a deaf person can communicate using the Bell Relay Service, but that takes more time. Should staff try to answer as many calls as possible or focus on the quality of each call? When the person arrives at the office, is he or she accompanied by an interpreter? How does one clarify the requests of individuals who use communication boards?

Depending on the number of individuals with handicaps who call a particular SARCA service, the staff might benefit from basic training to become familiar with the *nonverbal communication boards* used by people with motor impairments or the *sign language* used by the deaf. If this is not an option, staff can call a visual and tactile communication interpretation service such as SIVET at 514-285-8877. Individuals with handicaps may also choose to be accompanied by a relative or practitioner to make sure they are understood. In this case, staff must secure their consent. Approach the person as normally as possible. If staff are having difficulty

understanding what the person is saying, they can always ask him or her to repeat. Establishing a connection using humour where appropriate and acting naturally can also facilitate communication.

Often, when people contact an organization by telephone or in person, they do not directly state their request. They may begin by describing **their problem** (“I don’t have any money; I want to work”), **need** (“I need adapted housing”) or **plan** (“I’d like to write my story”), or they may be looking for an **activity** (“I want to stay in shape”). It is therefore important that staff listen carefully and ask questions to ensure that they fully understand the stated or underlying request.

To receive the request, staff can use the school board’s usual SARCA form, ensuring that the focus is on clarifying the request and then noting down the person’s specific and special needs. This information is essential in order to provide the person with the proper guidance.

It is also possible to adapt the request form on pages 19 and 20 of this document to the institution. The following sections appear on the front of the form:

- I. **The adult learner’s request**
- II. **Clarification of the initial demand for learning**
- III. **Referral**

And these sections are on the back:

- IV. **Contact information and special needs** (contact information, nature of the handicap, mobility, communication, autonomy and special assistance, paratransit file number, last year of studies completed)
 - **Sent by**
 - **Comments**

The following sections of the form help clarify requests at the first level of reception.

I. The adult learner’s request

1. **Receive the initial request** (*How can I help you?*)
2. **Check and zero in on the nature of the request and the expectations** (*e.g. Why are you making this request? Why did you choose to call us? What can I do for you? Who referred you here?*)

II. Clarification of the initial request

3. Clarify the request by asking: *If I understand correctly, you would like . . . in order to . . . ?*
Is the request based on a need, a problem, a plan or an activity? Does the request seem clear or is the person unsure of what to do and requires assistance in his or her process?

III. Referral

4. Provide information and refer the person to the appropriate resource (*because . . .*) **or to the second level of reception** for support for his or her process.

IV. Contact information and special needs

5. Write down the person's contact information and special needs. (Instead of asking what his or her handicap is, take a less reductive approach by asking if he or she has special needs related to his or her handicap, autonomy, communication or transportation.) **Also write down any dealings the person has with organizations or particular individuals. There is a section for comments.**

Request for Services¹¹

I. The adult learner's request

➤ *How can I help you?*

➤ *Why are you making this request?*

The request is based on:

- A NEED
- A PROBLEM
- A PLAN
- AN ACTIVITY

II. Clarification of the initial demand for learning

➤ *If I understand correctly,*

➤ *you would like :*

In order to :

➤ The request is **clear**

- To find out what services are offered
- To return to school
- To make a career choice

➤ Requires referral to the **second level of reception**

- Has difficulty formulating the request
- Wants help making a decision

Other: _____

III. Referral

➤ Referred to _____

➤ because _____

➤ *Have you already consulted a guidance counsellor?* Yes No

¹¹ This form was developed by Éléonara Santini, Centre Champagnat, Commission scolaire de Montréal.

IV. Contact information and special needs¹²

Last name:	_____	Date of birth:	_____
First name:	_____		
Address:	_____		
Telephone	Home:	_____	day <input type="checkbox"/> evening <input type="checkbox"/>
	Other:	_____	day <input type="checkbox"/> evening <input type="checkbox"/>
	TTD:	_____	day <input type="checkbox"/> evening <input type="checkbox"/>
➤	Do you have any special needs?		
	Nature of handicap: _____		
	Mobility: _____		
	Communication: _____		
	Autonomy (special assistance): _____		
	File number (paratransit): _____		
	Last year of studies completed: _____		

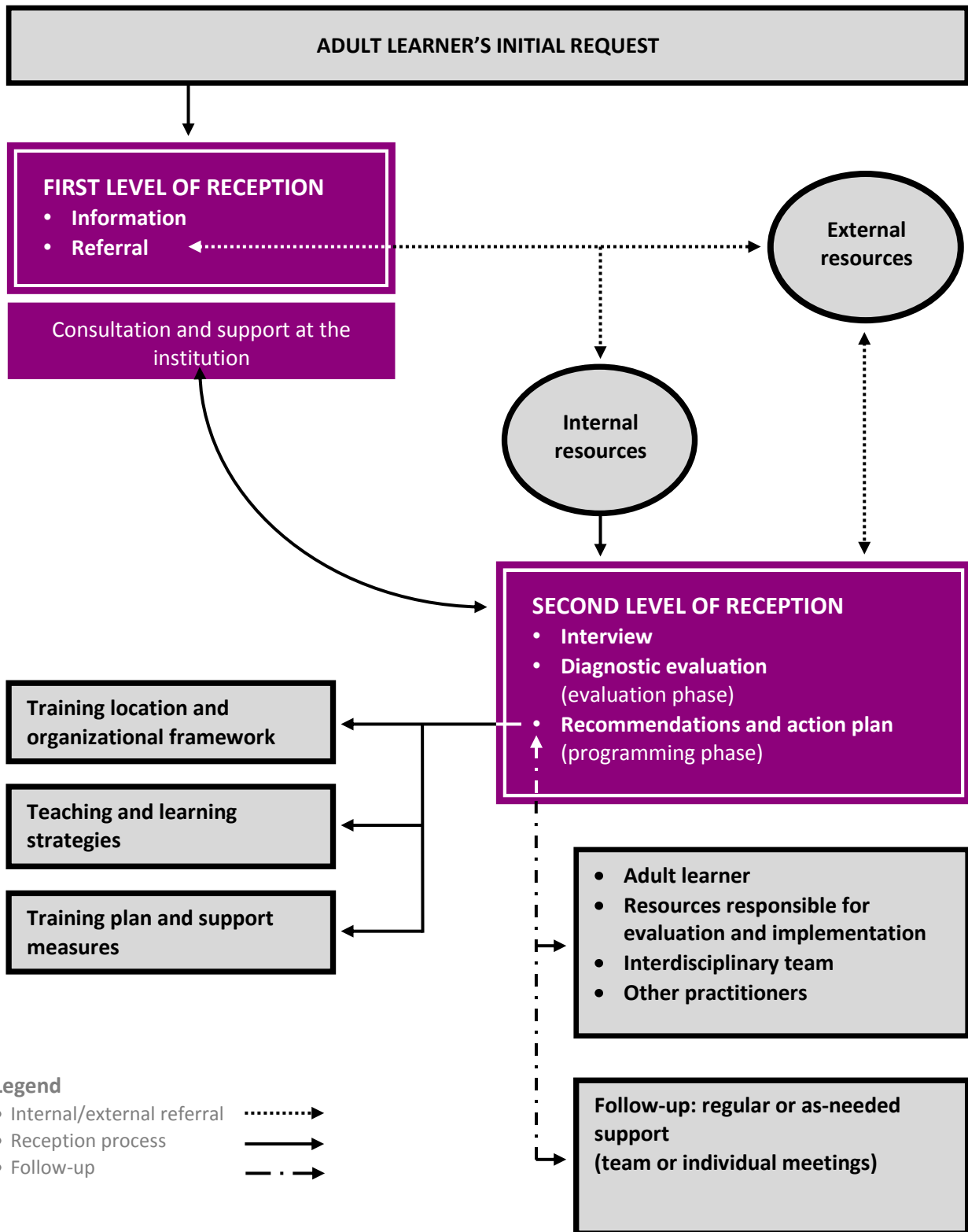
Sent by	
Name:	_____
Institution:	_____
Authorization for follow-up:	_____

Comments (recommendations or references)

Request received by: _____ on _____

¹² This form was developed by Éléonara Santini, Centre Champagnat, Commission scolaire de Montréal.

RECEPTION PROCESS FOR INDIVIDUALS WITH HANDICAPS¹³



¹³ Éléonora Santini, Special education consultant, Centre Multi-services Champagnat, Commission scolaire de Montréal, March 2009.

2.3.2 Setting up the reception office

Expensive adaptations are not always required to minimize obstacles for individuals with handicaps. Look around and note the architectural, social or communications barriers they might encounter. When in doubt, ask them what they need. It is useless to schedule an appointment if the building is not accessible to them. If a person communicates using sign language, make sure there is an interpreter or ask the person to bring someone along with him or her.

- Above all, make sure that the person is well received. Demonstrate openness in order to avoid creating social barriers. Address the person as normally as possible without overprotection or pity.
- Verify the accessibility of the institution. Is there an access ramp outside? Can the person get around easily inside? How high are the counters in the reception office? Will the person have to write by hand?
- Is the documentation easily accessible? Is it in print or electronic format? The most useful information could be summarized in a document that the individual with a handicap could then adapt to his or her situation.
- Know where to direct the person if he or she requires adapted services. Find out who provides services such as personal assistants, private paratransit and material resources. Individuals with recognized major functional impairments can submit an Application for a Special Needs Allowance to Aide financière aux études (AFE) at MELS. Information on the Allowance for Special Needs Program and the application form are available at <http://www.afe.gouv.qc.ca/en/autresProgrammes/allocationsBesoins.asp>.

2.4 Intervention strategies at the second level of reception

The services offered at the second level of reception are part of the social integration process described above. The challenge is to base the process on the individual's aptitudes, potential and interests rather than on his or her impairments, while adapting the resources to his or her specific situation.

However, the counsellor at the second level of reception should be made aware of the individual's situation and the related stereotypes, understand the disability creation process and keep his or her knowledge of the different impairments up to date in order to provide the necessary support. He or she should also be familiar with the different means of communication, possible adaptations and basic equipment. These competencies can be developed by collaborating with practitioners at the institution or by coordinating several services.

2.4.1 Identifying needs related to accessibility and adapted services

The second level of reception, as defined in the SARCA general framework, provides the means for all adult learners to:

1. express their demand for learning and specify their goal
2. discuss their reasons for requesting services
3. obtain an evaluation of their formal learning and briefly explore their informal learning
4. choose what actions to take to develop or implement their plan

The SARCA staff member will review with the adult learner the information collected at the first level of reception using the Request for Services form proposed above to ensure that he or she fully understands the request. The staff member can thus provide the information the person needs to pursue his or her process and make a decision, and can suggest various ways the person can achieve his or her goals, while providing support.

For individuals with handicaps, this process must be accompanied by a personalized assessment aimed at identifying their general needs, specific needs, special needs, aspirations and goals in relation to their potential and interests. The purpose is to draw up a profile of their situation. The counsellor at the second level of reception can then choose the appropriate helping strategies and determine the information needed to pursue the process. The counsellor can also refer the adult learner to the professionals working in complementary services to ensure a proper assessment of the nature of the assistance to be offered to him or her, while ensuring that the institution can indeed provide it.

To help the individual with a handicap achieve his or her goals, this assessment will specify the desired level of integration, the necessary adaptations, equipment and complementary services, the financial resources available and the programs offered. It is the plan of action or, in some institutions, the individualized education plan, that will help the individual achieve his or her goals. The OPHQ document, *À part... égale*¹⁴, proposes a five-step process for implementing the service plan: referral, comprehensive assessment, development of an individualized education plan depending on the sector of activity, implementation of the plan and follow-up.

What sets SARCA apart is that intervention is based on the demand for services rather than on the services offered.

¹⁴ OPHQ, *À part... égale. L'intégration sociale des personnes handicapées : Un défi pour tous* (Québec: Gouvernement du Québec, 1984).

2.4.2 Optimal conditions for success and intervention limits

Whatever the person's plan, the idea is to identify and eliminate as many architectural, financial, social and communications barriers as possible. Not everyone has the same level of difficulty, so it is important to make sure that the person has easy access to the resources he or she needs.

The necessary conditions and the means selected to implement the person's plan must suit his or her situation. Individualized support will allow for any necessary adjustments. For the process to be successful, it is essential that the person be involved in each step, the goal being that the means are effectively oriented toward development in the desired direction.

The achievement context should be the natural living environment, i.e. as close as possible to regular services, taking into account the special needs identified.

Obstacles to social integration could be reduced by providing complementary and coordinated resources. An exchange of information would make it possible to learn about the different social programs and measures available, in areas such as home adaptations and care, special allowances or vocational integration programs, which would facilitate referral while avoiding any overlaps.

Keeping an up-to-date list of available resources and establishing contacts in a constantly changing network is a real challenge. Staff members also need to keep their knowledge of the clientele up to date, adjust to different orientations and foster a holistic approach: *know the clientele in order to provide better reception services.*

CONCLUSION

In 1978, the Québec government adopted the *Act to secure the handicapped in the exercise of their rights* and created the Office des personnes handicapées du Québec (OPHQ). In 1984, the OPHQ implemented a framework and a comprehensive plan of action to ensure quality services for individuals with handicaps in the environment of their choice. Since then, several measures, services and programs have been developed to foster the integration of individuals with handicaps into society, school and the workplace. In the spring of 2005, this Act was amended to take the current social context into account. Section 1.1 of the new Act¹⁵ makes the public and private sectors responsible with respect to the special needs of individuals with handicaps in order to foster their integration into society on equal terms with other citizens.

Reception, referral, counselling and support services (SARCA) were also shaped by this social consensus and have a role to play. They must define the parameters of their interventions, since they have a social responsibility in this regard. In their approach to individuals with handicaps, SARCA services must avoid marginalizing them through a lack of understanding of their situation and their special needs.

The aim in creating this support tool was to help staff:

- become familiar with the factors conducive to receiving individuals with handicaps
- become informed of their needs with respect to access and adapted services
- develop an intervention consistent with the specific and special needs of individuals with handicaps
- develop reception skills and attitudes adapted to each individual's situation

Becoming aware of our attitudes toward individuals with handicaps will result in a reception that is more respectful of individual differences, and *learning to know them better* will enable us to provide more effective support.

In many places, the lack of accessibility presents a major obstacle to individuals with handicaps, hence the importance of identifying the obstacles and barriers they may encounter and working together to find solutions. This may lead staff to question certain practices or to update their contacts with organizations and partners.

We hope that this support tool will help SARCA staff start thinking about how to implement *personalized reception services that meet the needs and aspirations of individuals in a handicap situation*.

¹⁵ Québec, *Act to secure the handicapped in the exercise of their rights with a view to achieving social, school and workplace integration*, RSQ, c E-20.1.

BIBLIOGRAPHY

- Act to secure handicapped persons in the exercise of their rights with a view to achieving social, school and workplace integration.* R.S.Q., c. E-20.1.
- Berger, Pierre. *La problématique du plan de services de la personne. État de la situation.* Québec: Office des personnes handicapées du Québec, 2003.
- Commission scolaire de Montréal. Centre Champagnat. *Présentation d'un modèle d'intervention pour l'accès à l'éducation des adultes aux personnes handicapées: Accueil, intégration.* Montréal: CSDM, 1984.
- Dubuisson, Colette, and Christiane Grimard. *La surdit  vue de pr s.* Qu bec: Presses de l'Universit  du Qu bec, 2006.
- Gravel, Carole. *Pour l'int gration en emploi des personnes ayant une d ficiance intellectuelle l g re. Guide de r f rence.* Action main-d'oeuvre, 2001.
- International Network on the Disability Creation Process. " volution canadienne et internationale des d finitions conceptuelles et des classifications concernant les personnes ayant des incapacit s: Analyse critique, enjeux et perspectives." *Revue D veloppement humain, handicap et changement social / Journal of Human Development, Disability and Social Change* 9, nos. 2-3 (1998).
- . *Guide de formation sur les syst mes de classification des causes et des cons quences des maladies, traumatismes et autres troubles.* Lac St-Charles: International Network on the Disability Creation Process, 2000.
- Plante, Francine. *L'int gration et le maintien au travail des personnes vivant ou ayant v cu un probl me de sant  mentale. Guide de sensibilisation et d'information 'intention des emplo* . Hull: Human Resources and Skills Development Canada, 2000.
- Qu bec. Minist re de l' ducation, du Loisir et du Sport. *Reception, Referral, Counselling and Support Services in the School Boards—General Framework.* Qu bec: Gouvernement du Qu bec, 2006.
- Qu bec. Office des Personnes Handicap es du Qu bec (OPHQ). *  part...  gale. L'int gration sociale des personnes handicap es: Un d fi pour tous.* Qu bec: Gouvernement du Qu bec, 1984.

———. *À part entière: Pour un véritable exercice du droit à l'égalité. Proposition de politique pour accroître la participation sociale des personnes handicapées.* Québec: Gouvernement du Québec, 2007.

———. *À part entière: Pour un véritable exercice du droit à l'égalité. Document d'accompagnement.* Québec: Gouvernement du Québec, 2008.

———. *Élargir ses horizons: Perspectives scientifiques sur l'intégration sociale.* Sainte-Foy: Éditions Multimondes, 1994.

———. *L'intégration de la personne handicapée: État de la situation. Les conférences socio-économiques du Québec.* Québec: Secrétariat permanent des conférences socio-économiques du Québec, 1981.

Zone loisir Montérégie inc. *Le manuel d'accompagnement. Guide de formation en accompagnement des personnes handicapées.* Valleyfield: Zone loisir Montérégie inc., 2003.