



Report summarizing the diagnosis of barriers, needs and defining deficit social competences of adult with disabilities and special educational needs

Country Romania

Smartly For Competences

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them



Contents

introc	luction		3
1.	Desci	ription of the diagnosed group	4
2.	Subject, methods and tools of diagnosis		
3.	Analy	sis of diagnosis results	8
	3.1	Ability to communicate in different environments	8
	3.2	Showing tolerance	9
	3.3	Expressing and understanding different points of view	11
	3.4	Negotiating and reaching compromises	12
	3.5	Dealing with stress and frustration	14
	3.6	Teamwork	16
	3.7	Assertiveness	18
	3.8	Creating a climate of trust and the ability to empathize	20
	3.9 their	Overcoming prejudices, expressing respect for people, diversity and needs	22
	3.10	Identifying your own opportunities	23
	3.11	Critical thinking	24
	3.12	Decision-making	25
	3.13	Defining and setting goals	26
	3.14	Motivating yourself to act	26
4.	Conc	lusions and recommendations, including barriers and needs	28
Appe	ndix No	o. 1	30
Appe	ndix No	o. 2	39

Introduction

The present document was prepared by Association Conil it is a result of project "Smartly for competences" implemented under the Erasmus+ Program (KA220-ADU-Cooperation Partnerships in the Adult Education Sector). The report represents the results of the the activities that are part of Work Package No. 2 – "Diagnostic workshops". This study represents one of the three studies, the other two are prepared by implementing partners in Poland and Italy

The aim of the activities carried out under package 2 was:

- Learning about the barriers and needs of participants in terms of their social competences,
- Defining a catalog of the most deficient social competences for the target group.

The report summarizes diagnostic activities, describes the diagnostic methodology and the methods, techniques and work tools used. As a result of these tools the obtained data will be presented with the final conclusions of that country based on the collected information during the workshops.

1. Description of the diagnosed group

In conformance with the project description Conil had to identify a number of adults living with disabilities or special educational needs.

In order to identify adults with disabilities we have included the adults implicated in our educative programs, also in our mutual support groups but we also asked for help of fellow foundations that work with adults with disabilities as the Association of children with physical handicap and Down Plus Association.

The recruitment of participants was carried out during February and March 2024, we had a total number of 36 participants as follows: 1st group made out of 10 males and 2 females, 2nd group made out of 9 females and 3 males and the 3rd group made out of 6 boys and 6 girls. This makes a total of 17 female participants and 19 male participants between the ages of 22-56 years. The percentage of more males than females is somehow consistent with the fact that autism disorder, down syndrome and ADHD tend to be present more in male children who later become adults than women.

2. Subject, methods and tools of diagnosis

As part of the second work package, activities which were carried out aimed at:

- diagnosis of social competences of workshop participants,
- identifying barriers and needs of participants in terms of social competences,
- collecting materials on the basis of which reports will be prepared regarding the diagnosis of barriers and needs and identifying deficit of social competences among the target group.

The project refers to the social competences included in the Recommendation of the Council of the European Union of 22 May 2018 on key competences in the lifelong learning process (2018/C 189/01).

The following skills were analyzed:

- 1. constructive communication in various environments,
- 2. showing tolerance.
- 3. expressing and understanding different points of view,
- 4. negotiating and reaching compromises,
- 5. coping with stress and frustration,
- 6. team work,
- 7. assertiveness.
- 8. creating a climate of trust and the ability to empathize
- overcoming prejudices, expressing respect for people, their diversity and needs,
- 10. identifying your own possibilities,
- 11. critical thinking,
- 12. decision-making,
- 13. defining and setting goals,
- 14. motivating yourself to act.

Design Thinking workshops were chosen as the diagnosis method because it allows for a thorough understanding of the participants' problems and needs.

The project partners jointly developed a workshop outline (Appendix No. 1). When planning classes, the specificity of target groups was taken into account, giving each partner the opportunity to freely select work techniques.

The workshop was planned taking into account the stages of the design thinking process, i.e.: empathize, define, ideate, prototype and test.

The workshop began with a survey that assessed the level of social competences possessed by the participants.

A survey questionnaire was used, consisting of 26 closed questions relating directly to selected social competences (appendix no. 1 to the workshop outline). Given the fact that we worked with a large group of disabled adults next to the psychotherapist, we had aiding personnel - two persons who helped with the organization of the activities and the logistic but also some participants preferred to have their parents close by just in case. During the fill in of the questionnaire some respondents needed help, some of the phrases needed to be transformed into practical examples and we had two persons who needed help with the whole fill in process. The assistance was needed because participants required help with reading even though they had no problem with understanding of the statements as they were.

The design thinking method is a process that includes following steps:

- Empathize: Understand the needs of those you're designing for.
- Define: Clearly articulate the problem you want to solve.
- Ideate: Brainstorm potential solutions, without constraints.
- Prototype: Build a representation of one or more of your ideas.
- Test: Return to your users for feedback

When evaluating adults with disabilities one has to consider both disability specifics and personal progress. The trainer has to simplify exercise for some of the participants or complicate and divide the exercise in accordance with the adults' competences.

We started with introducing the moderator and the purpose of the meeting. After these short presentations we applied the questionnaires and helped the ones who needed help with the filling the forms. In some of the cases the observers have seen that the responses have been written by the parent without explicitly asking the adult. In order not to disturb the process observers took notes and those answers were not taken into account when counting final statistics. This step was a little time consuming but was necessary so we would be able to evaluate whether the questionnaire results (declarative information) fits with the practical activity result (behavioral analysis information). After completion of the questionnaire the rules were explained and adapted according to their capacity of them and after that we began presentation. Given the structure of the group and their disabilities we used the Name and adjective game. Personas were created and in all of the groups we voted on the gender of the persona. Although the annex said to create two personas if we have mixed groups, we would have not been able to fit in the allocated time with all the activities, this is why we voted on the gender of the created persona. For the group task we have chosen to create a statue out of more participants, but we also gave every person a card from one deck and they needed to stand in order based on the moderators' instructions: descendent, ascendent, even and odd numbers

After the team work stage, a summary was made in the form of a moderated discussion. Reference was made to all social competences included in the diagnosis The moderator encouraged all participants to comment on the needs, barriers and level of individual social competences. Participants shared their opinions on the conclusions of the group work. They also referred to their functioning in everyday life. To collect more extensive statements, the presenter used previously prepared personas.

The last element of the meeting was generating ideas. Participants wondered how adults can increase social competences. Particular attention was paid to competencies that, according to the participants, were the least developed in the group.

During the workshops, in order to deepen the diagnosis, the observation method was used. The classes were conducted by one person who had two observers/helpers, which enabled obtaining more diagnostic data. The presenters' observations and conclusions are used in the report.

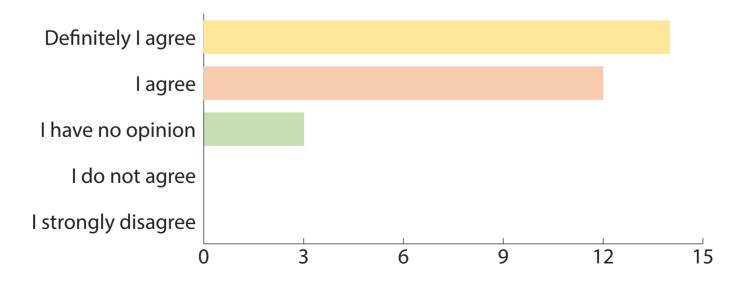
3. Analysis of diagnosis results

The diagnosis results were described separately for each of the 14 selected competencies. The description includes conclusions from observations of behavior during workshops, conversations with participants in correlation to the survey results.

3.1 Ability to communicate in different environments

Given the fact that our selected group represents persons with disabilities, communicating constructively in a variety of environments is essential. During the activities they always asked clarifying question if they did not understand something. They told other persons how they understood the task and why they did it that way. During the game of creating live statues the adults included were able to communicate regarding instructions. Given the fact that two of the groups were held in a space that is not from their association, the adults with disabilities handled well the change of environment. Also, the parents who assisted said their communication skills did not differ from their usual style.

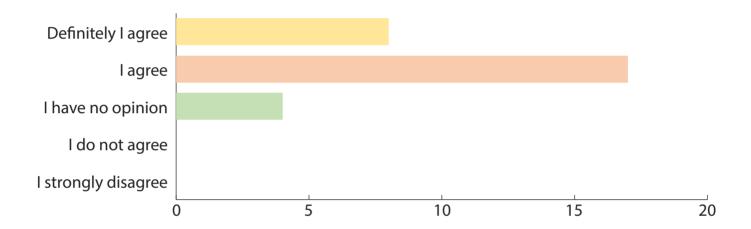
In the survey, 35 people described their own constructive communication skills as well-developed, which constitutes approximately 95% of the group.



Graph no. 1: I believe that my communication skills are well developed.

The question that was meant to test if they can talk about politics and religion even if people have different views than they have. Most of the respondents said they can effectively talk with people with different views regarding politics and religion. Four of the respondents choose to present no opinion on the topic. During the conversations some of the participants described they have no problem with different religious views because they know what they believe in is theirs and can not be taken away from them

Graph no. 2: I can effectively talk about politics and religion even with people with different views



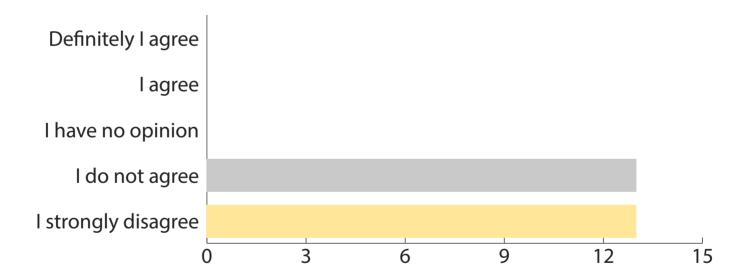
Another part of the participants declared they have no connection to politics and this is why they do not talk about these topics. During the activities we have seen however, that they stick to their opinions and prefer that others have the same opinion as them. If we take the environment as the physical space you are in, all the participants seem to be very adaptable. Those participants, who were not familiar with the space we had, our working groups presented no problem in changing space and going into different spaces to work or have activities in.

3.2 Showing tolerance

The exercise of the live statues allowed us to observe the level of tolerance towards others. Most of the participants implicated in the workshops that they have no patience to explain instructions to those who did not understand them when it comes to finishing a task. One of the participants tried to explain four times to his teammates what they have to do, but it was in a very harsh manner, rather like giving out orders.

One of the team members asked him after the instruction who made him team leader and if he does not speak properly and continue to disrespect others, he will leave the group. Phrases like "you do it if you are so good at it", "stop telling me what to do", "no I want it like this, leave it like this", "if you don't like it, do not look" were frequently expressed during this game. In the group where they had different types of disabilities, they were not able to tolerate each other's mistakes if they were the cause of the failure to finish the task. In one group one person had to raise her right hand and she failed to do so because her condition did not allow it and the others explicitly told her that it's not ok, she should try harder or change places with other. Most of the participants left the impression they work better alone than with the group. If we look at the survey results, we can see they give us the same information. The adults with disabilities think of themselves as persons who do not show high tolerance towards other. However, one cannot say they lack empathy because in most of the situations if someone was sad or had a problem, they quickly jumped to help the other. It could be that the low level of tolerance is due to the fact that they needed to finish tasks.

Graph no. 3: I am a person who shows high tolerance towards others.

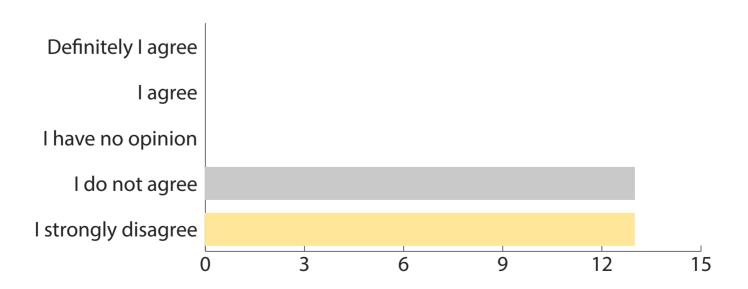


3.3 Expressing and understanding different points of view

It is very interesting that when asked about politics and religion our respondents seemed to be able to talk about the subject thus when asked to speak freely and express their opinions, they had a problem. Even when they had to create a persona, we had to vote the gender of the persona because of lack of tine, and those who voted in minority did not give their input to the group when creating the information about the persona. They only shared their input when the moderator asked them to get involved and in two cases they even refused to cooperate and explicitly said "I wanted a boy I don't know what to say about girls" the moderator tried to explain and involve them in other ways in the activity but it would have been also very time consuming.

In the survey the adults who responded clearly stated that they can not express their opinions in a space where people do not agree with them. Even though the moderator explained we need to choose only one gender in order to have time for the other activities and voting seemed to be the best way, those who were minority were affected by the decision. Also during the creation of the live statue those who felt unheard tended to not get involved in the process and sometimes they even said: "you do it I'm out". Both the moderator and the observants made sure that everybody participates in the exercise but still we were able to see the effect of different opinions and that they are not very well tolerated.

Graph no. 4: I can express my opinions in the company of people who disagree with me.



Also, all of the respondents recognized in the survey the fact that if they are part of a group that has different views than theirs, they rather not speak up. This has been true for the live statue exercise and the persona exercise. Those who did not vote for that gender, did not speak, some of them even when the moderator asked them to. And in the statue exercise if two or three persons said the same things, the others tended not to express their opinions and sometimes even refused collaboration.

Definitely I agree
I agree
I have no opinion
I do not agree
I strongly disagree
0 5 10 15 20

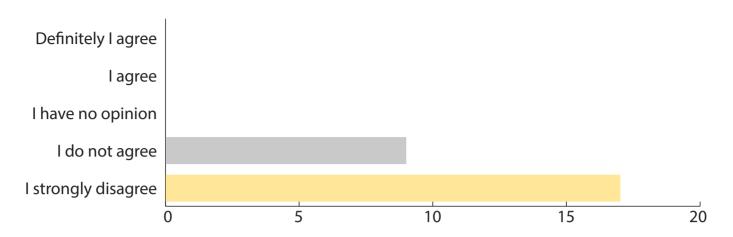
Graph no. 5: In a group of people who have different views than me, I usually do not speak up.

3.4 Negotiating and reaching compromises

As previously emphasized the first compromise exercise in the group was to decide the gender of the created persona. Here the group should have voted the gender of the persona. We already explained the reaction of those who were a minority, they refused to collaborate. The truth is the gender situation was not up for negotiation, they did not have time to negotiate with other opinioned persons. Still the fact that they excluded themselves show they do not compromise when a problem arises.

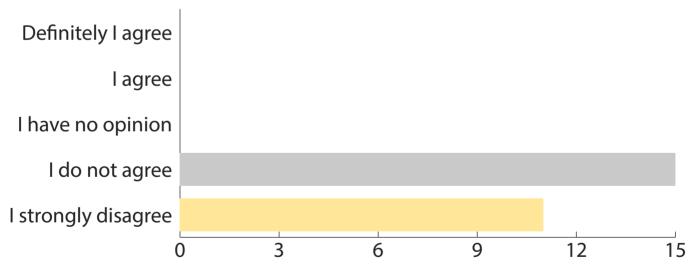
The negotiation competences could have been evaluated with the exercise of statues because the group there had to negotiate on the statue, on the looks of it, on the position. The observers have seen that some of the persons who were in the group of minorities when voting the gender of the persona they did not speak, their mind just executed the activities. Also, when negotiating the model of the statue most of them tended not to negotiate their points of view.

Graph no. 6: I am a good negotiator



Those who had the same ideas or were previously together in groups tended to take a decision on the model and the others would "mold" to the idea or respond with passive aggression with the "punishing actions" or "sabotage attitudes" like: "let's see if they make it without me", "if they know it all why bother", "one cannot speak, so why make the effort, it is clear we make what she wants"- these were some of the responses given to the moderator or the observants when they tried to include them into activities when seeing them not participating.

Graph no. 7: When I solve a problem, I try to compromise.



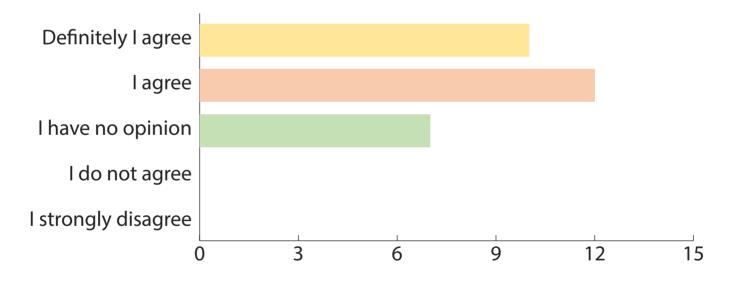
When discussing about negotiation, in the end most of them used the majority factor "if most of us want this, why should we listen to them", "if most of them are good this way, why should I bother". This is a very interesting topic to study, further when analyzing groups with persons living with disabilities, because if they tend to isolate from the majority rather than to express theirselves, this behavior could be the result of previously learned behavioral patterns regarding discrimination in their communities.

3.5 Dealing with stress and frustration

Even though they were explicitly refusing to express their opinion when the majority has another opinion, we have seen that the adults with disabilities do not see this as stress. They expressed their opinion, moved on and acted on their opinions. We decided to allow a certain time for the exercises as this caused a little pressure and stress on them. But when seeing that the time is going away and they still have a lot to do they did not panic, they became very efficient and somehow mobilized themselves better. Also, when under time pressure even those who did not want to participate or refused to express their opinions did their best to finish the task in time.

When asked at the end about how they deal with stress, they declared that they pray or ask for help. It seems that the participants have developed some skills that help them deal with stressful situations.

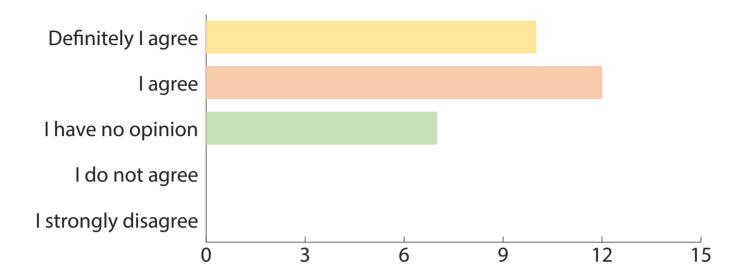
As we know, in disability studies, people with disabilities are often exposed to all kinds of difficult situations. Perhaps as children, thanks to their parents and the people they worked with, they learned to cope with stressful situations.



Graph no. 8: I deal well with stress and frustration.

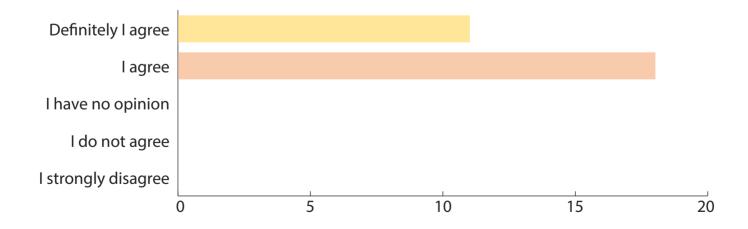
As we can see, all of the respondents declared they deal well with stress and frustration. In the evaluation group we tend to think this is due to the fact that they explicitly voice their opinions or refuse to participate in activities that they don't feel good at.

Graph no. 9: In difficult situations, I am composed and calm.



When discussing the subject of one of difficult situations, the participants said they have learned that when something is difficult, they have to find a solution and if they do not find the solution alone, they ask for help from a specialist. They declared that living with disability means a lot of difficult moments but that most of the time in their life the difficult situations got easier when they asked for help from people they trust or love.

Graph no. 10: When I encounter an abstacle that prevents me from archieving my goals, I get angry and upset.

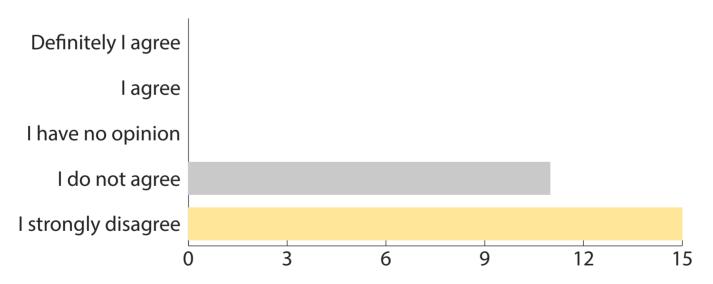


An interesting fact though when they account obstacles they get angry and upset. We asked in the conclusion part why, if they know that the solution for difficult times is to ask for help, why do they get angry when they encounter obstacles. The explanation came in all of the groups and it was very interesting to understand: facing an obstacle equals to them with an intentionally bad situation. For the persons with disability and obstacle is not a problem in life or a difficult moment but some ill intended action that a person does to stop them from achieving their goals. Most of them understand as obstacles the lack of accessibility, the discrimination or the rude behavior of people and that makes them angry. This questionnaire response is also consistent with the reaction of the vote and study "it's my way or no way".

3.6 Teamwork

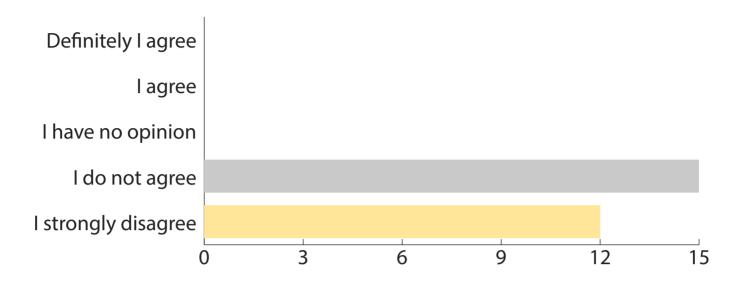
We have previously emphasized that group work was not necessarily successful if the opinions are different. We can see from the survey answers that they do not feel effective nor satisfied in group work, maybe this is exactly because they refuse to collaborate or express their opinion when different.

Graph no. 11: When I work in a group, I am effective and satisfied



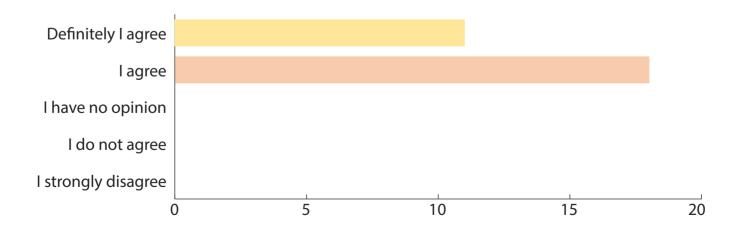
The vast majority of participants know that they are not good at teamwork. We have seen that it has been hard to work in groups. When bringing it up at the end of the meeting most of them said they have had bad experiences with groups during their childhood. They have been to day care centers where they had to work in group and they were evaluated by group and sometimes therapists had favorites and that caused for the others to be or feel left out.

Graph no. 12: I believe I am good at teamwork.



The respondents recognized they are not good in working in teams. Given the practical experiences in the game of the living statue and the persona creation we could say that without external help working in groups seems difficult, yet not impossible. After seeing the results in the groups, we still think that with the proper coordination these adults could work properly and effectively in groups.

Graph no. 13: I prefer working independently.
Collaborating with others is difficult for me.



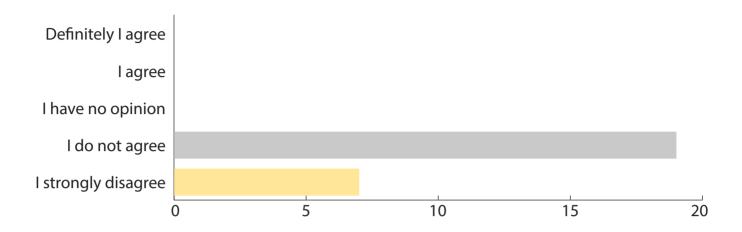
When asked about their efficiency based on team or individual group, the respondents answered in the survey that they work better independently. We wanted to know why this is because when asked about how they react to difficult situations they said they ask for help and not stress about. Asking for help is in definition a teamwork so at the end of our group we asked why is it hard to work in teams when you actually ask and work in teams during difficult times. Most of the respondents answered that teamwork is working on a task together not solving a problem, when you solve a problem that is help in their vision. So this is what we have learned that again what we define as teamwork is differently interpreted by the participants. But this was a real good insight because developing soft skills is an indirect process in our project so if the purpose is the same they might indirectly learn teamwork. When working on a task each persons has his own rhythm and that is not always the same, one of the adults with obsessive compulsive disorder said that for her working on a task has certain steps and she needs certain amount of time and that makes it almost impossible for her to work in group because for her depending on the importance of the task not keeping her routines can cause physical pain, anxiety or panic attacks or self-harm. Another participant explained that he achieved progress even in his early years only in one-on-one therapy and he does not like working in groups. Another participant explained that for him it is very tiering to be able to concentrate and understand everything that happens in a group due to his attention problems.

3.7 Assertiveness

Assertive behavior is very important when working with groups but is also a necessary skill for everyday life. For it is through assertiveness that we get to express our feelings and still not harm the others around us.

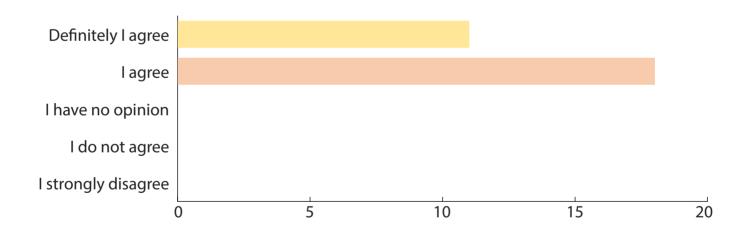
While carrying out joint tasks, it was noticeable that the participants communicated their information and their opinions in an explicit manner, through opposing but also lots of them preferred to withdraw from activities and by passive aggression "sabotage the process". They either adopted a submissive attitude, giving up the implementation of their own ideas in favor of others as previously exemplified in the statues game.

Graph no. 14: I can usually express my opinions directly, even if others disagree.



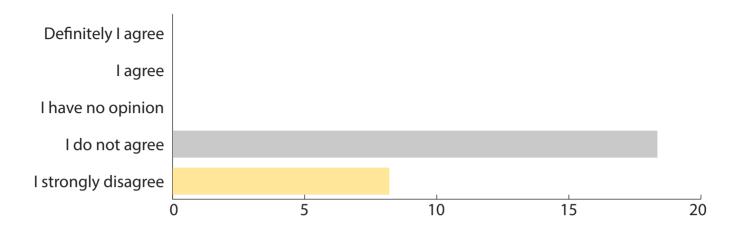
26 participants declared that they cannot express their opinions directly if others disagree. When studying the table one can see that we have a total of 26 answers. This is due to the fact that some of the participants did not want to answer this questions.

Graph no. 15: I am a person who gives in often.



The fact that the participants give in to the group was exemplified in the previous chapters during the statue and persona exercise. When discussing the topic on giving in most of the participants declared they were used to not having an opinion a voice, not being seen or always being treated as an outsider. As a consequence of this they learned that if they are in a place where people see them, it is better to keep silent and be there, than say something wrong. Several adults said they work in therapy with the specialist on developing self-esteem and courage to speak up but it still is hard when working with groups of people they have never worked before.

Graph no. 16: In some situations I sometimes lose my temper and behave badly towards people.

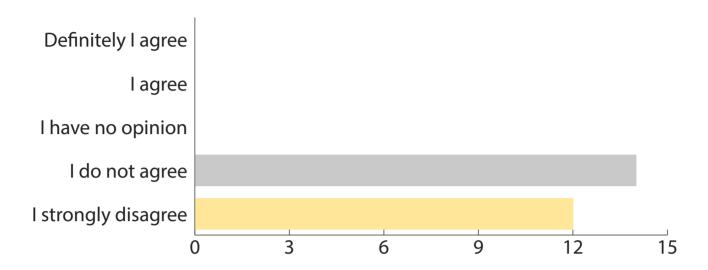


Even though they expressed during the exercises that they do not agree or they withdrew from the activities, we have not seen an explicitly aggressive or verbally abusive attitude in neither of the groups. Most of the participants had passively aggressive responses but they did not shout or yell aggressively towards other participants. The answers of the questionnaire state the same information, they do not tend to get aggressive.

3.8 Creating a climate of trust and the ability to empathize

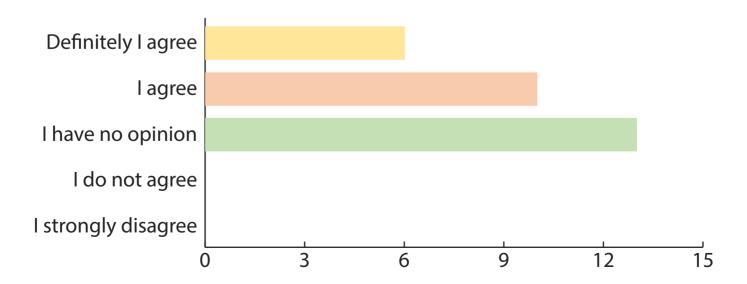
When asked whether they care about a good atmosphere in the group or not, most of the respondents said they do not care about the group atmosphere. However, this seems to somehow contradict with the fact, that they withdraw rather than speaking up in a group with different opinions and they do not express their opinions.

Graph no. 17: I can empathize with other people's situations.



Even though this might seem contradictory, this is due to the fact that when they do not express opinions and do not stand up for their opinions in a group, it is not because they want the group atmosphere to be good but it is due to the fact that they do not have the courage or self-esteem to speak. So, when they withdraw from activities or by passive aggression sabotage the process, it is not because they necessarily have the groups interests at heart, but rather because of the fact that life experiences has caused them to keep silent rather than speak up.

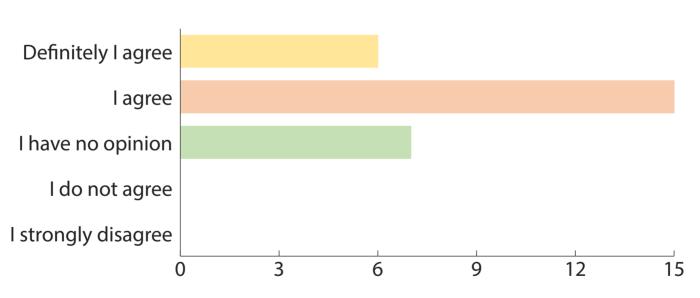
Graph no. 18: I can empathize with other people's situations.



As previously presented in the chapter on showing tolerance they might not agree with all the opinions and actions of the team members but our participants surely have proven empathy is one of their attributes. They feel about other people's feelings and they help whenever help is needed. When we started discussing the topic of creating a climate of trust with the participants all three groups agreed that the safety climate is the responsibility of both trainer and trainee.

3.9 Overcoming prejudices, expressing respect for people, their diversity and needs

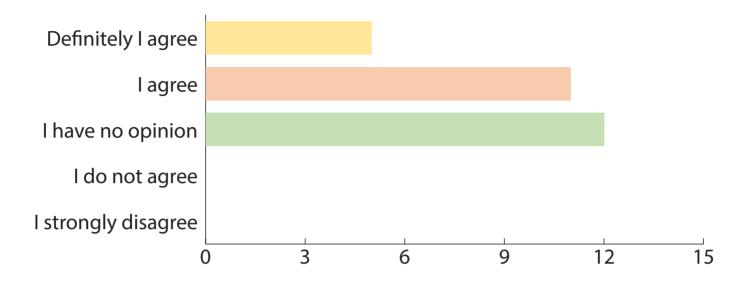
Participants have understood during their lives that it is essential to respect everyone the way they are. During the activities they showed general respect for the fact that people are different. Arguments presented by them in the previous chapters underline their capacity to accept diversity "everyone has its own rhythm" "we are not all the same". The answer to the survey is in consistence with the behavior, attitudes and given answers in the discussion at the end of the groups.



Graph no. 19: I respect other people, their diversity and needs.

When asked during the interviews about diversity and people coming from other countries, other cultures or religions, most of them expressed that they have no problem with that. "Everyone is different and we all have a place under the sun" was one of the quotes that one participant gave. The survey answers show that the majority is not bothered by other cultures or countries but also 12 respondents had no opinion on it.

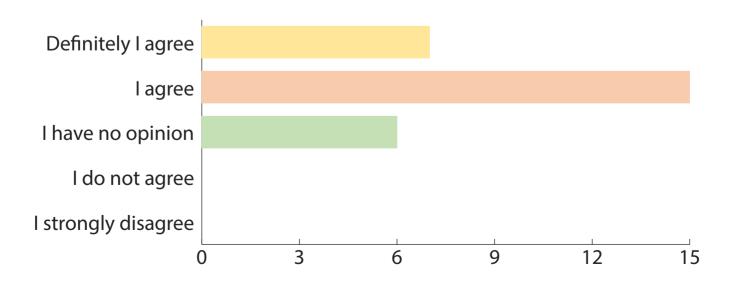
Graph no. 20: It doesn't bother me that people are different, e.g. they come from different countries or cultures.



3.10 Identifying your own opportunities

As we have seen in the previous chapters our respondents seem to know their skills, seem to understand what they can and cannot do, but also part of the participants recognized that they are actively working on improving their skills. Survey answers are consistent with the attitudes and information received during the groups with participants.

Graph no. 21: I know myself and my own capabilities well.



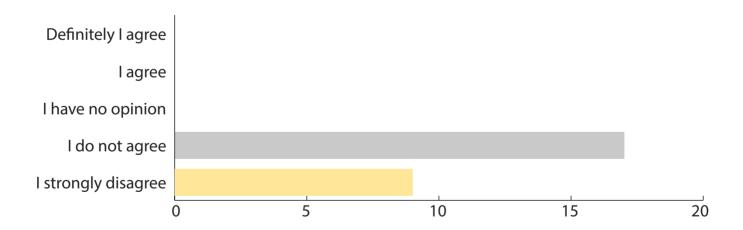
During the discussion, participants emphasized that identifying their own capabilities was part of their recovery therapy and some of them even explained that learning independent life skills has mean a process of self-discovery, self-knowledge and self-healing.

3.11 Critical thinking

When talking about making decisions and assessing objectively a situation, our participants showed that most of the time, they comply with what is given or follow the rules imposed by the moderator, group leader or parents.

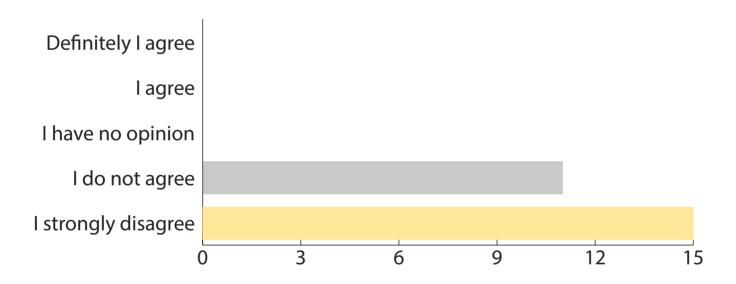
When we discussed the topic at the end of the group activity most of them said that in the past, as children, they did not have many possibilities to choose from, so they took what was available. In this era there are more rights than there have been when they were little and persons living with disability have more possibilities now, still the process of decision making was not really a possibility.

Graph no. 22: When making decisions, I consider various arguments and try to assess the situation objectively.



3.12 Decision-making

Given the fact that most of the time persons with disability do not make decisions by themselves, the whole process of making decisions is foreign to them. In surveys 26 respondents declared they have difficulties making decisions and others did not respond to this question. During the workshops, participants had to make decisions both in the persona exercise and the statue exercise. But they also had to decide to say what they think and speak their mind. In Romania in the last ten years, disability rights promoters have strongly fought for the right of the person with disability to make his/her own decisions. Not being used to making decisions, this can make the decision-making process hard.

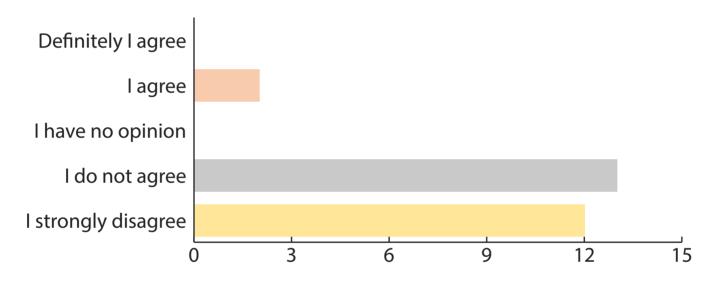


Graph no. 23: I don't have difficulty making decisions.

Participants admitted that they started to understand the concept of decision making during their independent life. In reality, most of the time they were not given the possibility to make decisions or ask for help and the decisions were made for them by other people.

3.13 Defining and setting goals

Setting goals for a person living with disabilities has a different nuance than for another person who has no disabilities. The goals a person with disability can set are mostly related to its community support, the accessibility of services, schools, jobs but mostly to the attitude of the people they meet. We have seen in the exercises and we have also acknowledged in other chapters that our participants tend to "go with the flow" without necessarily having a goal or a purpose. This lack of purpose is not the result of being not interested in them but in previous life experiences of closed doors, missing accessibility and lack or reduced support.



Graph no. 24: I can set my own goals.

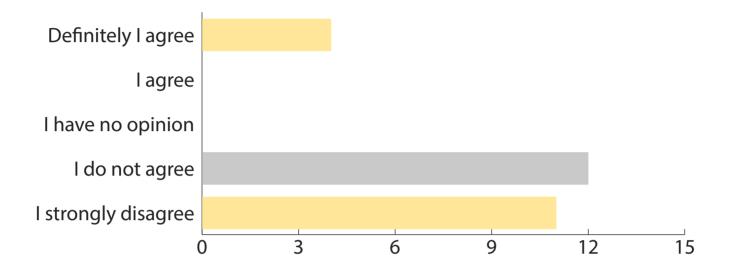
The survey results confirm what we have seen as actions during the workshops. The adults living with disabilities admit they can not set their own goals. During the discussions they said that this is also due to the fact that some of them are dependent and can not make goals, because they do not possess the instruments to achieve them.

3.14 Motivating yourself to take action

We have seen during the activities that there are a few leaders in the group. These are adults with disabilities who are used to participating in activity groups and who were encouraged since their early childhood to fight for their dreams- this is at least what they explained in the discussions at the end of the classes. Most of the participants do as they are told or do not engage at all in activities that they do not know or are not familiar to them, especially when the other group members seem to have different opinions.

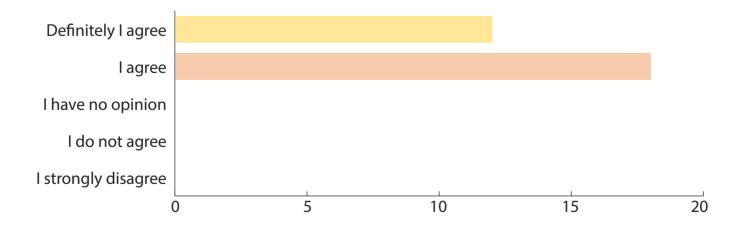
As previously explained in the other chapters it looks as if it would be easier to follow or be passively aggressive than motivate oneself to act and speak.

Graph no. 25: I am a higly motivated person.



If we take a look at the answers received in the survey, the answers show that they do not consider themselves as motivated person and most of the time when encountering obstacles they withdraw. We have seen this in previous chapters and understood what the meaning of obstacles are.

Graph no. 26: When I encounter obstacles in achieving my goal, I withdraw.



4. Conclusions and recommendations, including barriers and needs

Based on the analysis of data collected during the diagnosis, the level of social competences of adults with disabilities - (36 adults with different types of disabilities) are depicted in the following table according to their level of development.

Competencies developed at a high level	 Constructive communication in various environments, Expressing and understanding different points of view, Negotiating and reaching compromises, Coping with stress and frustration, Overcoming prejudices, expressing respect for people, their diversity and needs
Competencies developed at a low level	 Showing tolerance, Critical thinking, Decision-making, Defining and setting goals, Motivating oneself to act, Identifying your own possibilities, and the ability to empathize, Team work, Assertiveness, Creating a climate of trust,

As one can see we had three homogenous groups and it seems that the less developed competencies of the workshop participants are: showing tolerance, critical thinking, decision-making, defining and setting goals, motivating yourself to act, identifying your own possibilities, the ability to empathize, team work, assertiveness, creating a climate of trust.

If we analyze the main causes of the missing or less developed competences one can conclude that given accessibility status, Romanian laws and societal expectations and realities the three main competences we need to work on when working with adults with disabilities are:

- Ability to work as part of a team – support groups are a great source for persons living with disabilities but also if persons with disabilities learn how to be team players they can easily integrate in inclusive activities and obtain human resources that help them develop. Once they understand how to be in a team they can learn assertiveness, talking to others, and expressing their opinions.

- Decision making we have understood from the workgroups that persons living with disabilities don't know how to make decisions or they leave others to do it for them because they were not used to this activity. If they learn how to make decisions this process implicitly includes identifying their own options, critical thinking, defining and setting goals.
- Motivating oneself to act everything in life starts with an action if we want something to work, if we wish to create something, if we wish to move forward, we need to act. Due to the bad experiences, they had in their communities and in schools or other social environments persons with disabilities tend to wish on certain things they want or have a plan or a goal but they are not able to motivate themselves to act.

Appendix No. 1

WORKSHOP OUTLINE - DIAGNOSIS OF SOCIAL COMPETENCES					
-		- Italy: 36	36 adults living in peripheral areas (12 people x 3 groups). adults with low level of education (12 people x 3 groups). ia: 36 adults with disabilities (12 people x 3 groups).		
FORM OF CLASSES	S:	- Diagnos	stic workshops conducted using the design thinking method.		
TECHNICAL CONDI	TIONS:	1	ommended to conduct the workshops in a room that allows participants to move freely. The ed arrangement allows the leader and participants to sit in a circle, with access to the tables.		
WORKSHOP OBJECTIVES:		- Recogn	sis of social competences of workshop participants. ition of participants' barriers and needs in terms of personal competences ng materials on the basis of which reports will be prepared regarding the diagnosis of barriers and identifying deficit personal competences among the target group.		
			COURSE OF THE MEETING		
EXERCISE	7	IME	DESCRIPTION	METHODOLOGICAL GUIDELINES	
Questionnaire. 15 minutes		ninutes	The classes begin with participants completing a survey questionnaire (Appendix No. 1: survey questionnaire) regarding their opinions about their own social competences.	The survey should be distributed to participants before the group introduction stage begins and the leader is introduced.	
Introduction to 15 r classes		ninutes	The presenter briefly introduces himself. Describes his role, goals and topic of the meeting. Presents applicable group rules and norms. He writes them down on a flipchart.		

\simeq	
(1)	

		 Sample rules: Discretion – we do not reveal details about who did or said what during classes to people outside the group; We are obliged to respect and tolerate each other's autonomy (we do not put pressure, we do not judge, we do not interpret) We allow everyone to keep their own opinion (we do not discuss, we do not convince someone that someone is wrong); We focus on what is happening "here and now"; we are not talking about absentees; Only one person always speaks, we speak one by one (one speaks - the rest listens); Obstacles have priority if someone is disturbed by something in external conditions, e.g. it is stuffy, or they feel significant a discomfort, e.g. they have a headache and want to take a pill, they talk about it openly and take appropriate actions. 	
Integration.	30 minutes	Group integration exercises are selected each time according to needs. In the case of groups composed of people who know each other, we suggest that each participant briefly introduce himself and tell a few sentences about himself. In the case of groups composed of people who have not had contact with each other before, it is advisable to introduce an additional exercise. In this case you can use: Exercise 1 "Interview in pairs" People can freely choose pairs. They are divided into person A and B. The task of person A is to provide person B with as much information about themselves as possible. Person B's task is to remember as much of this information as possible.	

After 5 minutes, the participants switch roles.

The instructor suggests the scope of information you need to obtain:

- Interlocutor's interests.
- What a person does most often on Sunday morning
- What subject at school is most interesting to a given person,
- Who the person would like to be in the future,
- If a person could conjure up an education and a job for themselves, what would it be?

On the forum, each person provides at least five of the most interesting information they have learned about their partner.

Exercise 2 "Name and adjective"

The leader introduces himself by giving his name and an adjective that describes him, starting with the first letter of his name, e.g. cheerful Wiola, joyful Renata, ambitious Asia, etc. Then he asks people to do the same.

Exercise 3 "Tree"

The moderator divides the participants into two groups. Each group draws the outlines of a tree on a large flipchart. The participants' task is to write down 10 things inside the tree that connect them (what everyone in the group likes, dislikes, has or does not have), e.g. we all like summer, none of us has a dog.

Then, the group's task is to write, outside the outline of the drawn tree, 5 things that are specific only to a given person from the group, e.g. only he was on vacation, only he can sew. Next, we list the differentiating features for each member of the group. After the groups finish their work, they present their results in the forum.

Creating personas.	30 minutes	Participants are given the task of creating personas.	The created persona will make it easier for Participants to identify
		A persona is a fictional character representing a person who belongs to the same group from which the participants of the classes come, i.e. adults:.	their needs and needs and barriers in the area of social competences.
		 living in peripheral areas, low level of education with disabilities The persona can be described, drawn, pasted, e.g. from newspapers.	For many people, talking directly about themselves is difficult. Referring to a fictional character that reflects the characteristics of the group will make the job much easier.
		The Group establishes contractual arrangements for persons: • first name and last name	In each country, a persona is created that is consistent with the target group.
		 domicile, age, interests, who does he live with 	In the case of groups consisting only of women, we create a female persona.
		 professional activity, what problems it faces, what he likes to do what are his goals, desires, needs, 	In the case of groups consisting only of men, we create a male persona.
		 what is she happy about, proud of etc. The group presents the created persona. The leader places it in a visible place. 	In the case of mixed groups, we create two personas – male and female.
Task for the group.	120 minutes	Exercise suggestions:	The exercise is the main part of the workshop. It should be adapted
		Exercise 1	to the group's capabilities. Please remember that when implementing it, participants should use how the greatest number of social competences.

The group's task is to develop and create a game (board, card, etc.). The theme of the game is to promote the area where the the proposed exercises or use his participants live. It may be the entire region, a selected area or a specific town.

The game must have:

- instructions explaining the rules,
- board, cards or other game elements.
- a short description of how the game will contribute to the conclusions about the level of promotion of the selected area.

Participants are provided with auxiliary materials, including: colored and white paper, cardboard, tapes, glue, scissors, paints, tissue paper, newspapers, and plasticine.

The task can be considered completed when the group presents the game and its premise to the leader and a short game takes place.

Exercise 2

The group is to prepare stagings of any well-known fairy tale, e.g. "Little Red Riding Hood", "Cinderella", "Puss in Boots". The presenter provides the following guidelines:

- the performance must last at least 10 minutes.
- all participants must take an active part in the presentation of the fairy tale,
- the content of a well-known fairy tale can be modified, e.g. by adding additional characters or changing the ending,
- a necessary condition is the creation of scenography and costumes.
- the performance may be e.g. a puppet show or a musical.

The instructor can choose one of own.

After explaining the rules and course of the exercise, the leader's role should be limited down to a minimum. The leader observes the work and tries to draw his own individual social competences.

What is important the independent work of participants and their use of various social competences to complete the task.

leader supports the participants if necessary.

Participants are provided with auxiliary materials, including: colored and white paper, cardboard, tapes, glue, scissors, paints, tissue paper, newspapers, plasticine, sticks, fabric ribbons, props, materials.

After finishing their work, the participants present the prepared story to the group forum.

Exercise 3

The leader divides the group into 5 teams. He divides the roles and hands out forms that describe them - one form for one team. He gives the order: "You represent 5 different social entities. According to the description of the situation included in the forms, you must achieve the goals of "your" organization. For this purpose, consider the possibility of cooperating with other entities that are in this room.

The exercise can be considered completed when the participants report that they have reached a consensus or when they jointly decide that cooperation is not possible.

Participants receive supporting materials, including: colored and white paper and markers

cc	
~	

Summary	60 minutes.	The leader begins a summary of the participants' joint work. He	The summary will consist in the
Garrinary	oo minates.	asks you to share your reflection.	a competencies they used while
			working together to complete
		Stage 1 Moderated discussion	the task, what their level is,
		Conducts moderated discussions in which he can use questions:	which competencies should be
		To what extent did you manage to complete the task?	strengthened, etc.
		 Are you satisfied with the results of your work? 	,
		What made it easier for you to work together?	Based on his own observation of
		What made the work more difficult?	the participants, the leader
		What competencies were useful in performing the task?	draws conclusions about the
		What competencies were insufficient or missing when	barriers, needs and most
		carrying out the task?	deficient social competences.
		Which competencies would be worth increasing?	
		If the participants are not willing to participate in the discussion or	
		their statements are laconic and sparse in content, the moderator	
		may refer to the developed personas. Participants should then be	
		asked to imagine that these personas took part in the exercise and	
		asked to answer in relation to the personas.	
		Stage 2 Competence axis	
		The leader puts tape on the floor/wall. Marks the "100%" symbol	
		at one end and the "0%" symbol at the other end. Participants	
		receive 16 A4 sheets of paper with competencies listed	
		(Appendix No. 3: competencies). The leader asks the	
		participants to place their competencies together on a line,	
		illustrating their level while performing a common task.	
		After completing the exercise, the instructor asks additional	
		questions to obtain information about the reasons why some	
		competencies are more and others less developed. What barriers	
		and needs do adults have in this regard?	

ľ	
	7

	Stage 3 Brainstorming – generating ideas Participants together think about ideas on how adults can improve social competences while learning "indirectly". The group focuses on the competencies that it assesses as least developed. The teacher asks you to indicate the topics of the classes that would be interesting and would contribute to the growth of competences.	
Additional exercises	own. Every person in the group does the same. The game is	Exercises are an additional form of work during the workshop. Whether they will be used depends on the host. They can be used to improve the atmosphere during a meeting, increase the level of commitment and concentration or integrate the group. It is worth using them in situations when participants show a decrease in energy and willingness to work.

Exercise 4

The leader asks the participants to construct a building together by joining together and adopting characteristic positions. They can be: a suspension bridge, a ship, an antenna, a temple, a library.

Exercise 5

The leader asks the participants to imitate the movements of various birds, such as a duck, a pigeon or a crane, by moving around the room and imitating sounds.

Exercise 6

The presenter asks each participant to introduce themselves by providing three pieces of information about themselves. These can be stories from the past, achievements, character traits. Of these, two pieces of information should be true and the third piece should be false. The group's task is to guess which of the presented information is false. If the group does not express consensus, a vote may be introduced. At the end, the person speaking explains what information was true and what was not.

Appendix No. 2: survey questionnaire

QUESTIONNAIRE

Read the following sentences carefully. Consider how well they describe you and your behavior. Write an answer from 1 to 5, depending on whether you agree or disagree with the statement:

1	2	3	4	5
I strongly disagree	I do not agree	I have no opinion	l agree	Definitely I agree

No	QUESTIONS	RESULTS
1	I believe that my communication skills are well developed.	
2	I can effectively talk about politics and religion even with people with different views.	
3	I prefer working independently. Collaborating with others is difficult for me.	
4	In a group of people who have different views than me, I usually do not speak up.	
5	When I solve α problem, I try to compromise.	
6	When I encounter obstacles in achieving my goal, I withdraw.	
7	I am a good negotiator.	
8	In difficult situations, I am composed and calm.	
9	I deal well with stress and frustration.	
10	I believe I am good at teamwork.	
11	I can usually express my opinions directly, even if others disagree.	
12	In some situations I sometimes lose my temper and behave badly towards people.	
13	I αm α person who gives in often.	
14	I care about a good atmosphere in the group.	

15	I can empathize with other people's situations.	
16	I respect other people, their diversity and needs.	
17	It doesn't bother me that people are different, e.g. they come from different countries or cultures.	
18	I know myself and my own capabilities well.	
19	When making decisions, I consider various arguments and try to assess the situation objectively.	
20	I don't have difficulty making decisions.	
21	I can set my own goals.	
22	I αm α highly motivated person.	
23	I am a person who shows high tolerance towards others.	
24	I can express my opinions in the company of people who disagree with me.	
25	When I encounter an obstacle that prevents me from achieving my goals, I get angry and upset.	
26	When I work in a group, I am effective and satisfied.	

Contact us

UI. Plac Śreniawitów 9/1,

35 – 032 Rzeszów

E:erasmussfc@gmail.com

P:+48501777606

W: www.smartlyforcompetences.eu