Elective Psychosocial rehabilitation for people with disabilities

Hanze University Groningen

Student manual

Module 1. Psychosocial rehabilitation, policy
Module 2. Rehabilitation needs and resources
Module 3. Innovating rehabilitation
Inhoud

Psychosocial Rehabilitation, an introduction ........................................................................... 3

Module 1. Psychosocial Rehabilitation, policy ............................................................................. 4
  2. Module aims. .......................................................................................................................... 6
  3. Competencies. ....................................................................................................................... 6
  5. Organizational aspects of the module.................................................................................... 8
  6. Study load of the module...................................................................................................... 8
  7. Assessment............................................................................................................................ 8
  8. Lectures. ............................................................................................................................... 9

Module 2. Psychosocial Rehabilitation, needs and resources. .................................................... 10
  2. Module aims. .......................................................................................................................... 11
  3. Competencies ....................................................................................................................... 11
  4. Literature. ............................................................................................................................. 11
  5. Organizational aspects of the module.................................................................................... 12
  6. Study load of the module...................................................................................................... 13
  7. Assessment............................................................................................................................ 13
  8. Lectures. ............................................................................................................................... 15

Module 3. Psychosocial Rehabilitation innovation ...................................................................... 16
  1. Module aims. .......................................................................................................................... 16
  2. Competencies ....................................................................................................................... 16
  3. Literature. ............................................................................................................................. 17
  4. Organizational aspects of the module.................................................................................... 17
  5. Study load of the module...................................................................................................... 18
  6. Assessment............................................................................................................................ 18
  7. Lectures. ............................................................................................................................... 19
Psychosocial Rehabilitation, an introduction

World wide
Magnitude: An estimated 10% of the world’s population - approximately 650 million people, of which 200 million are children - experience some form of disability. The most common disabilities are associated with chronic conditions such as cardiovascular and chronic respiratory diseases, cancer and diabetes; injuries, such as those due to road traffic crashes, falls, landmines and violence; mental illness; malnutrition; HIV/AIDS and other infectious diseases. The number of people with disabilities is growing as a result of factors such as population growth, ageing and medical advances that preserve and prolong life.

Europe
Disability issues in Europe are of growing importance. This is not only demonstrated by ongoing policy developments at the European level concerning disability and people with disabilities during the last 15 years, but also by the growing number of people with disabilities, for whom this policy is especially relevant. Surveys conducted in all EU Member States have shown that about 16% of the population aged 16-64 has a long standing health problem or disability and that 3.4% has a severe health problem (Eurostat 2005). The prevalence of these health problems increases significantly with age, as on average, 2.7% of subjects aged 25-34 reported a severe health problem, and this proportion increases to almost 14% for the 55-64 age group and is at 39% among subjects aged over 85 years of age. The proportion of those who reported themselves to be moderately disabled increased from 8% in the 25-34 age group to almost 29% in subjects over 85 years of age. With the ageing of the European population, disability issues will become a more important determinant of a country’s health policy. European data over the last 15 years, however, shows that with an increase in life expectancy there seems to be a slight decrease in the most severe disabilities, but simultaneously a stronger increase in the least severe handicaps (EC 2003). This increase in the least severe disabilities may have been determined by the substitution of non-disabled years with years of minor disabilities and a shift from severe to less severe problems. This trend suggests the effect of public health policies (Perenboom et al. 2004). For the next decade the number of people with disabilities is expected to increase in Europe. At the same time an active health and social policy may have an effect on the position of persons with physical and mental disabilities and may also mitigate the expected increase in their numbers (Jacobzone, Cambois & Robine 2000). However, these trends in disability are not only an issue for national policies but have become a common European issue too. Because of developments in policy and legislation in areas outside the domain of health and social policy, such as the freedom of movement of persons/workers, goods, services and capital and developments in the field of human rights and anti-discrimination, a coordinated ‘European disability policy’ seems desirable.¹

The factors, mentioned above, are creating considerable demands for rehabilitation services to help people with disabilities to participate in the community, a challenge for Social Workers. The modules in this elective “Psychosocial rehabilitation” will give the students a guideline to face this challenge of participation for people with disabilities.

¹ Santvoort M.M. van (2009) Disability in Europe: policy, social participation and subjective well-being Rijksuniversiteit Groningen
Module 1. Psychosocial Rehabilitation, policy

1. Introduction

The declaration of human rights articles 23, 25, 26 and 27 tells us that everyone has the right to work, get education, independent living and participate in cultural life and community. The World Health Organization (WHO) Action Plan 2006 – 2011 mentioned in its vision that: “all persons with a disability live in dignity with equal rights and opportunities.” In May 2005, the 58th World Health Assembly approved a Resolution on “Disability, including prevention, management and rehabilitation” that calls upon Member States to strengthen implementation of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities; promote the rights and dignity of people with disabilities to ensure their full inclusion in society; promote and strengthen community-based rehabilitation programs; and include a disability component in their health policies and programs3.

The European Union states that1:

As full citizens, people with disabilities have equal rights and are entitled to dignity, equal treatment, independent living and full participation in society. Enabling people with disabilities to enjoy these rights is the main purpose of the EU’s long-term strategy for their active inclusion. Centre piece of the European Disability Strategy (2004-2010) is the Disability Action Plan (DAP). By 2010, the European Commission wants to see improvements in employment prospects, accessibility and independent living. Disabled people are involved in the process on the basis of the European principle: 'Nothing about disabled people without disabled people'.

The EU promotes the active inclusion and full participation of disabled people in society, in line with the EU human rights approach to disability issues. Disability is a rights issue and not a matter of discretion. This approach is also at the core of the UN Convention on the Rights of People with Disabilities, to which the European Community is a signatory.

Finding and keeping jobs

People with disabilities represent around one sixth of the overall EU working age population but their employment rate is comparatively low. Disabled people are almost twice as likely to be inactive as non-disabled people. Yet, with a little more help, millions of disabled Europeans could enter or re-enter the jobs market.

The EU Lisbon Strategy for Growth and Jobs aims in particular to improve the comparatively low work participation rates of Europe’s disabled people.

Member States set their own employment policies on the basis of the European Employment Strategy (EES) guidelines. They report back yearly to the European Commission on national employment initiatives, including those for disability.

The EU policy work on Social Protection and Social Inclusion supports Member States in developing policy for social inclusion, healthcare and social services, thereby increasing the chances for disabled people to find and keep work.

Education for all

Equal access to quality education and lifelong learning enable disabled people to participate fully in society and improve their quality of life.

The European Commission supports the inclusion of children with disabilities in mainstream education. It has launched several educational initiatives for disabled persons. These include the European Agency for Development in Special Needs Education, as well as a specific study group on disability and lifelong learning. Community Programmes like the Lifelong Learning programme are bringing the education and training of disabled people into the mainstream.

---

1 Disability and rehabilitation WHO action plan 2006 - 2011
2 Disability and rehabilitation WHO action plan 2006 - 2011
**Living independently**
The aim is to provide disabled people with the same individual choices and control in their daily lives as non-disabled people. Care and support services are to be more tailored to the specific needs of people with disabilities. The European Commission promotes affordable, accessible and quality social services, and support through consolidated social and inclusion provisions. The EU also supports the case for the de-institutionalization of disabled people. The European Commission funds studies on the delivery of community-based services needed by disabled people to attain the right levels of security, freedom and independence for community living.

**The EU Disability Action Plan**
The objective of the Commission’s disability strategy since 2003 has been to make equal opportunities for disabled people a reality. The EU Disability Action Plan (DAP) 2003-2010 provides the means to make this happen in practice. It is used to make sure that disability issues are integrated within all relevant EU policies.

In technical terms, this is called "mainstreaming of disability issues". It means that disability issues and interests should not be isolated and treated separately, but be taken further into the 'mainstream', into general provisions, legislation and society as a whole, so that it recognises the needs, as well as the contribution, of people with disabilities. Mainstreaming involves analysing the relevant policy areas from the disability perspective, understanding the diverse needs of people with disabilities and taking them into account when developing policy. Various instruments are used to encourage fully integrated measures which meet the individual needs of people with disabilities and those of people without disabilities in the same way.

The DAP is developed in two-year phases with policy priorities that respond to the equality gaps disabled people face. The 2008-2009 DAP focuses on accessibility. The aim is to stimulate inclusive participation of people with disabilities and to work towards full enjoyment of fundamental rights. This is done through:
- fostering accessibility of the labour market (through flexicurity, supported employment and working with Public Employment Services);
- boosting accessibility of goods, services and infrastructures; consolidating the Commission's analytical capacity to support accessibility (through studies, etc.);
- facilitating the implementation of the UN Convention;
- complementing the Community legislative framework of protection against discrimination.

**Psychosocial Rehabilitation**
Psychosocial refers to one’s psychological development in and interaction with a social environment. Rehabilitation refers to a process aimed at enabling people with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination.

The mission of Psychosocial Rehabilitation (PSR) is to help persons with long term disabilities increase their functioning so that they are successful and satisfied in the environments of their choice (working, living, learning, socializing), with the least amount of ongoing professional intervention. PSR focuses on the present and the future. Its historical roots can be found in human resource development; vocational rehabilitation; physical rehabilitation; client-centered therapy; special education; psycho education and social learning approaches. PSR first started in psychiatry but has reached a much larger group of people over the past years. PSR is still evolving all over the world and in all aspects of the social field and it’s institutions.

Today a person with a disability is not only or mainly, a consumer of mental health care services, but is first and fare more a citizen. This also refers to community participation which is only possible if the community allows or enables participation. Participation as referred to by the WHO and the EU is only possible when it’s enabled by government, communities and organizations.
This module starts with an introduction of disability policy at the level of the World Health Organization and the European Union. Than we want to analyze the development of disability policy to cross-national similarities and differences in disability policy in various European countries on a national, regional/local level and finally social work level.

The module gives students an opportunity to become familiar with PSR seen from a global and local perspective. Subjects are;

- Introduction to Psychosocial Rehabilitation (philosophy, mission, values and principles)
- PSR in Europe and outside Europe
- PSR and its relation to strengths, recovery and empowerment of the clientele
- Differences in policies in Europe with regards to people with disabilities
- Stigma and social exclusion and its effect on people with disabilities to participate inside their community
- Cultural diversity and its effect on PSR


This program focuses on three target groups;

a. People with a psychiatric disability
b. People with an intellectual disability
c. People with a physical disability

2. Module aims

The aims of this Module are to enable students

1. to know the WHO Disability and Rehabilitation Action plan, the European Disability Strategy and European Disability Action Plan
2. to analyse in what way these strategies and actions are being implemented in national and local policy inside European countries
3. to define what Psychosocial Rehabilitation means (philosophy, mission, values and principles).

3. Competencies

Professional role: The student will practice the role of policy expert, since he will identify and evaluate relevant policies from the WHO and European Union and its impact on national and local policies.

Competency 2. Evaluate

The student will be able to evaluate relevant national and local policy compared to the policy of the World Health Organization and the European Union.

4. Literature

Articles to find in our course:

   http://www.ncbi.nlm.nih.gov/pmc/journals/297/
   http://www.ncbi.nlm.nih.gov/pmc/journals/297/


Book


Optional:

Links:
- http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf
- http://www.jefferson.edu/content/dam/tju/JIEC/files/In%20Introduction%20to%20the%20ICF.pdf
5. Organizational aspects of the module

Before the program's meeting in Groningen the students have to write a paper about policies on national and local level which support participation of people with a disability. and to give your reaction on the article of W. Rössler. In Groningen we will use them to exchange the outcomes.

Week 1 and 2. Students will read the required literature number 11, 13 and 14. The students will start to evaluate national and local policy. The criteria can be found in the chapter 7 (assessment). The student will place the outcome of the national and local policy evaluation on Wednesday or earlier (before week 3) on the digital learning environment. The students and teachers read the outcomes before they meet in Groningen. If there is more than one student from one country in this elective they may join their knowledge in this assignment on national level. This assignment will be used again in the final product.

Questions risen during the preparation of the policy paper will be asked on our Forum during the two weeks before the meeting week. Students and teachers will read the Forum and write down their reaction.

The students will also read the article of W. Rössler Psychiatric rehabilitation today: an overview literature number 1 and the reactions number 2 – 9. The student has to write a personal reaction on this article (max. 2 pages). The students will use their reaction when meeting the third week in Groningen.

Students have to read article 12 to be informed about the ICF classification used in rehabilitation for defining the target groups.

Week 3. Discussions We will have a discussion about the evaluation outcomes. To prepare the discussion teachers and students have to read the evaluation reports and formulate three issues they would like to discuss.

Lectures. Teachers inform students about PSR (principles, values, mission…) During this lecture we will use the reaction has about the article of W. Rössler.

There will be a guest lecture about recovery and empowerment. For this lecture the student has to read article 10 by M. Farkas.

Week 4. The student has to finish the policy paper by Tuesday and place it on the digital environment.

Week 6. The teacher will give the final feedback on the assignment.

6. Study load of the module

This module has a study load of 2 EC.

7. Assessment

The assignment is to write a report, 4 pages, about the policy on national and local level. This report describes what the students recognize and which gaps they notice in national and local policy.

Phase 1.
Read the articles written by the WHO Disability and rehabilitation WHO action plan 2006 – 2011, World Health Assembly Disability, including prevention, management and rehabilitation and Santvoort M.M. Disability in Europe: policy, social participation and subjective well-being
Phase 2.
Search and select relevant documents on a national and local level in which disability policy is described. Read these documents and select which items are recognizable. Also select the gaps in national and local policy.

- Based upon what you’ve read about the World Health Organization (WHO) policy and policy in Europe (EU) which aspects does the student recognize in your own country in national policy
- Based upon national policy in what way the student notices the operationalization of this policy on local policy level
- Based upon WHO/European policy which gaps does the student notice between that policy and national policy and between WHO-/European-/ national policy and local policy.

Phase 3.
The student has to make an appointment with one policy maker on local level who is responsible for disability policy. The student will discuss the gaps noticed in policy.
- Based upon the gaps the student found between WHO-/European-/national policy and local policy which reason is given by local politicians.

Criteria
The paper will have a content of max 4 pages (exclusive title, contents, foreword, references, author index annexes and subject index).

If the student fails the assessment there will be one chance to change the paper according to the feedback received from their lecture. This has to take place within two weeks after receiving the feedback.

8. Lecturers

<table>
<thead>
<tr>
<th>Lecturers</th>
<th>Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jolanda Kroes MRC</td>
<td>Master Rehabilitation Counselor and lecturer Hanze University Groningen</td>
</tr>
<tr>
<td>Lies Korevaar, PhD</td>
<td>Professor of Rehabilitation at Hanze University Groningen</td>
</tr>
</tbody>
</table>
Module 2. Psychosocial Rehabilitation, needs and resources

1. Introduction

To be effective and responsive, a Master Social Work must have an understanding of the rehabilitation needs of people with disabilities and resources present in a community. Needs assessment should be concerned with the identification of the basic needs of people with disabilities, as individuals, families, communities, and societies. How people with disabilities meet their needs depending upon what is important and what is possible. All communities, including those that are very poor, have resources such as people, organizations, and institutions, that can help address individual and shared needs. The efforts of a Master Social Work should be based upon an understanding of the potential (or capacity) of people with disabilities to address its own needs. Social Workers use various methods to identify needs and resources. For example, needs and resource assessment can be initiated by those who have unmet needs, or by informal community networks, or by people working in formal organizations that provide services or funding. The key to effective Psychosocial Rehabilitation is utilize approaches that can most effectively identify as many of the available local resources in a community as possible and to connect them in ways that draw upon their added strengths and potential to meet needs.

The mission of PSR is to help persons with long-term disabilities increase their functioning so that they are successful and satisfied in the environments of their choice, with the least amount of ongoing professional intervention (Farkas & Anthony, 1989)5.

The major methods by which this mission is accomplished involve either developing the specific skills the person needs to function effectively and/or developing the supports needed to strengthen the person’s present levels of functioning.

The focus of PSR is on persons with long-term disabilities rather than on individuals who are simply dissatisfied, unhappy, or “socially disadvantaged.” Persons with long term disabilities have diagnosed illnesses that limit their capacity to perform certain tasks and functions (interacting with family and friends, interviewing for a job) and their ability to perform in certain roles (worker, student).

Needs assessment helps designing relevant interventions. It is the process of finding out who will become involved in a program, who is likely to be overlooked, where the participants are located, what services are most needed and what types of barriers prevent participation. The task of assessing needs should be compared with detective work.

The primary goal of a resource assessment is to identify and begin to understand the structure of community, particularly as it relates to implementing a program. Most programs cannot exist without resources. These resources can be tangible. They can be service agreements, volunteer time, support of community leaders. They may include personnel (like staff), space (like space for meetings), materials (like school supplies), expertise (like program planning), influence (like influence in the community) and economic (funds).

Understanding resources is important because the healthiest and most flexible organizations and programs are those with a diverse resource base. These resources assist your program.

The module gives students an opportunity to become familiar with how to assess needs and resources. Subjects are;

- How to identify resource availability
- How to identify needs
- Recognize locations of power and influence within your community
- Needs and resource assessment and examples

The essential elements of a rehabilitation approach have been hinted at for well over a century. Rehabilitation principles and ideas have periodically moved in and out of favour around the world, highlighted almost serendipitously as the mental health field progressed through various developmental phases. In particular, the last two decades have witnessed an explosion of interest in rehabilitation.

---

In Europe you can notice all kind of developments to implement rehabilitation in mental health and other organizations. In the Netherlands the Hanze University Groningen, University of Applied Sciences, there is a Research and Innovation Center for Rehabilitation. The center has international collaboration with Boston University USA, the University of KwaZulu Natal South Africa and the Hugenoot College South Africa.

2. Module aims

The aims of this Module are to enable students
1. To analyse resources of local service providers and the needs of service users.
2. To define the gaps between local service providers and needs of service users
3. To identify resources needed to plan and implement

3. Competencies

Professional role: The student will practice the role of senior case worker, since he will diagnose what kind of service providers are available and how they adjust to the needs of service users. The student will also compare their local services with other services inside the European community. The student will also practice the role of researcher, since he will design a research plan to collect and analyse the outcomes of the resource and needs assessment.

Competency 1. Diagnose
Students will be able to adequately identify available local service providers and the needs of service users. Then he will analyse the gap between them.

Competency 6. Research
Students will be able to use a method to collect the needed information form service providers and service users.

Competency 7. Professionalize.
Students will be able to use the benefit of colleagues and their organization and evaluate and reflect on their own learning process.

4. Literature

Required articles to find on our website:
3. World Health Organization & Swedish Organizations of Disabled Persons International Aid Association (2002). Community-Based Rehabilitation as we have experienced it……voices of persons with disabilities.
Book

Optional:

Links:
• http://www.who.int/classifications/icf/whodasii/en/
• http://www.bu.edu/

5. Organizational aspects of the module

Week 1 and 2. In preparation you have to read this student manual. We also would like you to think about what live area (living working, learning or socializing) you will use for the assessment and what target group. Define the target population by their demographic or social characteristics, their specific needs or their location. This target group will be the group you will assess. What criteria will be used to exclude possible participants (substance use disorders, co-occurring developmental disabilities, hearing disabilities, …)

Who should be recruited to participate. Will your assessment involve professionals or other related persons like family members, case managers, service providers et?.
Who are key informants?
How would you like to let your target group participate?

There is an expression “Nothing about us without us. “This captures the essential notion that democratic participation is an important part of engaging and maintaining motivation. Consumers who are engaged in the process of their own remain motivated to deal with adaptions needed to reach their goals.

Week 3. During the week in Groningen we will focus on knowledge about the needs and resource assessment and how to plan this assessment. To prepare the students for the assessment there will be meetings with the following themes:
Lectures about resources and needs from the perspective of the service users and workers, and how to assess them. The support form community and family. The four life areas for assessment, living working, learning and socializing.
To assess needs and resources
Excursions to take a look and talk with workers and users about “Working with PSR”.

Week 4 – 9
The assignment made for this part of the elective will start after the meeting week. During the process of this assignment you will exchange outcomes with at least one other student of your group, if possible a student who has chosen the same living area and/or target group.
The students have to exchange their assignment with eachother. In the process of the assignment they will read the outcomes of the other participant and react on their product by asking questions and advise them so they are able to better their product.
Each group will have a webinar during one hour. Every live area has his own webinar. In this webinar students and the lecture will discuss themes they choose together. Students will pass their agenda 2 days before the webinar takes place. Students and lecture will be able to exchange questions risen, discuss outcomes of the resource assessment.

6. Study load of the module

This module has a study load of 6 EC.

7. Assessment

The assessment is to write a report, max 8 – 10 pages, in which you describe the needs and resource assessment. This assignment will be done with a selected target group and a selected life area. It is important to develop a clear picture of the current community status based on feedback from three service providers and three service users.

The assessment is determining what is needed:
  Who needs psychosocial rehabilitation services?
  Where do they need them?
  When do they need them?

The purpose of assessment is not just to compile numbers. Instead, the purpose is to identify the gaps between what is needed and what is provided. Therefore, initial assessments are done with three assumptions:
1. There are unmet needs;
2. There are discrepancies between needs and services; and
3. Improvement is necessary

Now What

You know that there are psychosocial rehabilitation needs in your selected target group, but how do you figure out what they are?

To assess the needs and resources within your community, you can do a:
• Service users survey – assess need from perspective of those how use the services
• Inventory of Resources – assess what service providers are currently available.

Snapshot

The purpose of the needs assessment is not scientific. Instead, view it as a snapshot, which can help you see emerging patterns of needs and resources while helping you determine where to focus future planning efforts.

The criteria are:

Criterion 1.
• Identify a target group of people with disabilities, an age group and a life area in which they express needs (done before our meeting in Groningen)
• Design a plan to investigate the rehabilitation needs and resources associated with one of the issues described in Criterion 2.

Criterion 2.
• Describe at least four issues important to people with disabilities and the rehabilitation needs that they may reflect
• Identify a range of resources available to the target group and how they might be used to address the rehabilitation needs of people with disabilities
Standards:

1. The number of people with disabilities (service users) that will be interviewed about their rehabilitation needs has to be three and approved by the lecturer during your visit in Groningen.

2. The number of people working for service providers that will be interviewed about their available resources for people with a disability has to be two and approved by the lecturer during your visit in Groningen.

3. Briefly describe the four issues in Criterion 2, including evidence to substantiate the importance of the issue to people with disabilities. This substantiating evidence should include a sampling of people with disabilities perceptions, external observations of interactions with people and standard information sources about people with disabilities such as government data.

4. The explanation of the relationship between the needs and the issues described in Criterion 2 should reflect an understanding of how rehabilitation needs can give rise to rehabilitation issues.

5. The description of resources in the community should include an analysis of the following community resources:

   - **Individuals**: People in the community such as residents, youth, elderly, etc. What skills do people contribute to support people with disabilities?
   - **Citizen’s Associations**: Religious and cultural groups. What community groups exist and for what purpose? How can they contribute to the support of people with disabilities?
   - **Informal Social Networks and Communications**: Community newspapers, sports activities, neighborhood festivals, local fairs, etc.
   - **Local institutions**: Businesses, schools, hospitals, etc. What are each institution’s assets? What services can they contribute to people with disabilities?
   - **Physical characteristics**: Parks, open space, land, transportation, architecture, etc. What resources are available in terms of renewable space or underutilized space?

The logbook:
The students are required to keep up a personal logbook. The logbook consists of three parts. In part 1 the students keep up and describe all activities which led to the final report. Since the students are required to give each other feedback during this process in part 2 of their logbook the students should describe how they helped other students to write their report. Finally the logbook has to contain a reflection on personal learning outcomes.

The logbook will be evaluated on the following aspects:

**Part 1:**

1. The logbook should mention all activities that are executed and all material that is archived during the elective in order to write the paper.
2. The logbook should make clear which feedback of other students is received and how it influenced the final paper.
3. The logbook contains a list of all the literature that was used in order to write the final report. This list of references should contain relevant and up-to-date references.

**Part 2:**

1. The logbook should make clear which feedback was given to other students
2. The logbook should make clear that the student is able and is willing to be a cooperating colleague for his or her fellow students.
Part 3:

1. The logbook should contain a reflection on personal learning outcomes, based on personal learning goals.

Possibilities for a second chance, if the student doesn’t succeed:
If the student does not succeed, the teacher will explain which aspects are insufficient and how the student can improve those aspects. During the next weeks/module (depending of the reperation that has to be done), the student has the opportunity to improve his assignment and hand it in to the teacher, to be assessed again.

8. Lecturers

<table>
<thead>
<tr>
<th>Lecturers</th>
<th>Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jolanda Kroes MRC</td>
<td>Master Rehabilitation Counselor and lecturer Hanze University Groningen</td>
</tr>
<tr>
<td>Lies Korevaar, PhD</td>
<td>Professor of Rehabilitation at Hanze University Groningen</td>
</tr>
</tbody>
</table>
Module 3. Psychosocial Rehabilitation innovation

Introduction

The world around us changes constantly. The same is the case in the field of Psychosocial Rehabilitation. These changes require a flexible, creative and innovative professional. A professional who has a open mind towards the new or different rehabilitation needs of the population served. Also a professional who has the will and the competencies to develop and implement the needed new services. Successfully changing people, programs and systems is part of the task of the innovative professional.

Change management is a structured approach for the transition of individuals, teams, and organizations from a current state to a needed future state. It means changing culture, getting commitment and having the capacity to achieve the needed changes inside an organization.

Master social workers are often involved in creative and innovative work that leads to successful outcomes. To innovate you have to determine what has to be developed (based on the service needs of the population and the available resources). Then you have to develop the new service. Once you have develop the new service, you have to make an implementation plan, so the service becomes a structural part of the provided services of the organization.

In this part of the elective you have to make an innovation and an implementation plan. You plans have to be based on your previous needs and resource assessment.

This module learns you how to innovate the outcomes of needs and resource assessments. Subjects are;

- Change management
- Readiness assessment
- How to involve management, practitioners, clients and relevant other parties in the process
- How to make an innovation plan
- How to make an implementation plan
- How to overcome obstacles
- How to find and mobilize support
- How to evaluate the process and the outcome of your plans

1. Module aims

The aims of this Module are to enable students to make a needs innovation plan for a chosen target group.

2. Competencies

Competency 3. Manage

The EMSW-er is able to operate in a planned, policy and project oriented manner for a variety of organisations, both local and international, so that solution strategies are developed and carried out efficiently, effectively and responsible.

Competency 4. Innovate

The EMSW-er is able to carry out assignments of organisations, based on disciplinary expertise in relationship to the development, the introduction and implementation of innovations, such as new products, programmes and new interventions for the PSR population served. The EMSW-er attires to solve local problems, using the knowledge and experiences from a wide range of (European) PSR expertise. He/she is able to utilize relevant national and international trends, policies, practices and social concepts, to improve the quality of PSR practices in the own region.
Competency 5. Advise
The EMSW-er is able to advise on a regional, national and international level how to improve the quality of life of people with disabilities through the development of innovate PSR services and to implement them.

3. Literature

Required article to find on our website:

1. Farkas, M, ScD, L. Ashcraft, PhD & Anthony W.A, PhD (2008) The 3Cs for recovery services. Before beginning a transformation, make sure your agency has the culture, commitment, and capacity for recovery.
   [http://www.behavioral.net/article/3cs-recovery-services](http://www.behavioral.net/article/3cs-recovery-services)

Optional:

Links:
- [http://www.bu.edu/cpr](http://www.bu.edu/cpr)

4. Organizational aspects of the module

What and how is the preparation before the meeting week?
In preparation the student has to read this student manual.

What is happening in the meeting week?
During this week we will focus on knowledge about innovation and how to start innovation as a first step to implementation. To prepare this there will be a meeting about innovation and implementation of PSR.

What to do after the meeting week?
How is the blended learning organized?
The assignment starts after finishing the needs and resource assessment. Knowing what your target group needs and which resources are missing you can start an innovation plan. During the assignment there will be two meetings with webinar and two meetings with discussion groups.
The first will be followed by all participants and will give you more information about innovation and implementation. Special attention will be given to having the capacity by creating an organizational culture that identifies and tries to live by key values. The second webinar will be about creating an organizational structure and culture that empowers their employees. There will be discussion groups with 3 – 5 participants who will discuss implementation. These discussions will take place on a weblog.

Expectations from the students
You have to join the discussion groups with other participants and the lecture. To prepare for this meeting you have to prepare questions you want to have answered. It would be best if you would send your questions to your lecture and other participants one day before the discussion starts. You have to join the two webinar meetings.
The role of the lecture?
Lecturers will organize the webinar. They will do a presentation about innovation and implementation and empowering employees.
A lecturer will coach a group of students through the assignment. This coaching will take place twice in a discussion group. The lecturer will prepare the questions asked by the students.
Lecturers will give feedback on the students paper within 14 days after the paper has been placed in the course.

5. Study load of the module

This module has a study load of 3 EC.

6. Assessment

To innovate a new PSR service you have to describe the 5 W’s and 1 H.
The five W’s are
- What has to be developed?
- Why has it to be developed?
- Who are involved in the development?
- Where has it to be developed?
- When has it to be developed?
The one H is
- How has it to be developed? here you have to make an action plan how You have to think about the initiation, the process and the evaluation of the new resource

You have to make a paper, max 6 – 8 pages, in which you describe the innovation plan and how to act.
This assignment will be done with a selected need which has no resource at this moment. This assignment follows the needs and resource assessment.

The criteria are:
1. Define one missing activity/service you have selected to develop and implement
2. State the purpose of the activity/service
3. Describe the structure of the activity/service
4. Formulate the policies (guidelines) of the activity/service
5. List the procedures of the activity/service
6. Describe how to implement the developed activity/service (think about changing culture, getting commitment and having capacity)
7. Design a implementation plan with steps ans timeline

If the student fails the assessment there will be one chance to change the paper according to the feedback received from their lecture. This has to take place within two weeks after receiving the feedback.
7. Lecturers

<table>
<thead>
<tr>
<th>Lecturers</th>
<th>Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jolanda Kroes MRC</td>
<td>Master Rehabilitation Counselor and lecturer Hanze University</td>
</tr>
<tr>
<td></td>
<td>Groningen</td>
</tr>
<tr>
<td>Lies Korevaar, PhD</td>
<td>Professor of Rehabilitation at Hanze University Groningen</td>
</tr>
</tbody>
</table>