

**Family education "MeTURA-Back to the Roots", therapeutic family gardening and therapeutic family cooking for independent life of adult family members with intellectual disabilities**



## **SYNTHESIS REPORT**

**Activity O4, A study of the obstacles and potentials of the family lifelong learning, which uses therapeutic family cooking as an andragogical method for an effective learning opportunity for families with adult family members with intellectual disabilities.**

Gathered by UOSIKAZU (Croatia) together with IC Geoss and Zveza Sozitje (Slovenia), Danilo Dolci (Italy), and Thrive (United Kingdom)

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## 1 INTRODUCTION

"MeTURA - Back to the Roots" is a project under the Erasmus+ program, Key Action 2 (KA2), aiming to improve lives of adults with intellectual disabilities by encouraging family therapeutic gardening and family therapeutic cooking as a way of supporting ongoing lifelong learning (LL) and independence of adult family members with intellectual disabilities (AFMID). Lifelong learning refers to all purposeful learning activities undertaken on an ongoing basis throughout a person's life, with the aim of improving knowledge, skills and competencies.

Project will last for 35 months in cooperation with non-profit organizations from Slovenia, UK, Croatia and Italy. Participating organizations are: Education Centre Geoss (Slovenia), Zveza Sozitje (Slovenia), Danilo Dolci (Italy), UOSIKAZU (Croatia) and Thrive (United Kingdom). With the implementation of the Family Education MeTURA partner organizations will expand their offer of lifelong learning opportunities for their participants - vulnerable adult learners. The project aims to develop toolkits and resources to enable educators and families to make the most of the lifelong learning opportunities that therapeutic gardening and therapeutic cooking can provide. It will give insights into the social and functional acquiring of competences and other therapeutic benefits of these activities.

In pre-preparations activities project partners discovered that the majority of adult persons with intellectual disabilities live at home with their families and that each family would benefit from a personalized, to them adapted, process of lifelong learning. 04 study's intention was to identify: potential; personal and institutional interests and challenges; technical and financial possibilities for permanent day-to-day implementation of the lifelong learning for families and adult family members with intellectual disabilities in a safe learning environment of the local kitchen or in the kitchen of the institution.

The purpose of the study is to provide information useful for development of new knowledge and andragogical tools for educators who will be able to develop, based on the research results, a Family education MeTURA – Back to the roots, therapeutic family gardening and therapeutic family cooking for more independent life of adult family members with intellectual disabilities.



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Within the O4 Study, a questionnaire was conducted in all participating countries. With the questionnaire, we first wanted to find out whether families and AFMID consider engaging in lifelong education at home important and whether cooking and food preparation are important skills for the daily life of AFMID and their families. Next, we wanted to find out if there are home-cooked cooking courses in AFMID's places of residence, and if so, who provides them. Furthermore, we wanted to find out what families with AFMID consider to be the positive effects of such cooking courses, what are the obstacles to doing so, and what support is needed for families and their AFMID to cook and prepare meals as independently as possible.

The questionnaire was divided into two parts; the first part consisted of some general information about the family and the second part consisted of 11 questions regarding cooking in the family setting, which were answered by the family respondents.

In this report, we present a short summary of the state of formal and non-formal education on topic of cooking during lifelong learning for people with intellectual disabilities in all partner countries, as well as the results of the questionnaire.



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## 2 NATIONAL REPORT FOR CROATIA

In national report for Croatia cooking and meal preparation as an adaptive skill for the daily lives of adults with intellectual disabilities is presented, as well as teaching methods in these activities and the situation in Croatia and examples of good practice. Finally, the results of the questionnaire for Croatia are presented.

### 2.1 COOKING AND MEAL PREPARATION AS ADAPTIVE SKILLS OF DAILY LIFE OF ADULTS WITH INTELLECTUAL DISABILITIES

People with intellectual disabilities are often exposed to adverse factors that make the objective existence of difficulties even more complex. Placed in institutions or in their own families, they are most often unable to make decisions on their own, leading to a low level of competence and a deficit in almost all determinants of social development. It is a fact that people with disabilities, especially those with severe intellectual disabilities, would have a hard time in competency even in the most optimal conditions, but it would be far less emphasized if the person's development flowed in the natural environment with adequate support, with all the risks it carries.

The main long-term goal of educational programs for people with intellectual disabilities is to pursue socially valued roles. In order to achieve this, the goal of the program for people with intellectual disabilities should be to focus on teaching appropriate adult skills. One of the valued roles of adulthood is also the independence in performing various daily life tasks, and one of them is the independent preparation of meals. When significant limitations in adaptive functioning are present in the individual, as is common in many adults with intellectual disabilities, they often can't fulfill this social role, so they need to be included in an appropriate program to acquire the necessary skills. Lack of independence when performing the activities of daily living creates an imbalance and thus reduces the degree of independence of the person.

Contemporary goals for the rehabilitation of people with intellectual disabilities include the principle of normalization, social integration, individualization, orientation to meeting needs, encouraging independence and autonomy. Normalization as a concept emerged in the 1970s and includes the right of a person to live in an environment that provides him with adequate support to reach his or her life potential as the rest of the population, and includes reaching the role of adulthood. This concept refers to the creation of as "normal" as



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possible living conditions with an adequate range of services in the areas of housing, employment and leisure.

Within the concept of normalization, there is a principle of activities appropriate for the age of the person, which states that the activities engaged in by a person with intellectual disabilities, the way of dressing and interacting with the person, should be in accordance with his or hers chronological age. This principle also implies the provision of services that are consistent with a person's chronological age. In this way, the person becomes involved in the community as an adult worthy of respect and the community accepts him / her as an adult, reducing the possibility of viewing people with intellectual disabilities as "forever children".

People with intellectual disabilities should be encouraged to be as independent as possible and to meet their needs, in order to fulfill the roles of adulthood. In order to fulfill those roles which are socially valued and to create an image of themselves as a valuable member of the community, they need the help and support of the environment. The support given is based on a good knowledge of individual needs and on the other hand the basic human rights.

Adults with intellectual disabilities want to be as independent as possible, so it is imperative that they have acquired the skills of daily living. Skills in everyday life (use of public transport, meal preparation, personal hygiene, etc.) are considered a priority for rehabilitation because they are essential for the increased independence of persons with intellectual disabilities. Regardless of whether a person has milder or more severe intellectual disabilities, the acquisition of these skills is considered necessary because it increases their autonomy and reduces their passivity and learned helplessness.

Today, there is an increasing emphasis on providing opportunities for people with intellectual disabilities to participate in the community as full citizens. More recent research highlights the importance of meaningful activities of daily living for people with intellectual disabilities to enable them to participate in the community. Performing activities of daily living contributes to a person's greater independence and makes him more responsible and independent. Immediately, increasing independence makes a person more powerful to take greater responsibility for their lives. Adopting the adaptive skills necessary for daily functioning and increasing the degree of independence affects the quality of life of people with intellectual disabilities and enables individuals to be better prepared for independent living in the community. It can be assumed that providing people with intellectual disabilities with life as similar as possible to the



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cultural norms of their environment and giving them roles and activities that increase their value will lead to improvements in the quality of their lives.

## **2.2 METHODS OF TEACHING COOKING SKILLS AND PREPARING MEALS OF ADULTS WITH INTELLECTUAL DISABILITIES**

People with intellectual disabilities who have not acquired the adaptive skills required for a more independent life at a young age, with the appropriate access and support, can also acquire the same skills during adulthood. In recent years, much attention has been paid to strategies for teaching the daily life skills of people with intellectual disabilities. Television, other media and modern technology have become important components in the activities of daily living, as well as significant impetus in the lives of many people. The use of technology is considered to be an important prerequisite for participation in society and daily activities.

People often want to stay in their homes, but still want to have access to services that will help them learn something new. Nowadays, television can be turned on at any time to find various types of instructional shows (physical training, fitness, cooking, gardening, home decor, etc.). Also, many of these programs are available on various websites, such as Youtube. Although technology development is thought to be non-limiting, knowledge of the technological needs of people with intellectual disabilities is rather limited. The use of technology significantly affects the quality of life of these individuals and is considered essential in their teaching. Because instructor / rehabilitator time is limited, technology is a promising alternative to helping teach people with intellectual and other developmental disabilities.

Numerous studies have been conducted to evaluate the effectiveness of procedures for teaching the cooking skills of people with intellectual disabilities. Different ways of teaching people with intellectual disabilities can be found in the literature, and in recent times, teaching using video technology (video modeling, video instruction - prompting) and teaching using pictures (pictorial recipes) is the most common. It has been shown that any method of teaching food or meal preparation skills can be effective when instructors / rehabilitators use a set of prescribed teaching procedures. There are different ways to use these models, and each one requires the right technology.

The pictorial recipe can be accessed through printed material in the form of books or manuals, but also through a computer, while video materials can only be displayed using portable players and computers. One of the limitations of this



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method of teaching cooking skills is that a person cannot explore and choose a meal on his/her own, and the repertoire of recipes is limited to those selected by the staff who apply them. This limitation is easily overcome today through the use of the Internet. The Internet provides a wealth of video recipes and recipes in pictures, made by other Internet users.

Cookbooks are a constant source of recipes in many kitchens. Cookbooks and other various recipes provide continually available instructions for people with intellectual disabilities on how to prepare meals. They provide step-by-step instructions and allow people to prepare a variety of dishes, from simpler to more complex, and are often accompanied by pictorial views. Currently, digital photography and images downloaded from the Internet provide a rich source of information for this teaching method.

Pictorial instructions on cards are the most common way of teaching a range of tasks for people with intellectual disabilities. The images serve as ongoing support and participants are expected to complete the task step by step. Picture instructions may also include written instructions to supplement the pictures for those who have acquired reading skills.

Lately, the teaching of people with intellectual disabilities using computers and new technologies has been present. The computer has access to digital photos and makes it easy to prepare picture recipes.

Video technology provides visual support that can be combined with audio, so the videos can be played repeatedly to provide predictability. With the development of technology, video has become increasingly used to teach the skills of people with intellectual disabilities. The use of video technology can be represented through four basic models: video modeling, video self-modeling, video prompting and the method of subjective point of view.

Video modeling is a method in which a person is shown an entire video segment that shows the performance of a particular skill by another person and later the person performs the same task. In video self-modeling, a person watches a mounted video showing the final version of the task, in which he/she appears as an experienced person performing a specific task. Unlike video modeling, in video instructions- a prompting person watches a step of a particular task, then executes it him/herself, and then proceeds to review the next step.

In the method of subjective point of view, the execution of a task is presented from the perspective of the person being taught, as if the person were



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performing the task. In the literature, the use of video modeling and video prompting is most prevalent.

### **2.3 EDUCATION OF ADULTS WITH INTELLECTUAL DISABILITIES IN COOKING AND MEAL PREPARATION IN CROATIA AND GOOD PRACTICE EXAMPLES**

Despite current deinstitutionalization projects, a large number of young people and adults with intellectual disabilities in Croatia are still heavily dependent on specific institutional programs in the form of permanent or temporary placement (e.g. for the purpose of upbringing, education and training), segregating day and work occupation programs, or without adequate support, such persons live in isolation in their families, without sufficient opportunities and incentives to acquire adequate daily life skills, including meal preparation.

People with intellectual disabilities living in the community with expert support are exposed to new challenges every day. Activities of daily living in the community contribute to a variety of experiences, acquiring skills and habits, as well as to development of capabilities that contribute to establishing control over one's life. Individuals with intellectual disabilities are often not sufficiently prepared for a life in a community which comes with a degree of responsibility and new challenges, such as participating in daily home activities, and thus preparing meals. This problem is particularly notable among young people in the institutional care system who do not have sufficient opportunities to carry out meaningful activities of daily living and develop the maximum potential in this field.

The preparation and delivery of food and meals to people with intellectual disabilities, housed in institutions or self-contained housing, involves a complex network of activities performed by large kitchens in base centers. Thus, people with intellectual disabilities are unable to prepare their own meals and develop their adaptive skills. Self-care skills, as well as all other daily life skills, are particularly relevant to adults with intellectual disabilities in the context of their better accomplishment of developmental tasks and valued adult roles. In order for an adult with intellectual disabilities to have a better quality of life, it is very important to enable them to acquire practical skills and to focus their rehabilitation on strengthening their independence and autonomy. More recently, more and more research is examining the quality of life of people with intellectual disabilities, and it is considered that their level of competence is a particularly important indicator.



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Institutionalization is characterized by traditional medically oriented attitudes and low expectations towards people with intellectual disabilities. The aim of such a system is not to train persons to acquire life-relevant skills nor to enable a fulfilled and active life in the community, but it forces them to accept an undefined social role and a lifelong dependency and orientation by the environment.

By examining the quality of life of people with moderate and severe intellectual disabilities in family and institutional settings, research has found that most institutionalized people do not participate in everyday household activities, which include taking care of themselves and their living space. Only a handful of them turned out to be involved in preparing the meals, serving the table and doing the dishes, while most of the respondents were involved in cleaning the room and making their beds. The inability of these persons to participate in the maintenance of the residence and household of the institution is best evidenced by the organization of daily nutrition and care of the clothing, which is justified by the fact that it is a shared household whose maintenance is mostly handled by paid staff. This confirms that the organized system of the institution does not leave enough space for persons with intellectual disabilities to acquire skills and habits of self-care and generally develop personal potential.

Therefore, bringing a lifelong education that uses therapeutic cooking as an andragogical method for an effective learning opportunity for families and their AFMID closer to their home would be important for gaining new skills and knowledge to maximize independence and inclusion in the society of adults with intellectual disabilities.

### **Good practice examples**

In Croatia, adults with intellectual disabilities are taught cooking and meal preparation by organizations such as the Ozalj Community Service Center, where part of organized housing service users participates in work activities in the areas of: agricultural production, agricultural product processing, natural cosmetics production and culinary workshops.

Furthermore, in the town of Koprivnica, the Association for People with Intellectual Disabilities "Latice" ("Petals") in cooperation with the Crafts School and Podravka Company organizes a cooking school for persons with intellectual disabilities three times a week for the purpose of training them for independent living, and in the Association of Persons with Intellectual Disabilities Bjelovar culinary workshops are part of the daily work activities of their members, while



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the Association of Persons with Intellectual Disabilities Daruvar "Korak dalje" ("A Step Further") in partnership with the Technical School organizes a "Small Cooking School" in which persons with intellectual disabilities strengthen their practical competences in the form of independent preparing simple meals and beverages.

In the framework of the "Practical House of Knowledge" project, UOSIKAZU also conducted culinary workshops for people with disabilities, including people with intellectual disabilities, to strengthen their social inclusion in the community.

## 2.4 QUESTIONNAIRE ANALYSIS

The questionnaire was divided into two parts; the first part consisted of some general information about the family and the second part consisted of 11 questions regarding cooking in the family setting, which were answered by the family respondents.

With the questionnaire, we first wanted to find out whether families and AFMID consider engaging in lifelong education at home important and whether cooking and food preparation are important skills for the daily life of AFMID and their families. Next, we wanted to find out if there are home-cooked cooking courses in AFMID's places of residence, and if so, who provides them. Furthermore, we wanted to find out what families with AFMID consider to be the positive effects of such cooking courses, what are the obstacles to doing so, and what support is needed for families and their AFMID to cook and prepare meals as independently as possible.

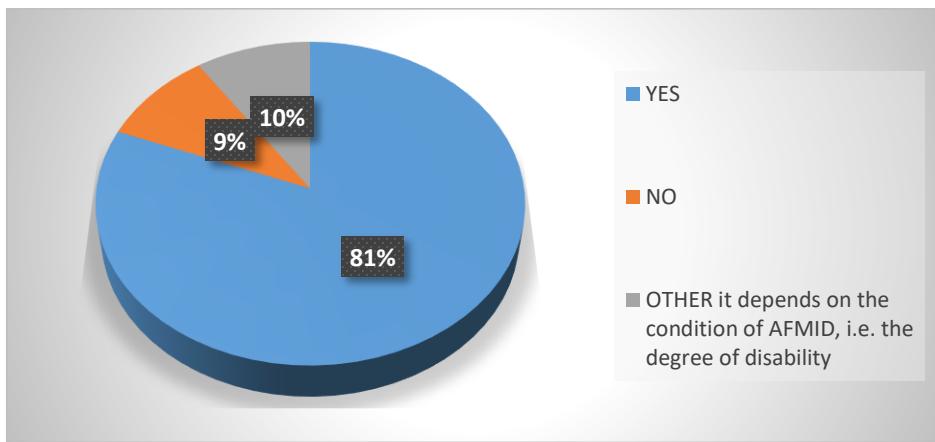
The questionnaire was completed by 21 respondents (families with AFMID).

### PART 1: GENERAL INFORMATION

**The age of the respondents in the family and their relationship with AFMID:** the respondents in the family consisted of 20 parents (95%) and one guardian (5%). The age of the respondents was between 43 and 84 years, their average age was 59.2 years. The age of AFMID in the families of the respondents was between 19 and 60 years, their average age being 33.6 years.

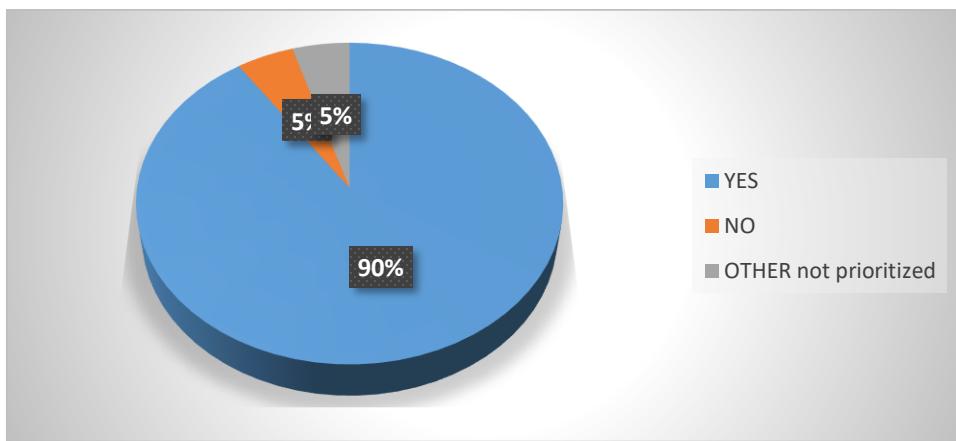
## PART 2: QUESTIONS ABOUT COOKING IN A FAMILY SETTING

**Do you think it is important for families with adults with intellectual disabilities to engage in lifelong learning at home?**



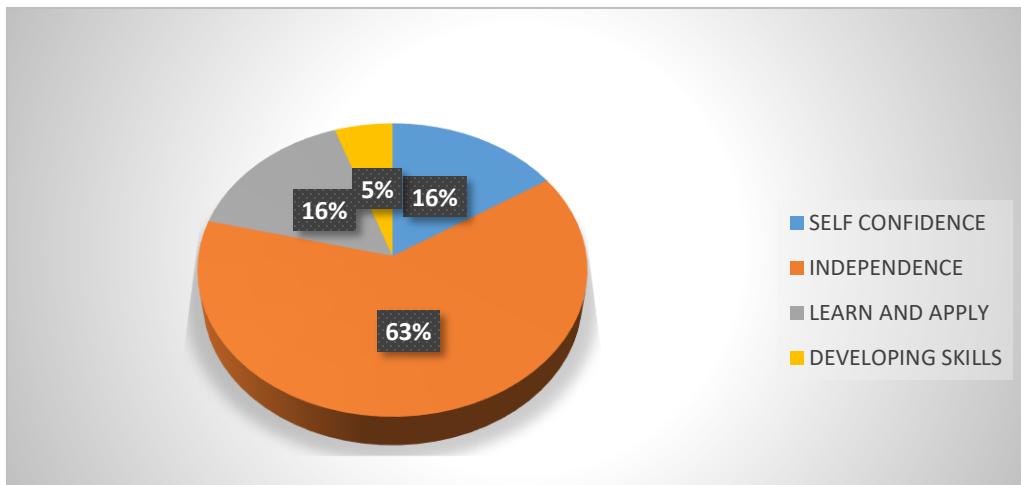
81% of respondents (17 families) believe that engaging AFMID in lifelong learning at home is important, 9% (2 families) think it is not important, and 10% (2 families) said that it depends on the condition of AFMID, i.e. the degree of his/her disability.

**Do you think cooking and food preparation are important every day skills for adults with intellectual disabilities and their families?**



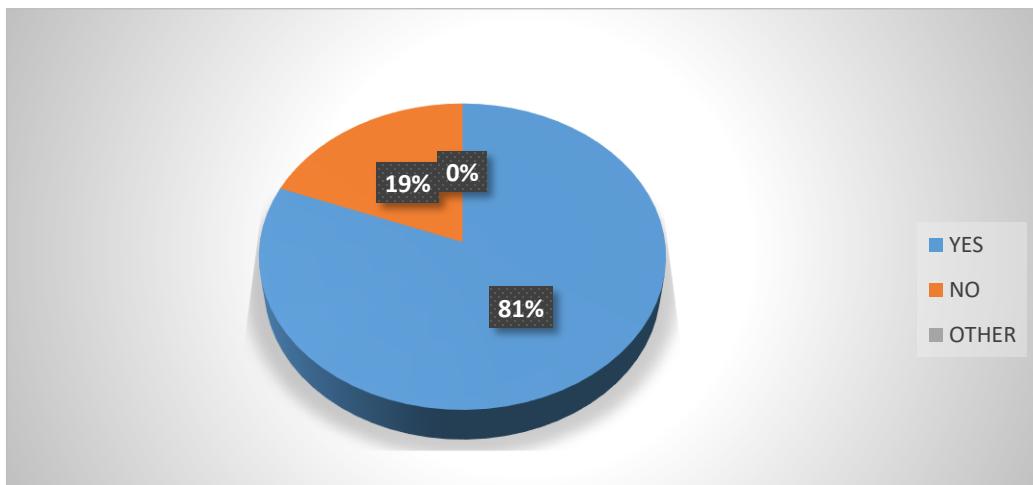
90% of respondents (17 families) believe that cooking and preparing food are important skills for the daily life of AFMID and their families, 5% (1 family) said these were not important skills, and 5% (1 family) said that these are not priority skills.

If so, why do you think that cooking and food preparation are important every day skills for adults with intellectual disabilities and their families?



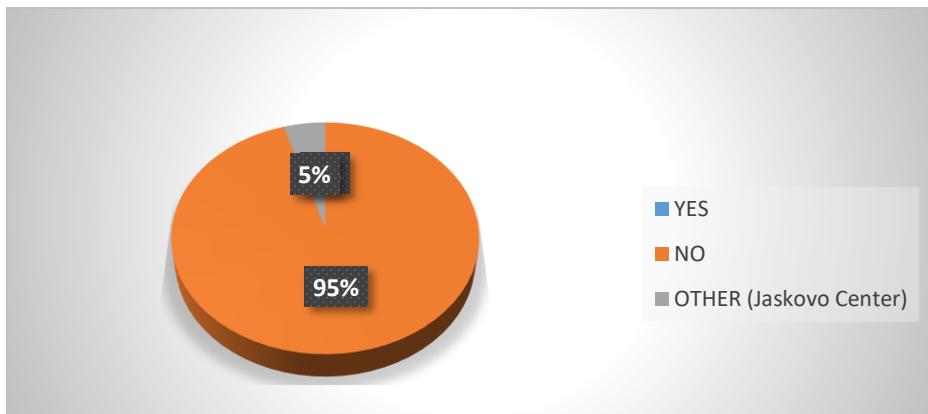
63% of respondents (12 families) answered that cooking and food preparation skills are important because of the independence of AFMID, 16% (3 families) answered that it was important because of the self-confidence of AFMID, also 16% (3 families) answered that it was important for learning and application, and 5% (1 family) said it was important for developing skills.

**Do you think that courses which teach families with adult members with intellectual disabilities to cook together at home are a good idea?**



81% of respondents (17 families) answered that courses where families learn to cook at home with AFMID is a good idea, while 19% (4 families) think it is not a good idea.

**In the area where you live, are there courses which teach families with adult members with intellectual disabilities to cook together at home?**

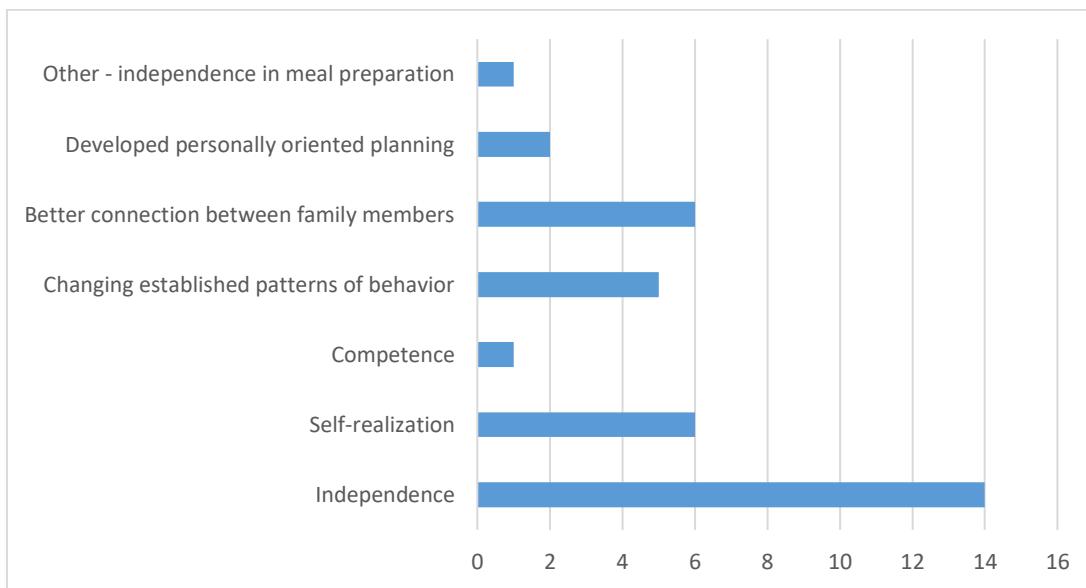


95% of respondents (20 families) answered that there are no cooking classes for AFMID in their place of residence, and 5% of respondents (1 family) answered that there is a cooking course for AFMID at the Jaskovo Center, which included their AFMID, but that center is not in the area where they live.

**If so, who provides these courses?**

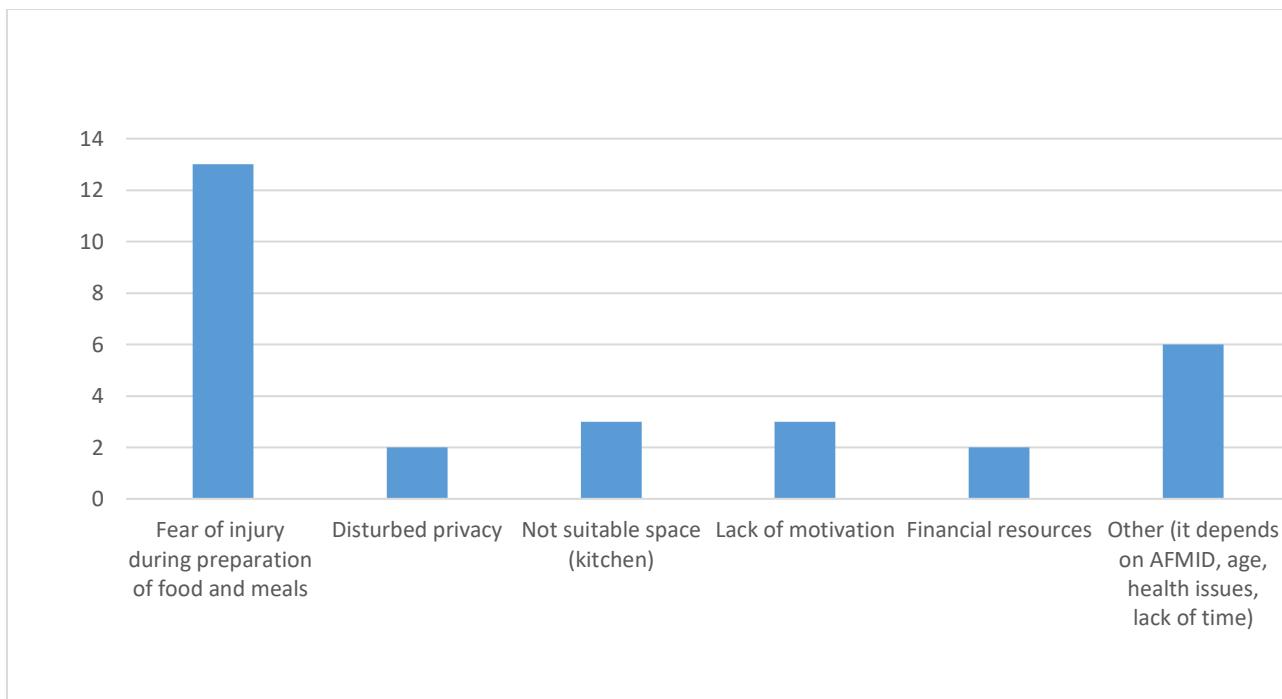
To the previous question all respondents answered that there were no cooking classes for AFMID and their families in the area where they live.

**What do you think could be the positive effects of teaching a family with adult members with intellectual disabilities to cook together at home?**



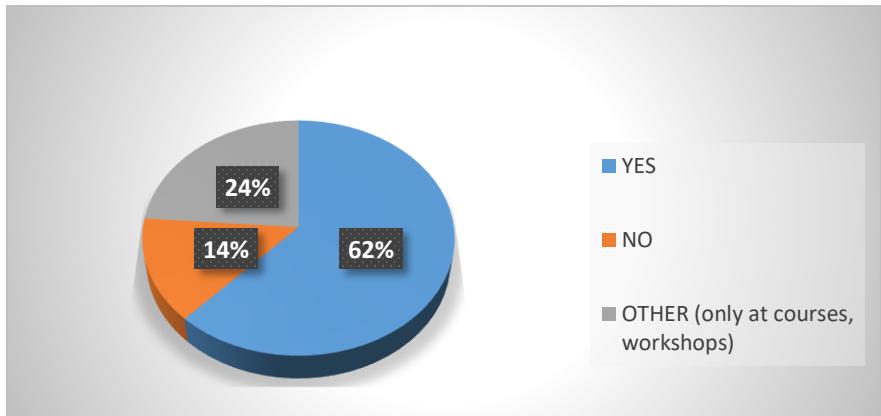
The most common answer was greater independence of AFMID (this was answered by 14 families-67%), followed by self-realization and better connection between family members (6 families-29%), changing established patterns of behavior (5 families-24%), developed personally oriented planning (2 families-9%), and competencies and independence in meal preparation (1 family-5%).

**What do you think could be a barrier to families with adults with intellectual disabilities cooking together at home?**



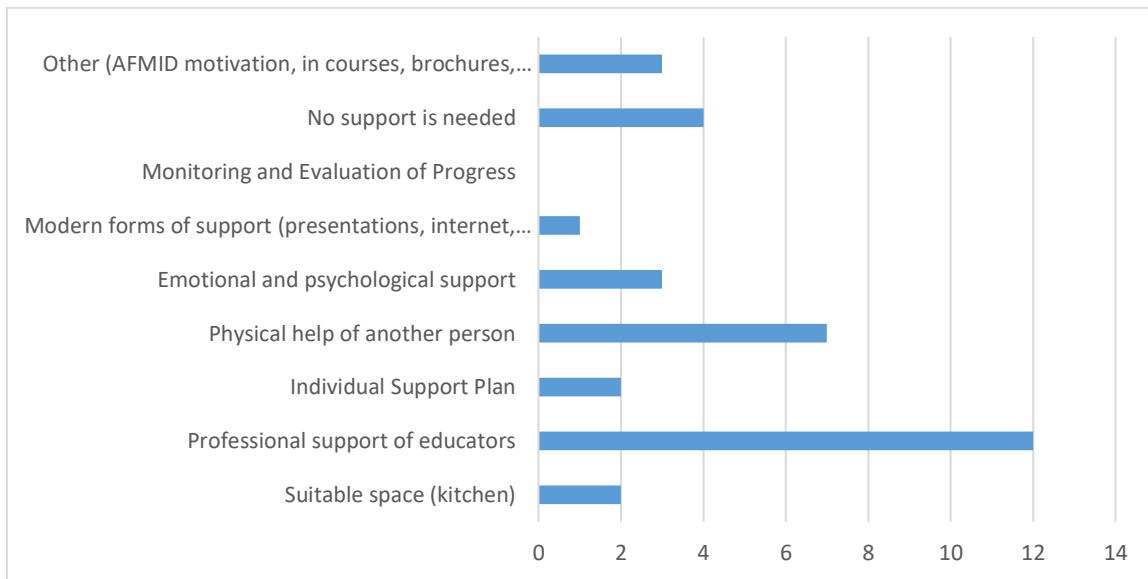
Barriers to families from learning to cook at home with AFMID are mainly the fear of injury when preparing food and meals (13 families answered that-62%) as well as other factors affecting shared cooking, which are: lack of AFMID's motivation, health problems of AFMID and parents (degree and type of disability), age of parents, employment or lack of time.

**Do you think that you and your adult family member with intellectual disabilities need support to cook and prepare meals more independently?**



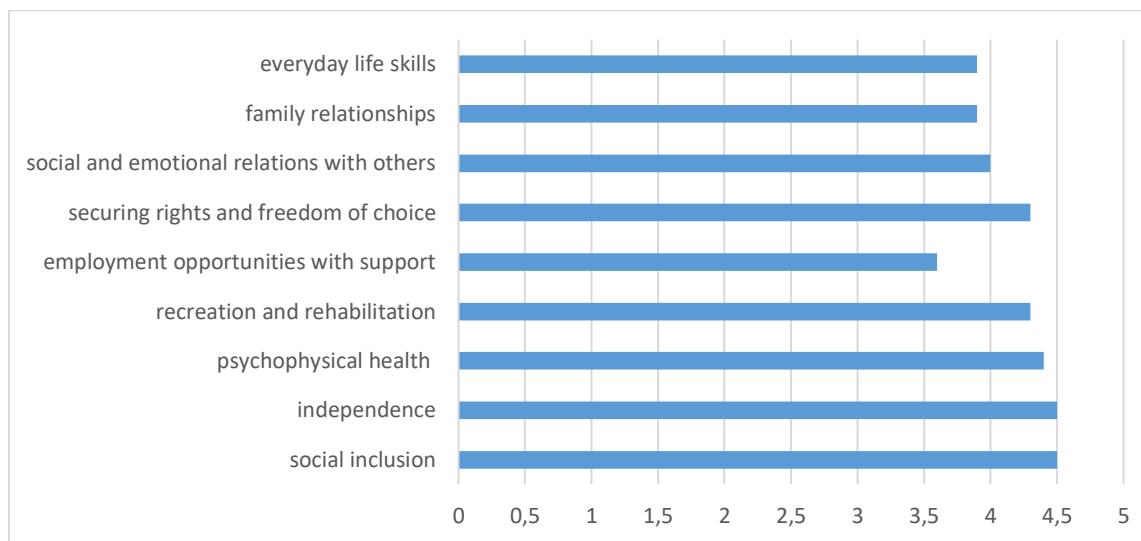
13 families with AFMID (62%) stated that they needed support in order for AFMID to prepare meals as independently as possible. 3 families (14%) do not need support, and 5 families (24%) believe that AFMID needs support only in courses, workshops, etc. because they do not want anyone in their home.

If so, what kind of support is needed for you and your adult family member with intellectual disabilities to cook and prepare meals more independently?



The kind of support that families and AFMID need to prepare meals as independently as possible is the professional support of educators (12 families stated this-57%) and the physical assistance of another person (7 families-33%). Most parents agree that everything really depends on the interest of a member with intellectual disabilities, support is needed in terms of motivation or some interesting brochure, video, etc.

**How important is the education of families with adult members with intellectual disabilities on topic of COOKING in their own home environment for quality of life in the following areas?**



The respondents rated the importance of the area with a score of 1 to 5, and the ratings presented: 1-not important; 2-low importance; 3-medium importance; 4-very important; 5-extremely important. The highest scores were given to the areas of independence and social inclusion.

### QUESTIONNAIRE SUMMARY

According to the results, the majority of respondents believe that it is important for families with adult members with intellectual disabilities to participate in lifelong education at home, but it all depends on the person with intellectual disabilities, the degree and type of disability to be involved in meal preparation. They also believe that cooking and food preparation are important skills for everyday life because they encourage and directly affect the autonomy and social inclusion of a person with intellectual disabilities.

We further learned that there were no courses in the place of residence where families together with AFMID would learn to cook at home.

The positive effects of families learning to cook at home together with AFMID are most often cited by independence, self-realization and greater connection between family members.



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Obstacles to families learning to cook at home together with AFMID are mainly the fear of injury when preparing food and meals and other factors affecting shared cooking, such as: AFMID's interest, AFMID's and parents' health problems (degree and type of disability), parental age and employment or lack of time.

Most families need support so AFMID could prepared meals as independently as possible. The most common types of support needed by families and AFMID are the professional support of the educator and the physical assistance of another person.

Most families with adult members with intellectual disabilities consider cooking education important because it affects the quality of life in the following areas: social inclusion, independence, family relationships, social and emotional relationships with others, as well as psychophysical health.

## 2.5 REFERENCES

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- <http://www.hurt.hr/idict-trening-materijali-osobe-s-intelektualnim-teskocama/>
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- <http://uosikazu.hr/prakticna-kuca-znanja-zavrsna-konferencija-za-kraj-provedbe/>



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### 3 NATIONAL REPORT FOR SLOVENIA

In national report for Slovenia education of adults with intellectual disabilities in cooking and meal preparation in Slovenia is presented as well as good practice examples. Last, the results of the questionnaire for Slovenia are presented.

For adults with intellectual disabilities, the same things as for all of us matter: health, work, friendship and partnership. Learning is definitely not over when we become adults, and lifelong learning is also applicable to people with intellectual disabilities. The focus of lifelong learning of people with intellectual disabilities is on the skills they need to maximize their independence in their day-to-day tasks.

For people with intellectual disabilities is crucial to have as much independence as possible to ensure that their quality of life is good (to use public transport, use of accessories and appliances, self-care). In addition to being independent, the focus is also on an appropriate / positive experience of yourself and others. In adulthood, friendships and partnerships are of the utmost importance.

In addition to education, more emphasis is placed on quality leisure time. Many people with intellectual disabilities need more encouragement and guidance to take up self-employment in an activity that brings them joy and fills their free time. We need to encourage them to engage in physical activities, social games, and all activities that will contribute to social inclusion.

We need to encourage lifelong learning, because the view that someone has achieved everything, is not really beneficial in life. It is true, however, that we must always focus on the small steps and adapt to the new circumstances.

One of the skills and activities is also meal preparation and cooking. This is a good way to spend time and gain new skill and knowledge and also a big step to be more independent.

Traditionally AFMID are the passive recipients of meals prepared by others. But everyone, regardless of their ability level, should be able to make choices concerning the food they eat. Everyone should also have the option to learn to prepare food for themselves and others.

Preparing meals (in addition to providing nutrition) has added value such as social opportunities (i.e. cooking with friends and family), recreation (cooking classes), choice making, and employment opportunities in the food industry.



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Preparation of meals at home is also more affordable in economical point of view, comparing to eating out or ordering in.

### 3.1 TEACHING COOKING SKILLS FOR AFMID

A number of studies have been conducted in order to evaluate the effectiveness of teacher delivered prompts and procedures for teaching cooking skills to persons with disabilities. The strategies have included: constant time delay; teaching in small groups teaching chained tasks in specific order versus functional order; teaching in a total task versus backward chaining format; system of least prompts, and graduated guidance. These studies found each of the procedures to be effective in the acquisition of food preparation skills when instructors used a set of prescribed prompting and instructional procedures. However, concern exists, for the transfer of stimulus control from adult lead instruction to natural sets of prompts that can be independently used over an extended period of time and across a range of stimuli while cooking. Decreasing the need for continuous supervision and prompting by others continues to be an educational focus when designing instructional programs for persons with disabilities.

Also persons without disabilities use permanent prompts such as written notes and text-based messages (cook books and recipe cards) to direct their own behaviour while cooking. These prompts allow us to follow step sequences when preparing simple to complex meals. These prompts are permanent resources in many kitchens and it is recognized that it would not be functional to take away these examples of visual prompts for food preparation. If a person has an intellectual disability it is crucial that prompts are permanently available to them so that multiple and varying recipes are available regardless of their length and complexity.

A research on cooking instruction for persons with disabilities shows that we have to shift the control away from the instructor to stimulus materials and equipment that can serve to teach or prompt completion of the tasks. These materials have traditionally been in the form of picture-based systems, but the use of auditory prompting became the focus of research as well as emergence of video-based procedure. To accommodate for a lack of text reading skills, picture prompts (in the form of recipe cards) were introduced. Early picture-based systems relied on hand drawn illustrations and were often paired with written instructions. Those systems then evolved to film-based development of black and white photographs, colour photographs and scanned images onto computer-based systems. Digital photography and downloaded images from internet became



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the next step in creating picture-based systems. Nowadays there are web sites that offer on-line step-by-step instructions for meal preparation. Apps for smart phones for people with disabilities are also on the rise.

### **3.2 EDUCATION OF ADULTS WITH INTELLECTUAL DISABILITIES IN COOKING AND MEAL PREPARATION IN SLOVENIA**

In Slovenia most of the AFMID live at home. As we mentioned in IO1, there are waiting lists for AFMID to get included in Occupational Activity Centres (OAC), so it is important that they continue their lifelong learning at home.

As we mentioned in IO1, Occupational Activity Centres main tasks are protection, guidance and employment under special circumstances. Staff in the Centres provides assistance with day-to-day activities. Education of AFMID in cooking and meal preparation is also a part of OAC.

Main tasks of OAC:

#### 1. Protection

- assistance in maintaining personal hygiene,
- Assistance with day-to-day activities (change of clothes, putting on shoes...),
- assistance with movement and walking,
- guidance and communication assistance,
- organization and operation of transports
- Organization and implementation of standard services in VDC (holidays, excursions, recreation, interesting activities - sports, music, art expression, etc.)

#### 2. Guidance

- assistance in solving personal and social problems,
- design, implementation and monitoring of individual programmes,
- cooperation with the OAC users' relatives,
- cooperation with other professionals and institutions,
- organizing leisure activities
- organization of advocacy and self-advocacy activities at OAC
- organization and implementation of specific and enriched content
- Work within the scope of OAC services.

#### 3. Employment under special circumstances

- employment under the OAC program (subcontracting, own programme, service programme, integrative forms of employment),



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- activities for developing and maintaining work skills
- activities to provide conditions for safe work inside and outside the OAC,
- monitoring workflow in the OAC,
- procurement of funds and facilities for the implementation of the OAC programme,
- activities to sell products and services

There are several programs of lifelong learning for AFMID in Slovenia. Most of them are on a local level and some are on a national level. Local societies offer different kinds of lifelong learning, depending on AFMID needs and wishes.

### 3.3 GOOD PRACTICE EXAMPLE

#### **Project Druga violina (Second violin)**

In 2012 a special project took off (under the leadership of Center for training, work and protection Draga), called the *Second violin*. This is a restaurant in the centre of Ljubljana, which employs persons with intellectual disabilities. The Second Violin operates as a guidance, care and supported employment service, which is an organised form of care, compliant with the constitutional and legislated fundamental human rights of adults with disabilities to services, that provides its users with an opportunity to take an active part in social life and the working environment and to carry out work which is useful as well as suited to their abilities. Guidance, care and supported employment are organised and provided in a way which allows the users to maintain acquired and gain new knowledge and work competences, develop new social and work abilities, put their own ideas and creativity into use and achieve a sense of usefulness and self-assurance. The service also ensures other forms of care which enable users and their families to engage in occupational and social activities. The users are also paid for the work done in accordance with the provider's general legal act.

This project is an innovation in Slovenia which facilitates the achievements of many goals:

#### ❖ Goals related to the users:

- greater choice of employment,
- social inclusion of people with intellectual disabilities,
- to exercise the right of equality of all citizens through active participation in society,
- development of social skills and competences,



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- higher satisfaction of the care and work centre users with their own work,
- opportunities for the personal development of each individual,
- acquisition of new knowledge, skills and competences,
- development of communication skills,
- new, adapted jobs for the staff – disabled workers with limitations.

❖ **Goals related to the community:**

- greater variety of restaurant services in the old town centre of Ljubljana,
- leisure options for various target groups,
- additional services for tourists,
- the opportunity to learn about diversity directly through personal experience,
- to create social cohesion.

❖ **General goals:**

- satisfaction of the users of the Centre's services,
- satisfaction of restaurant guests,
- satisfaction of the staff,
- efficient work,
- spreading national traditions by offering traditional, organic and healthy food,
- spreading national traditions through authentic Slovenian music, literature and other branches of art,
- helping preserve nature and the natural environment with environmental offerings,
- maintaining our orientation towards developing a new/innovative service range.

❖ **Time-specific and measurable goals:**

- quality of services at all levels,
- effective human resources management,
- effective financial resources management,
- focus on the user,
- consumer satisfaction.

✓ **Food and drink service:**

- an offer of food: organically produced food, simple homely Slovenian cuisine (Carniolan sausage, buckwheat porridge, sauerkraut and sour



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- turnip, dumplings, country-style cold cuts, pork covered in minced lard and similar),
- an offer of diet snacks and baked goods (sugar free, gluten free, low-protein and similar),
  - fine bakery, cold snacks, sweet pastries and cakes, chocolate pralines, fruit, etc.,
  - an offer of drinks: tea, coffee, chocolate, cocktails and similar,
  - introduction to the food and drinks of Slovenian regions.

### **Programmes of Sožitje Association on a local and national level**

As we described in IO1, Sožitje association (Zveza Sožitje) is a Slovenian association for persons with intellectual disabilities. It consists of 52 local societies (branches Sožitje) which are distributed all over the country. Zveza Sožitje is a member of Inclusion International and Inclusion Europe. All of the programs are intended for training, education, empowerment and maintaining the health of people with intellectual disabilities as well as their family members.

#### Programmes on a local level:

- self-help groups
- Lifelong learning for people with intellectual disabilities
- family trainings and programmes
- rehabilitation programs
- Organization and implementation of special social activities

Some local societies Sožitje have cooking and meal preparations classes as a part of their Lifelong learning programmes for people with intellectual disabilities.

#### Programmes on a national level:

- Lifelong learning programmes: training for the independent and active life of people with intellectual disabilities. This programme is independently attended by people with intellectual disabilities older than 18 years. The goals of the programmes are: independence, active participation, learning social skills and self-advocacy. Themes of LL are very different, around 20 topics are available every year, and one of them is also cooking. The program runs as culinary journey around Slovenia. Participants learn about typical dishes from different parts of Slovenia. They get to know the dishes with the help of entertainment, sports, social games and creative workshops. In addition to cooking, they also learn code of conduct at the table, how to prepare the table, how the food is



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served, etc. The knowledge that participants acquire is a process of preparation of simple dishes, learning about traditional Slovenian dishes and places of their origin, different cooking techniques (baking, cooking, frying, frying...), basics of healthy food preparation.

Even if the theme of the programme is not cooking, in most LL programmes the participants learn about cooking. They make pancakes, learn how to prepare coffee, set the table, and learn the rules of behaviour. They also make home-made ice cream, prepare herbal tea bags (after harvesting the herbs), prepare a fruit salad and bake a cake.

- Training programmes for families and people with intellectual disabilities:  
The aim of these programmes is to have a well-functioning family for an extended period of time and to prevent social exclusion of families with persons with intellectual disabilities.
  - Four-year cycle
  - Maintaining psychophysical health of families
  - Weekend seminar
  - Programmes for children and teenagers

As stated earlier, the restaurant Second violin is an example of good practice in Slovenia. Not only do the employees learn about food and meal preparation, but also gain other important skills for life (money exchange, personal contact with customers, working habits, etc.).

In most of OAC the programme is set so that the users are cooperative in daily activities (they help to set the table, clean after the meal...)

The LL programmes of Sožitje association are very well visited every year. Participants are happy with the programme. The feeling of independence is very strong and helps with building the confidence of a person. Participants like the activities that include cooking or meal preparation.



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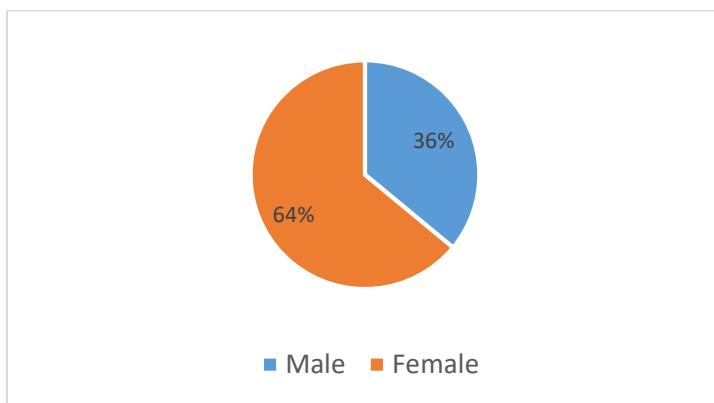
### 3.4 QUESTIONNAIRE ANALYSIS

The questionnaire was divided into two parts; the first part consisted of some general information about the family and the second part consisted of questions regarding cooking in the family setting, which were answered by the family respondents.

With the questionnaire, we first wanted to find out whether families with AFMID consider engaging in lifelong education at home important and whether cooking and food preparation are important skills for the daily life of AFMID and their families. Next, we wanted to find out if there are cooking-at-home courses in AFMID's places of residence, and if so, who provides them. Furthermore, we wanted to find out what families with AFMID consider to be the positive effects of such cooking courses, what are the obstacles to doing so, and what support is needed for families and their AFMID to cook and prepare meals as independently as possible.

#### Gender of participants (n=25)

64% of family members that participated in the questionnaire are female, 36% are male.

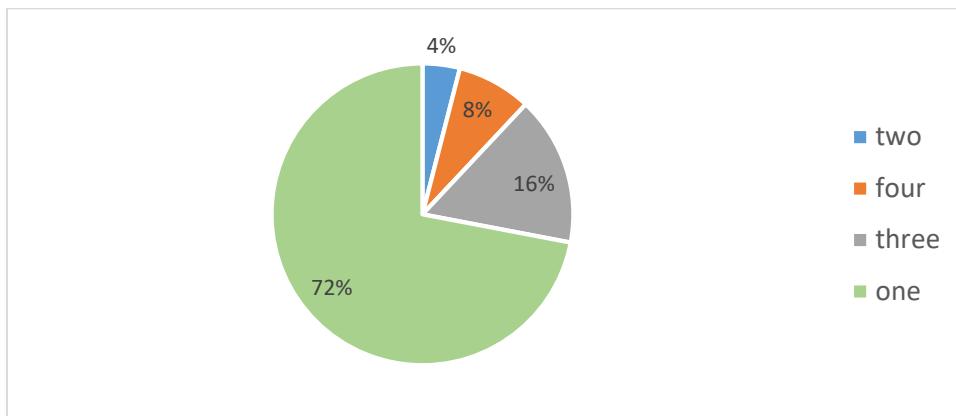


#### Age of participants (n=27)

The age of family members that participated in the questionnaire range from 23 to 70 years; the average age is 53 years.

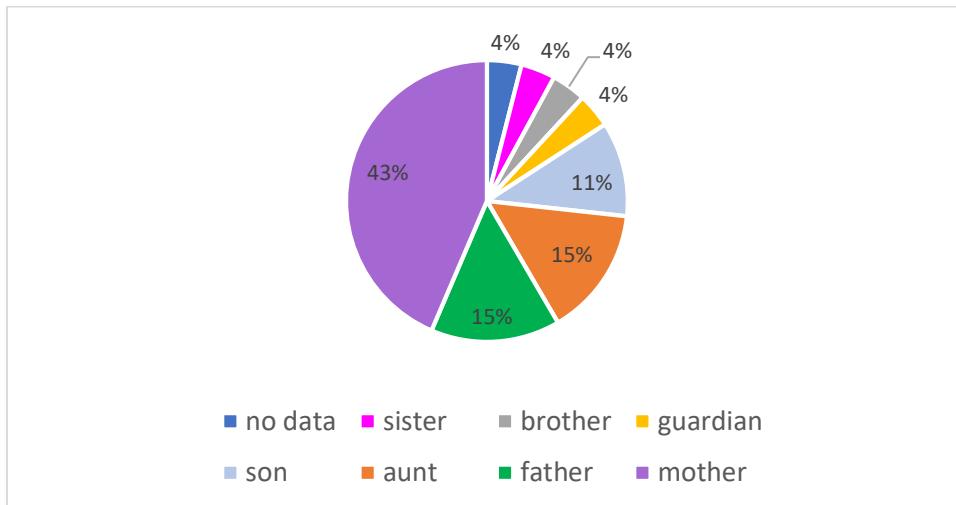
### How many adult members of your family has intellectual disabilities? (n=25)

72% of families (18 participants) that participated in the questionnaire have 1 family member with intellectual disability. 16% of families (4 participants) have 3 members with intellectual disability. 8% of families (2 participants) that participated in the questionnaire have 4 family members with intellectual disabilities and 1 family (4%) has 2 members with intellectual disability.



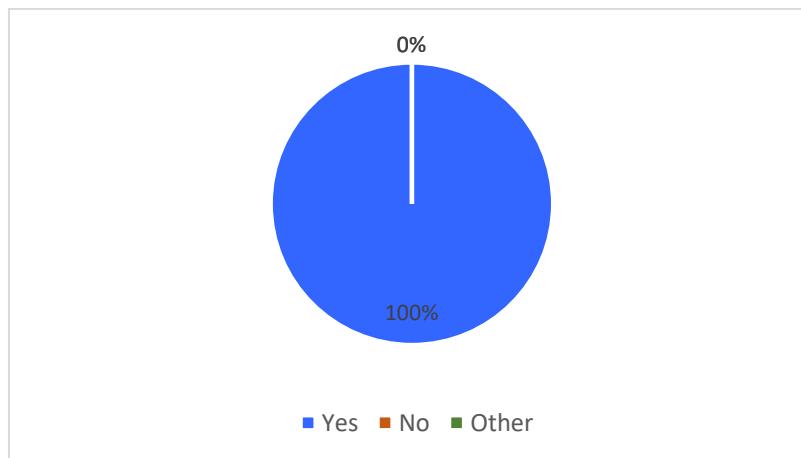
### Kinship with adult/s family members with intellectual disabilities (n=27)

In 44% of the families (12 participants) that participated in the questionnaire the mother is kinship with AFMID. In 15% (4 participants) of the family the father is in kinship with AFMID, the same percentage goes for the aunt as well. In 11% of the families (3 participants) that participated in the questionnaire the brother is in kinship with AFMID. In 4% each (1 participant) the kinship with AFMID is sister, brother and guardian. Also 1 participant (4%) did not answer this section.



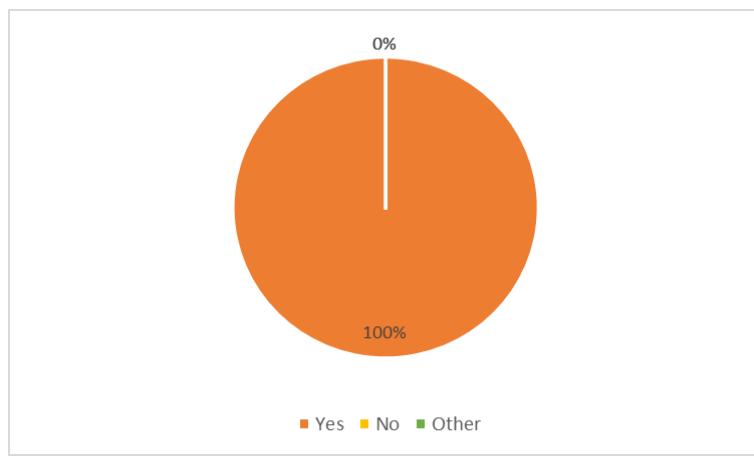
**Do you think it is important for families with adults with intellectual disabilities to engage in lifelong learning in their own home environment? (n=26)**

All of the families that participated in the questionnaire think it is important for the families with adults with intellectual disabilities to engage in lifelong learning in their own home environment.



**Do you think food and meal preparation skills are important for the everyday life of your family and adult member/s with intellectual disabilities? (n=27)**

All of the families that participated in the questionnaire think food and meal preparation skills are important for the everyday life of the family and adult member/s with intellectual disabilities.





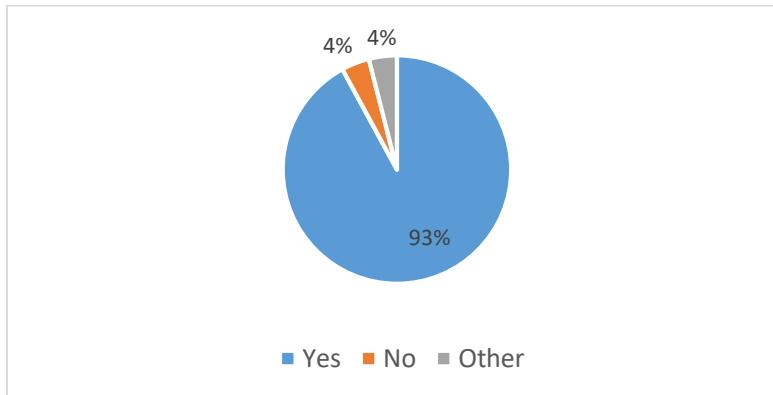
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**Do you support the education of families with adult members with intellectual disabilities on the topic of COOKING in their own home environment? (n=27)**

93% of family members that participated (25 participants) in the questionnaire support the education of families with adult members with intellectual disabilities on the topic of COOKING in their own home environment. 4% (1 participant) does not support education on the topic of cooking for adult members with intellectual disability. 1 participant replied "other" and the answer given was:

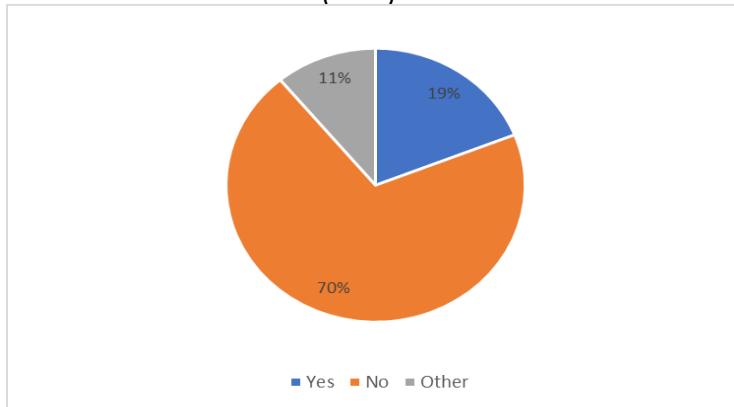
1. Yes, but I depend on others for transportation, and I am an older person.



**Is there an education for families with adult members with intellectual disabilities on the topic of COOKING in your home environment in the area where you live? (n=27)**

70% of family members that participated (19 participants) in the questionnaire says that there is no education on the topic of cooking in the area where they live. 19% of family members that participated (5 participants) in the questionnaire says that there is some education on the topic of cooking in the area where they live. 11% (3 participants) replied "other" and the answer was:

1. I do not know (n=3)



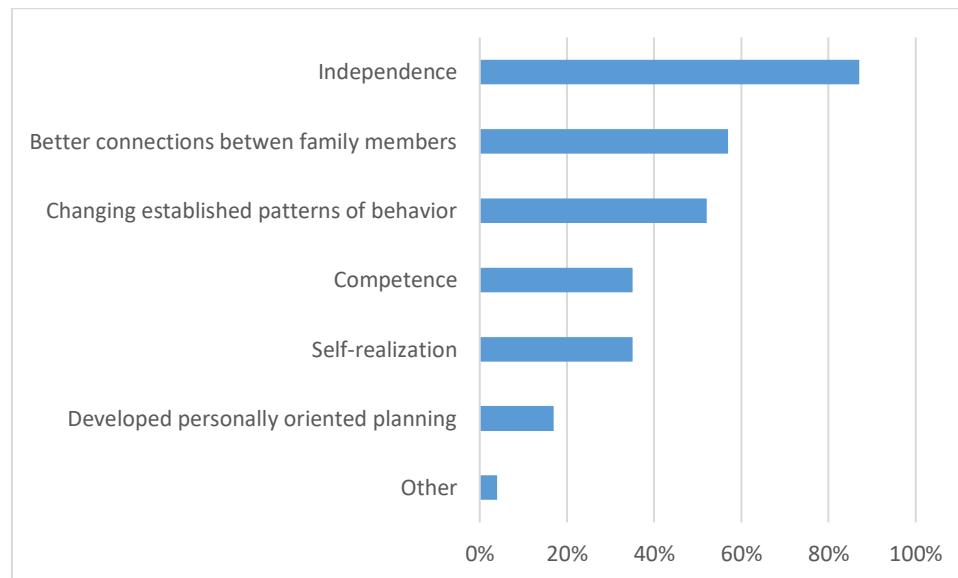
### If so, who gives it? (n=4)

1. Society (n=1)
2. Society Sožitje Novo Mesto (n=1)
3. Center for adult education or the Adult education school (n=1)
4. VDC Vrhnika Idrija (n=1)

**What do you think could be the positive effects of educating a family with adult members with intellectual disabilities on the topic of COOKING in their own home environment? (multiple answers possible) (n=23)**

87% of family members that participated (20 participants) in the questionnaire think that education on the topic of cooking raises individuals independence. 57% (13 participants) think that it helps with better connections between family members. 52% of family members that participated (12 participants) in the questionnaire think that education on the topic of cooking is helping with changing the established patterns of behaviour. 35% (8 participants) think it enables self-realization and also 8 participants think it improves individuals competencies. 17% of family members that participated (4 participants) in the questionnaire think that education on the topic of cooking is helping with the development of personally oriented plan. 1 participant (4%) replied "other" and the answer given was:

1. Useful spending of time





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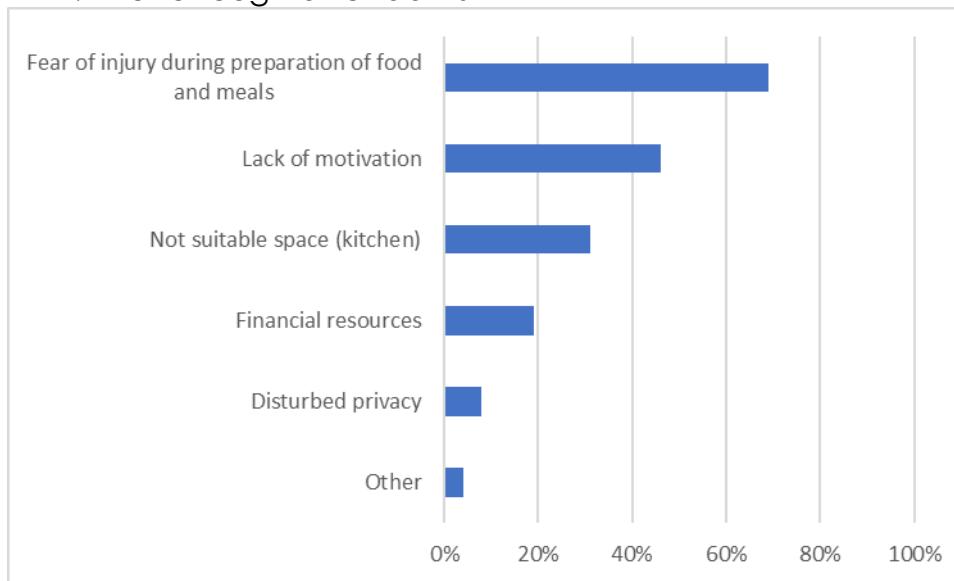


**What do you think could be a barrier to the education of families with adults with intellectual disabilities on topic of COOKING in their own home environment? (multiple answers possible) (n=26)**

69% of family members that participated (18 participants) in the questionnaire think that fear of injuries (cuts, burns etc.) during preparation of food is a barrier for families with AFMIDs in education on the topic of cooking. 46% (12 participants) think that the barrier is lack of motivation.

31% of family members that participated (8 participants) in the questionnaire think the barrier in education on the topic of cooking is unsuitable space/environment (kitchen). 19% (5 participants) think the barrier is lack of financial resources. 8% of family members that participated (2 participants) in the questionnaire think the barrier in education on the topic of cooking is disturbed privacy. 1 participant (4%) replied "other" and the answer was:

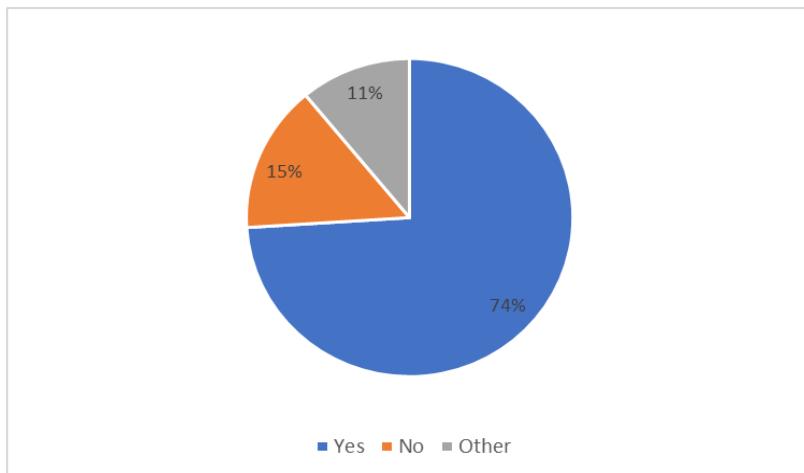
1. Not enough attendants



**Do you think that you and your adult family member with intellectual disabilities need support to prepare food and meals more independently? (n=27)**

74% of family members that participated (20 participants) in the questionnaire think that they (the family and AFMID) need support to prepare food more independently. 15% (4 participants) think they do not need support. 11% (3 participants) replied "other" and the answers were:

1. Some support
2. The AFMID is not independent
3. The AFMID is not able to prepare a meal



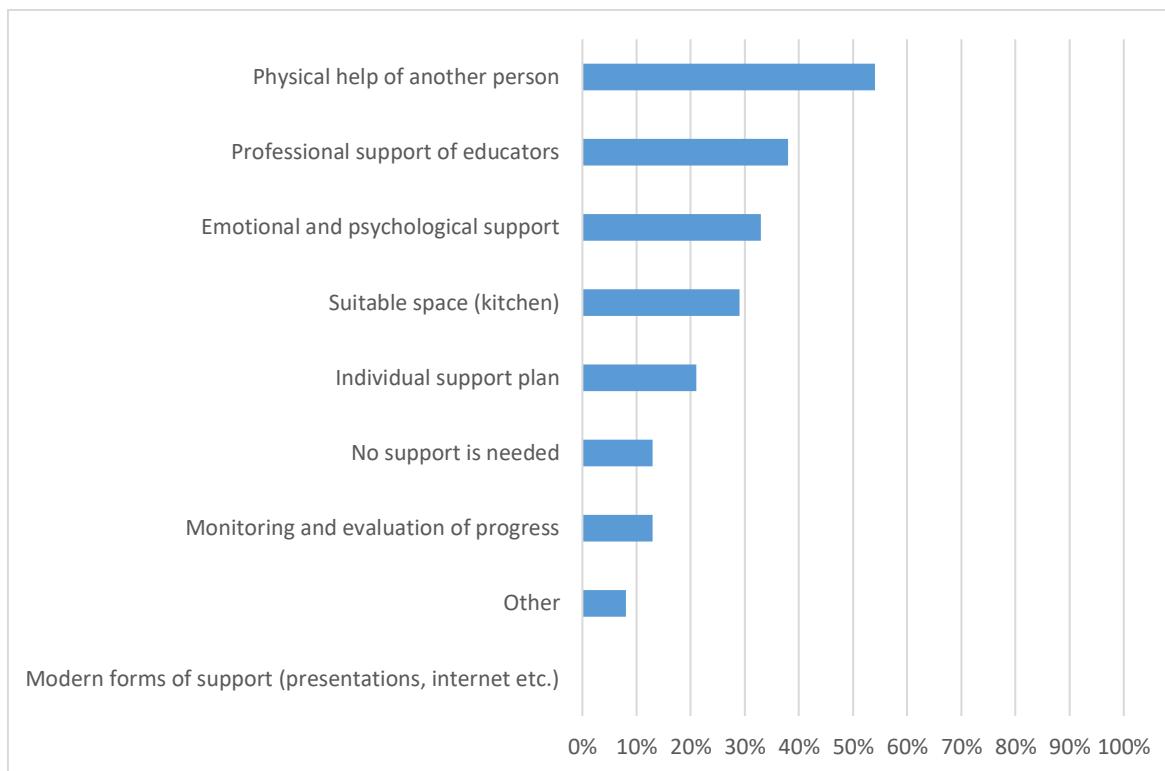
**If so, what kind of support is needed for you and your adult family member with intellectual disabilities to prepare food and meals more independently? (multiple answers possible) (n=24)**

54% of family members that participated (13 participants) in the questionnaire say they would need physical help from another person to prepare food more independently. 38% (9 participants) say they could use help in form of professional support of instructors. 33% of family members that participated (8 participants) in the questionnaire say they would need emotional and psychological support to be more independent in preparing food. 21% (5 participants) say they would need an individual support plan. 13% (3 participants) say the monitoring and evaluation of progress would be helpful in becoming more independent at cooking. Also 13% say that the support is not needed. 2 participants (8%) replied "other" and the answers were:

1. It is hard to motivate the AFMID
2. The AFMID is not interested in cooking



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MetURA  
Back to the Roots

**How important is the education of families with adult members with intellectual disabilities on topic of COOKING in their own home environment for quality of life in the following areas? (n=24)**

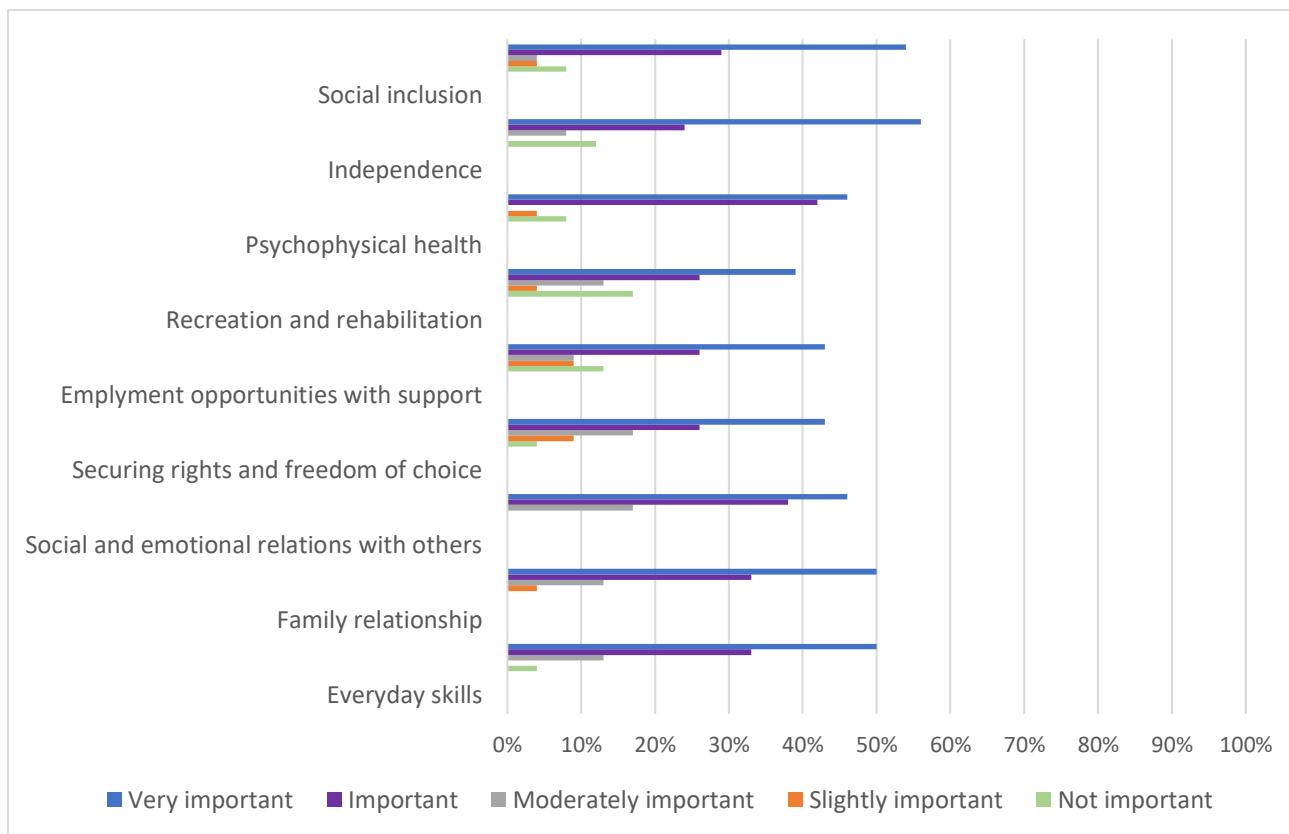
1. EVERYDAY LIFE SKILLS: 50% of the families that participated in the questionnaire (12 participants) think this skill is very important, 33% (8 participants) think it is important. 13% of the families that participated in the questionnaire (3 participants) think this skill is of medium importance. 1 participant (4%) think this skill is not important at all.
2. FAMILY RELATIONSHIPS: 50% of the families that participated in the questionnaire (12 participants) think this skill is very important. 13% of the families that participated in the questionnaire (3 participants) think this skill is of medium importance. 1 participant (4%) think this skill is of little importance.
3. SOCIAL AND EMOTIONAL RELATIONS WITH OTHERS: 46% of the families that participated in the questionnaire (11 participants) think this skill is very important, 38% (9 participants) think it is important. 17% of the families that participated in the questionnaire (12 participants) think this skill is of medium importance.



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4. SECURING RIGHTS AND FREEDOM OF CHOICE: 43% of the families that participated in the questionnaire (10 participants) think this skill is very important, 26% (6 participants) think it is important. 17% of the families that participated in the questionnaire (4 participants) think this skill is of medium importance. 9% (2 participants) think this skill is of little importance and 4% (1 participant) think it is not important at all. Also 1 participant (4%) did not answer this particular feature.
5. EMPLOYMENT OPPORTUNITIES WITH SUPPORT: 43% of the families that participated in the questionnaire (10 participants) think this skill is very important, 26% (6 participants) think it is important. 9% (2 participants) think this skill is of medium importance and also 9% think it is of little importance. 13% (3 participants) think this skill is not at all important. 1 participant (4%) did not answer this particular feature.
6. RECREATION AND REHABILITATION: 39% of the families that participated in the questionnaire (9 participants) think this skill is very important, 26% (6 participants) think it is important. 13% (3 participants) think this skill is of medium importance and 4% (1 participant) think it is of little importance. 17% (4 participants) think this skill is not important at all. 1 participant did not answer this particular feature.
7. PSYCHOPHYSICAL HEALTH: 46% of the families that participated in the questionnaire (11 participants) think this skill is very important, 42% (10 participants) think it is important. 4% (1 participant) think this skill is of little importance and 8% (2 participants) think it is not important at all.
8. INDEPENDENCE: 56% of the families that participated in the questionnaire (14 participants) think this skill is very important, 24% (6 participants) think it is important. 8% (2 participants) think this skill is of medium importance and 12% (3 participants) think it is not at all important.
9. SOCIAL INCLUSION: 54% of the families that participated in the questionnaire (13 participants) think this skill is very important, 29% (7 participants) think it is important. 4% (1 participant) think it is of medium importance and also 4% think it is of little importance. 8% (2 participants) think this skill is not important at all.



## QUESTIONNAIRE SUMMARY

According to the results, majority of respondents believe that it is important for families with AFMID to be engaged in lifelong learning activities in their home environment. Also they believe that it is important for AFMID to have some skills to prepare food and meals more independently. Majority of respondents support cooking courses for AFMID in their home environment. Majority of respondents say that there is no cooking courses in their living area, but some say that there are some – mostly organised by local societies.

Majority of respondents think that the most positive effect of cooking courses in home environment is bigger independence of AFMID. On the other hand there are some obstacles that prevent AFMID and their family to participate in these courses, such as fear of injury when preparing food (cuts, burns etc.). Most of the families say their AFMID would need a form of help or support to prepare meals more independently. In most cases this means physical support of another person, in other cases psychical, emotional and professional support would be helpful.



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Majority of respondents believe that education of AFMID in cooking is important because it has many positive effects, such as: independence, social inclusion, everyday life skills and family relationships.

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## 4 NATIONAL REPORT FOR ITALY

In the national report for Italy, CSC Danilo Dolci researches the teaching cooking skills for AFMID. Afterwards, we will present the education of adults with intellectual disabilities in the field of cooking and meal preparation in Italy, followed by a collection of good practices. At the end, CSC Danilo Dolci presents the results of the questionnaires collected in Italy. The questionnaire was filled by families with adult members with intellectual disabilities (AFMID).

### 4.1 TEACHING COOKING SKILLS FOR AFMID

In national and international literature the meaning of the term "competence" is broad and contradictory. This is due not only to the different cultural orientations, but also to the rich set of needs that we want to satisfy with this term. Also in this case the word "competence" has been used in several contexts (work, labour market, school, professional training, etc.) and with different motivations (to describe the position of a person with respect to work, the training path, to read the knowledge of an individual, in the integration between education and training processes, for reasons of transparency, etc.). When we talk about skills, we usually classify them as competences: basic, transversal, specific or professional techniques.

Eating is one of the primary and indispensable needs of man. From this necessity a true and proper "culture of the kitchen" is born, handed down from antiquity to our days, differentiating itself in the different countries of the world. But cooking can mean so much more: it can turn into a real wellness therapy able to stimulate the psychophysical state of people with intellectual and physical diversity. Making a cooking workshop, besides being pleasant, offers the opportunity to:

- improve the physical activity of hands and fingers by manipulating different materials (water, sugar, flour, etc.);
- perfecting manual eye coordination (crushing, touching, mixing, creating forms, rolling up etc.), experiencing creativity and psycho-affective development;
- build an educational path important for one's autonomy and self-esteem, starting from "knowing" to "knowing how to do", up to "knowing how to be".



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In this way, everyone is offered an action research area in which to explore the various materials to communicate, invent, create and make new experiences both from a sensorial, design and psychomotor point of view. All this, also achieving a satisfying, concrete and well-realized result.

The presence of the educator, the intervention of the physiotherapist, specialized in disability, and the support of the chefs belonging to the staff of the structure are essential for the kitchen workshop.

The objectives of a training programme for AFMID in cooking and food preparation can be:

- To stimulate psycho-affective development through the construction of an educational path;
- To promote the improvement of cognitive and motor abilities of disabled subjects through manipulation;
- To increase the sense of autonomy and creativity thanks to the skills and abilities acquired;
- Building a common and shared educational path;
- To improve the quality of life of people with disabilities, guests of the care home, spending their time satisfactorily;
- To finalize the action to achieve goals.

#### **4.2 EDUCATION OF ADULTS WITH INTELLECTUAL DISABILITIES IN COOKING AND MEAL PREPARATION IN ITALY**

In Italy a new professional profile has been created for people with intellectual disabilities. The "kitchen collaborator" is a professional figure who intervenes at the executive level, in catering activities to support the managers in work processes. The use of basic methods, tools and information allow him to carry out activities related to the preparation of meals with basic skills in the selection, preparation, storage and storage of raw materials and semi-finished products, in the realization of cooked dishes. The disabled can participate in the course, suffering from physical, mental, sensory, intellectual disability with a degree of disability recognized as not less than 46%, unemployed or unemployed, aged between a minimum of 16 years and a maximum of 60 years completed in the minimum possession of the Diploma of Secondary School and resident or domiciled in Sicily. Disabled persons are excluded for whom the inability to work is certified. In the case of non-EU citizens, a valid residence permit is required. This professional figure allows people with intellectual disabilities to have multiple job opportunities in different areas of catering. They can work in various restaurant



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facilities such as restaurants, company canteens, event catering, banqueting, hotels, self-services and food service establishments of various kinds.

#### 4.3 GOOD PRACTICES IN ITALY

A training course for 26 people with mental disabilities promoted in Rome by the Community of St. Egidio to facilitate their integration into the world of work

Becoming a chef, serving at the table, explaining a dish or recommending the right wine. At school to learn a job and try to enter the world of work, despite mental disability. The occasion is a course on «Inclusive cuisine», promoted by the **Community of Sant'Egidio** and financed by the Telecom Italia Foundation with the call «Work and social inclusion». "26 people aged between 20 and 30 participate but there are also some adults; many have the syndrome of down, all a great desire to learn - says the director of the course, Paola Scarcella -. The restaurant sector is in continuous development especially in the centre of Rome; after the successful experience of the **Gli Amici restaurant** in the heart of Trastevere, the Community of Sant'Egidio decided to replicate, organizing a cooking and dining course». The programme is intense, with a cycle of lessons divided into 3 modules, each lasting about a month and a half. During the first module, learners learn the basics: from hygiene to labour law, from English to the history of catering. The other teaching subjects of the next 2 modules are: theoretical and practical notions of ergonomics, types of catering, fundamentals of cooking (the elements to be known for cooking and explaining a dish), wine, the cheese cart, Lazio products. «At the end of the lessons the boys will do an internship at some Roman restaurants that we are already contacting; hoping that they will then be hired.

PROFESSIONAL OPPORTUNITIES - It has already happened with the 13 members of the social cooperative promoted in 1991 by the Community of Sant'Egidio, then gave birth to **the Amici restaurant**. "It is indicated by the most important restaurant guides in Rome - notes the course director -. Customers appreciate the competence and humanity of the staff, who share the work: there are those who are sommeliers, those who cook, those who work in the room. The volunteers of Sant'Egidio also gave support". Here there are only people who work with professionalism and passion, without "diversity" except in the tasks they perform.

**ASSIeme cooking** is the cooking course for disabled people organized by ASSI onlus, the Invalids Social Sports Association founded by Oscar De Pellegrin. The course, held by chef Aldo Andriolo and involving nine disabled children is



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divided into six meetings, each lasting three hours, during which the children have the opportunity to try their hand at cooking the most varied delicacies. But what does ASSIeme cooking mean? Research together the tools that can help prepare the dishes according to the type of disability, acquire the ability to cook independently and produce an ASSI recipe book at the end of the course that is the fruit of the experiences lived together.

Cooking to learn how to make oneself self-sufficient in the management of one's daily life and to verify attitudes that may be useful to enter the world of work. This is the meaning of the cooking course organized by the "**Stella Selene**" **association** for the inclusion of disability and discomfort. The initiative is one of the first in Italy in which disadvantaged groups can learn the secrets of cooking to become chef helpers, boarders and bartender helpers directly in restaurant premises. Everything takes place in Rome, in the districts of Ostia and Eur. The lectures are held by teachers who teach in established vocational training schools supported by educational psychologists from the "Stella Selene" association, every Friday afternoon. The courses will then be verified in the field during evenings-events open to customers.

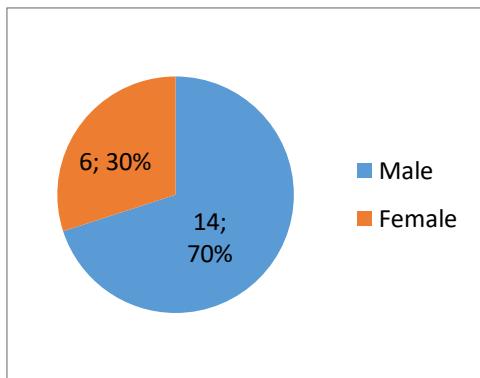
#### 4.4 QUESTIONNAIRE ANALYSIS

The questionnaire was divided into two parts; the first part consisted of some general information about the family and the second part consisted of questions regarding cooking in the family setting, which were answered by the family respondents.

With the questionnaire, we first wanted to find out whether families with AFMID consider engaging in lifelong education at home important and whether cooking and food preparation are important skills for the daily life of AFMID and their families. Next, we wanted to find out if there are cooking-at-home courses in AFMID's places of residence, and if so, who provides them. Furthermore, we wanted to find out what families with AFMID consider to be the positive effects of such cooking courses, what are the obstacles to doing so, and what support is needed for families and their AFMID to cook and prepare meals as independently as possible.

#### Gender of participants

30% of family members that participated in the questionnaire are female, 70% are male.

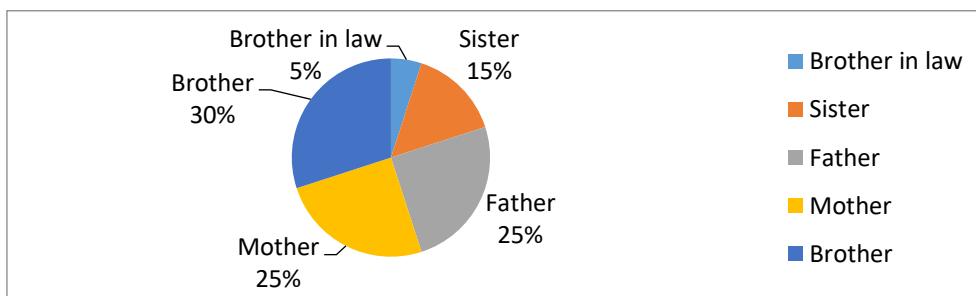


### Age of participants

The age of family members that participated in the questionnaire range from 25 to 64 years; the average age is 45 years.

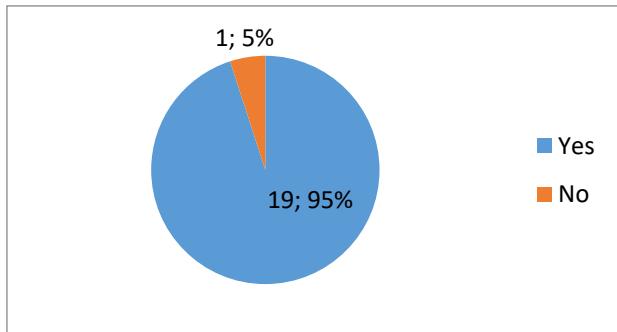
### Kinship with adult/s family members with intellectual disabilities

25% of the respondents is mother of the AFMID, as well as father. 30% is the brother of the AFMID while 15% is the sister. Only 1 respondent (5%) is the brother in law of the AFMID.



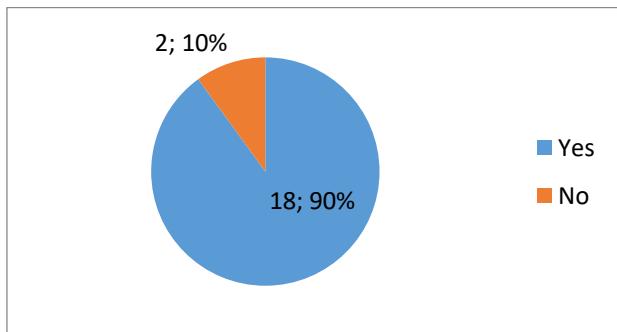
### Do you think it is important for families with adults with intellectual disabilities to engage in lifelong learning in their own home environment?

95% of the families that participated in the questionnaire think it is important for the families with adults with intellectual disabilities to engage in lifelong learning in their own home environment. Only 5% thinks it is not important.



**Do you think food and meal preparation skills are important for the everyday life of your family and adult member/s with intellectual disabilities?**

90% of the families that participated in the questionnaire think food and meal preparation skills are important for the everyday life of the family and adult member/s with intellectual disabilities. 10% said it is not important.

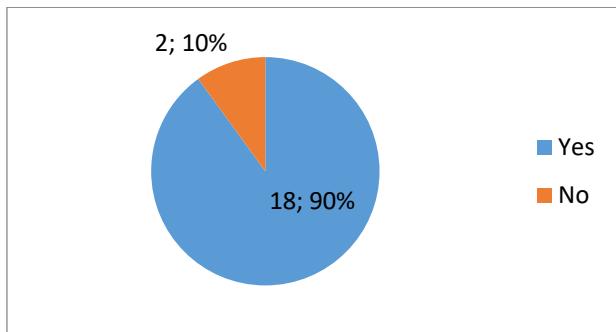


**If yes, why do you think that cooking and preparing food are important daily skills for adults with intellectual disabilities and their families?**

- They love food
- More autonomy (5)
- More independence (6)
- It relaxes the mind and the body, it is a recreation
- Improves the relationship between family members
- More self-esteem (2)
- More qualifications

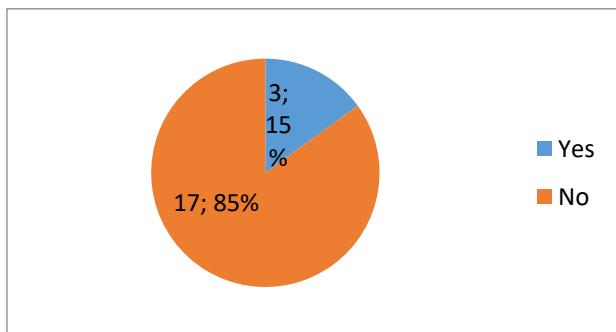
**Do you think that courses which teach families with adult members with intellectual disabilities to cook together at home is a good idea?**

90% of family members that participated (18 participants) in the questionnaire support the education of families with adult members with intellectual disabilities on the topic of COOKING in their own home environment. 10% (2 participants) does not support education on the topic of cooking for adult members with intellectual disability.



**Is there an education for families with adult members with intellectual disabilities on the topic of COOKING in your home environment in the area where you live?**

85% of family members that participated (17 participants) in the questionnaire says that there is no education on the topic of cooking in the area where they live. 15% of family members that participated (3 participants) in the questionnaire says that there is some education on the topic of cooking in the area where they live.

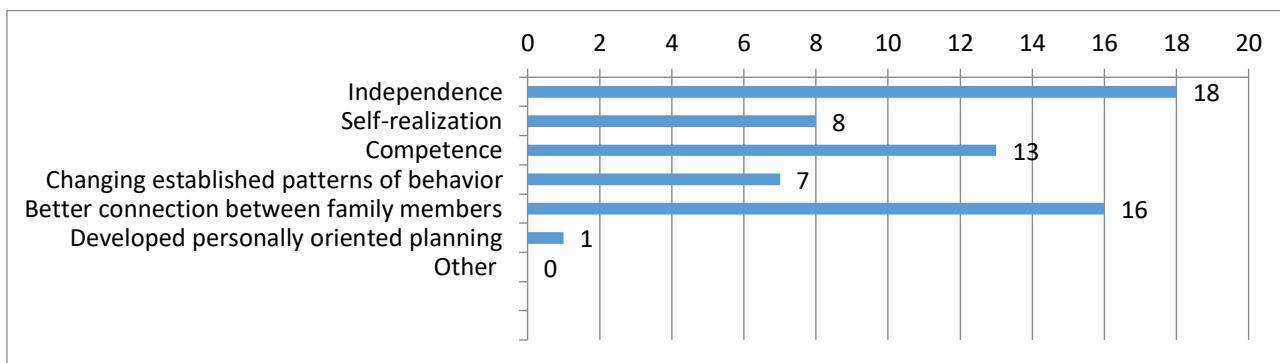


**If so, who gives it?**

5. An association (n=3)
6. The Community Service Centre (n=1)

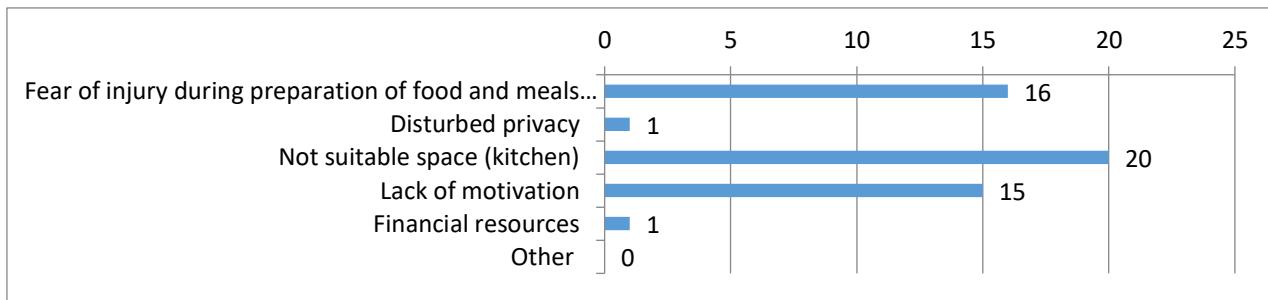
**What do you think could be the positive effects of educating a family with adult members with intellectual disabilities on the topic of COOKING in their own home environment? (multiple answers possible)**

18 respondents to the questionnaire think that education on the topic of cooking raises individuals independence. 16 respondents think that it helps with better connections between family members. 13 participants think it improves individuals competencies. 8 respondents said that self-realization is the main positive effect. 7 respondents answered that cooking increases the change of established patterns of behaviour. Only 1 person answered: "Education on cooking helps increasing personally oriented planning".



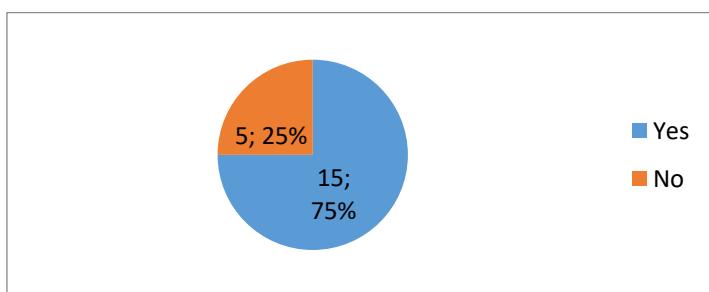
**What do you think could be a barrier to the education of families with adults with intellectual disabilities on topic of COOKING in their own home environment? (multiple answers possible)**

100% of family members that participated (20 participants) in the questionnaire think that not having a suitable space (kitchen) is a barrier for families with AFMIDs in education on the topic of cooking. 80% of family members that participated (16 participants) in the questionnaire think that fear of injuries (cuts, burns etc.) during preparation of food is a barrier for families with AFMIDs in education on the topic of cooking. 75% (15 participants) think that the barrier is lack of motivation. 5% of family members answering the questionnaire thinks the barriers in education on the topic of cooking are connected to disturbed privacy and financial resources.



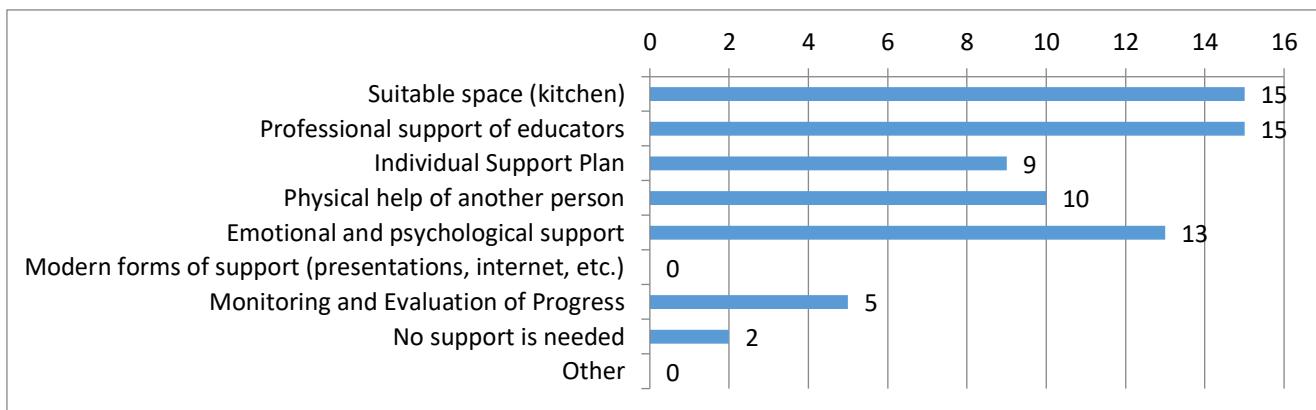
**Do you think that you and your adult family member with intellectual disabilities need support to prepare food and meals more independently?**

75% of family members that participated (15 participants) in the questionnaire think that they (the family and AFMID) need support to prepare food more independently. 15% (5 participants) think they do not need support.



**If so, what kind of support is needed for you and your adult family member with intellectual disabilities to prepare food and meals more independently? (multiple answers possible)**

75% of family members that participated (15 participants) in the questionnaire say they would need a suitable space and the professional support of educators to prepare food more independently. 65% of family members that participated (13 participants) in the questionnaire say they would need emotional and psychological support to be more independent in preparing food. 45% (9 participants) say they need individual support plans. 25% (5 participants) say they would need the monitoring and evaluation of progress would be helpful in becoming more independent at cooking. 10% answered that no support is needed.



**How important is the education of families with adult members with intellectual disabilities on topic of COOKING in their own home environment for quality of life in the following areas?**

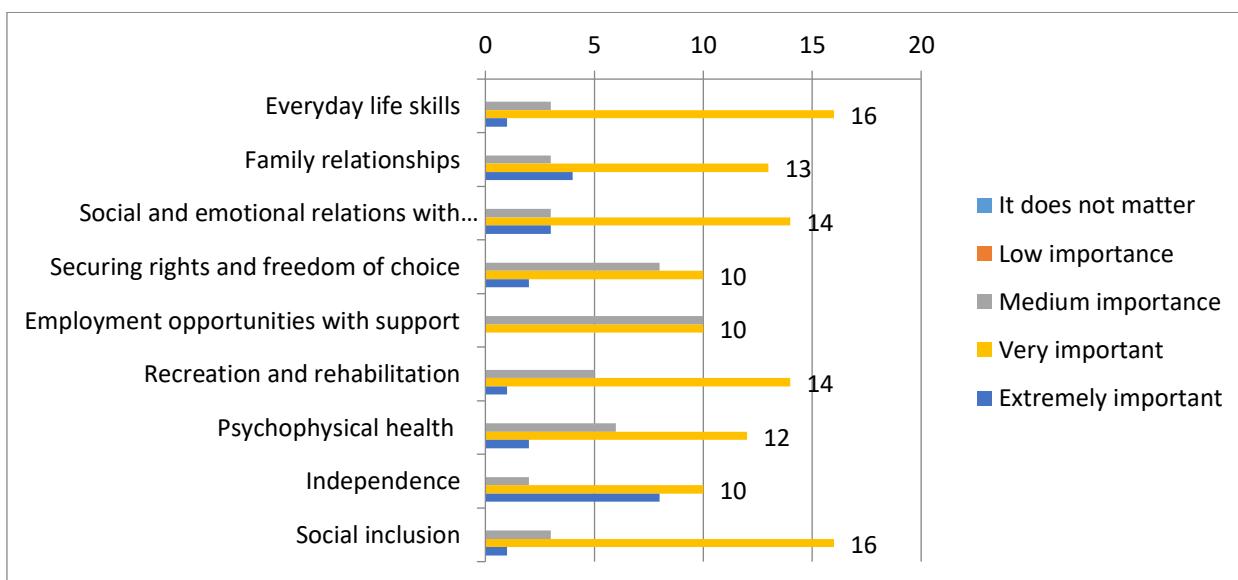
10. EVERYDAY LIFE SKILLS: 80% of the families that participated in the questionnaire (16 participants) think this skill is very important, 15% (3 participants) think it is moderately important. 5% of the families that participated in the questionnaire (3 participants) think this skill is extremely important.
11. FAMILY RELATIONSHIPS: 65% of the families that participated in the questionnaire (12 participants) think this skill is very important. 15% of the families that participated in the questionnaire (3 participants) think this skill is of medium importance. 4 participants (20%) think this skill is extremely important.
12. SOCIAL AND EMOTIONAL RELATIONS WITH OTHERS: 70% of the families that participated in the questionnaire (14 participants) think this skill is very important, 15% (3 participants) think it is moderately important. 15% of the families that participated in the questionnaire (3 participants) think this skill is extremely important.
13. SECURING RIGHTS AND FREEDOM OF CHOICE: 50% of the families that participated in the questionnaire (10 participants) think this skill is very important, 40% (8 participants) think it is moderately important. 10% of the families that participated in the questionnaire (3 participants) think this skill is extremely important.
14. EMPLOYMENT OPPORTUNITIES WITH SUPPORT: 50% of the families that participated in the questionnaire (10 participants) think this skill is very important, 50% (10 participants) think it is moderately important.



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15. RECREATION AND REHABILITATION: 70% of the families that participated in the questionnaire (14 participants) think this skill is very important, 25% (5 participants) think it is moderately important. 5% (1 participant) think this skill is extremely important.
16. PSYCHOPHYSICAL HEALTH: 60% of the families that participated in the questionnaire (11 participants) think this skill is very important, 30% (6 participants) think it is moderately important. 104% (2 participants) think this skill is extremely important.
17. INDEPENDENCE: 50% of the families that participated in the questionnaire (10 participants) think this skill is very important, 10% (2 participants) think it is moderately important. 40% (8 participants) think this skill is extremely important.
18. SOCIAL INCLUSION: 80% of the families that participated in the questionnaire (16 participants) think this skill is very important, 15% (3 participants) think it is moderately important. 5% (1 participant) think it is extremely important



## QUESTIONNAIRE SUMMARY

According to the results, majority of respondents believe that it is important for families with AFMID to be engaged in lifelong learning activities in their home environment. Also they believe that it is important for AFMID to have some skills



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to prepare food and meals more independently. Majority of respondents support cooking courses for AFMID in their home environment. Majority of respondents say that there is no cooking courses in their living area, but some say that there are some – mostly organised by local societies.

Majority of respondents think that the most positive effect of cooking courses in home environment is that raises individual's independence. Also it helps with better connections between family members and it improves individual's competencies. Self-realization is also a positive effect.

On the other hand there are some obstacles that prevent AFMID and their family to participate in these courses, such as fear of injury when preparing food (cuts, burns etc.), not having a suitable space.

Most of the families say their AFMID would need a suitable space and the professional support of educators to prepare food more independently, so as emotional and psychological support. 45% said they need individual support plans.

Majority of respondents believe that education of AFMID in cooking is important because it has many positive effects, such as: independence, social inclusion, everyday life skills and family relationships.

#### 4.5 REFERENCES

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## 5 NATIONAL REPORT FOR UNITED KINGDOME

In national report for UK education of adults with learning disabilities in cooking and meal preparation in UK is presented as well as availability of cookery courses for individuals with learning disabilities. Last, the results of the questionnaire for UK are presented.

Government Policy and guidance within the United Kingdom outlined in the Disability Discrimination Act 2005, which also filters down to local authorities and major referral agents has changed the focus as to what direction and goals they would like to see mapped out for those with learning disabilities.

The first of these goals is establishing better routes to employment and increased occupation. This would enable those with learning disabilities to not just be more visible within communities but also to attain work and gain a sense of accomplishment in their work while also being able to give back to society. Finding occupation for those with learning disabilities would again make those individuals more productive within their community and allow for more interaction and acceptance between them and the outside world. One issue that those with learning disabilities feel very frequently is a sense of isolation as they move into adulthood. This isolation is only compounded by loss of family as they grow older and less frequent visits by health visitors. It is fair to say that the goals here are dependent on the level of capability of the individual concerned. For someone who can follow instruction and carry out certain tasks to a high standard a vocational course of action could be well placed, and should the right position be found, there is no reason an individual should not succeed within it. Increased occupation would also allow those with learning disabilities to engage in meaningful activity and though it maybe on a purely voluntary basis still benefit socially, physically and psychologically while learning new skills at the same time.

The second of the goals established in the Disabilities Discrimination Act 2005 was to increase levels of independence for those with learning disabilities. This could be seen as a promotion of lifelong learning. It is worth bearing in mind that, as for us, lifelong learning does not have to finish once we have finished school, it is a lifelong process that for those with learning disabilities may have more pressing consequences. Because many individuals with learning disabilities live at home this means that their futures once their family are not around are made uncertain and basic skills to look after themselves and attend basic needs such



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as how to use public transport, use of accessories and appliances, self-care are more vital for them to maintain a level of independence in their day to day lives. Cooking and gaining knowledge about healthy eating would be a beneficial manner to spend time occupationally but would also help those with learning disabilities be more independent in their futures.

### **5.1 TEACHING COOKING SKILLS FOR AFMID**

In the UK it would seem that the focus of education for people with learning disabilities is less on the food preparation itself but rather how they can eat well and not fall foul of bad eating habits leading to ill health in later life. One of the more simple and independent methods of acquiring food would be to go to a takeaway shop and purchase a burger and fries, but there is a push to stop this happening. If this method of consumption is carried on with it could lead to obesity in later life as well as other health problems that would need to be dealt with. It is also not economically viable as producing food at home is cheaper and as many people with learning disabilities are on tight budgets due to shrinking benefits this is another issue to consider.

'The Caroline Walker Trust', a charitable organisation, based in the UK is involved with making sure that healthy eating is made attainable for those with learning disabilities and focuses on matters such as:

- Lack of understanding of a balanced diet
- How poverty and isolation result in poor food choices
- Effect of prescribed drugs on food choice and general health
- Eating disorders and how those with learning disabilities are more effected than those without
- Principles of good nutrition

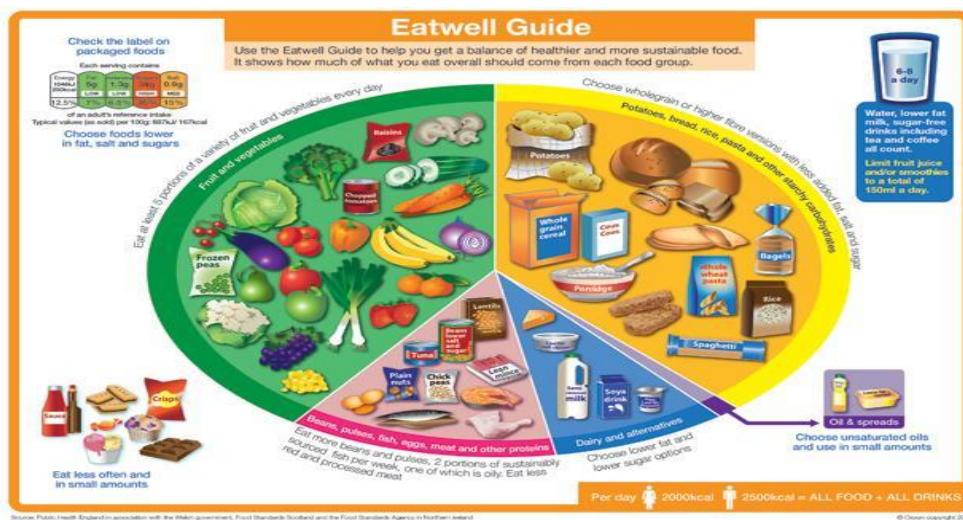
The principles of good nutrition have been mapped out on eat well plate promoted by the National Health Service (NHS) and encourages individuals to think about food types they are having and maintaining a balanced diet. With inpatient care of hospitals struggling with the number of people taking up time and beds it makes sense to lower the numbers of people being admitted by looking after their health before they run into issues in the future. This pre-emptive approach of making sure that preventative measures against obesity and heart defects are in place before the condition arises would allow for less burden on the NHS in the future.



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'Community Food and Health' in Scotland also led 'food and health training projects' with individuals with learning disabilities and their support workers. This was to make sure a more constant message about the importance of a healthy diet could be achieved within the learning disability community through those who support them. Other subjects they wished to teach other than those above were requirements of diet for various life stages, cultures and religions and understanding of food labelling. One of the hidden advantages of the project was that it prompted support workers without learning disabilities to look at what they eat and methods of preparing food as well. Showing that again it is not just those with learning disabilities who can benefit from further learning in life or are prone to unhealthy lifestyles.

The 'Community Food and Health' project did also run cooking classes and investigated what were the more effective ways of enabling those with learning disabilities to learn cookery skills. This involved the learning-disabled service users involvement in coming up with menus and discussing with staff adaptations of non-vegetarian dishes, how to make dishes more healthy and what particular foods would be in season. They could then move on to the practical side of the exercise.

"Members receive support when making a dish for the first time. They make the same dish as many times as they need to until they feel confident and ready to move onto learning something new. Each dish is broken down into a series of small steps, making it easier to learn, but staff aim to make sure that members have the opportunity to learn every step of creating a dish, rather than just learning one part."



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Once confidence in preparing a dish has been established it may be that individuals can then have a go at completing the task independently or have some recipe cards to consult. These recipe cards would be devised with the help of speech and language experts and be made up of a mixture of symbols and words. The main top tips passed down from staff on the project when working on the project were:

- Repetition and breaking down the preparation of a dish into a series of tasks helps to build skills.
- Individuals usually want to taste the food that they have made so making sure they are involved in making the meal from start to finish is essential.
- Discussions about food and health work well when we try to talk about food in a way that is relevant to individuals, such as talking about food programmes that they watch on TV.

These findings and methodologies are similar also to those of the 'Square Food Foundation' in Bristol, a not for profit organisation that offers cookery community cookery classes, cookery within schools and cookery classes for those with learning disabilities. They also highlighted effectiveness of repetition of tasks when working with people with learning disabilities and 'grading' tasks to allow them to learn the dish gradually in smaller steps. They also talked of the benefit of placing trust in the individuals they worked with. This meant allowing them access to sharp knives and not shielding them from hot stoves. The idea being that in a supported environment the students would begin to gain confidence and whereas they may be told what they were not capable of doing they were in this instance 'enabled' to use equipment and prove to themselves and others they could undertake tasks that previously may have seemed beyond them. All of this is undertaken with a strict understanding of health and safety of course and one to one working where needed.

## **5.2 EDUCATION OF ADULTS WITH LEARNING DISABILITIES IN COOKING AND MEAL PREPARATION IN THE UNITED KINGDOM**

The below graph demonstrates a whole system response developed by the NHS when working with individuals with learning disabilities. It shows the nine principles for what an individual should be able to achieve and neatly illustrates the person-based nature of the program by placing the figure in the middle of it. It talks also of creating a 'capable environment' for the individual concerned and describes this as such:

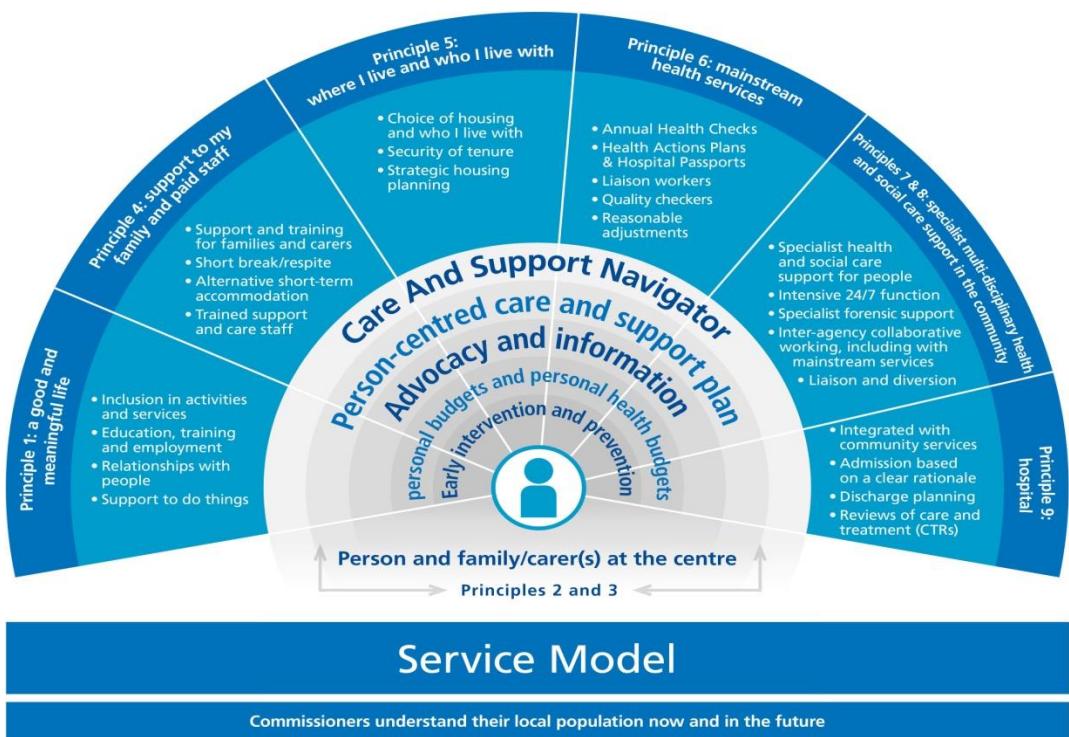


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'Capable environments are characterized by: positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence, support to establish and maintain relationships and mindful and skilled family/carers and paid support and care staff.'

The first goal on this graph is 'A good and meaningful life'. Further from this they should have choice and control over the activities in which they participate, facilitated through person-centered care and support plans, in both further education and activity centres. Individuals should also have access to education, training and employment. Developing and maintaining good relationships is also part of this goal but being mindful of the fact there is some support from either care workers or family to make sure the relationships being formed aren't potentially negative or lead to the individual being taken advantage of.





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## 5. 3 AVAILABILITY OF COOKERY COURSES FOR INDIVIDUALS WITH LEARNING DISABILITIES

As seen earlier examples of establishments that offer cookery classes for adults with learning disabilities include charitable organizations such as the 'Square Food Foundation', already mentioned. Beyond this other organizations include 'Stepping Stones' which is a London based charity that also provides cookery classes but also runs classes in drama, music, dance, art and keeping fit.

Mencap, being the largest organization within the UK providing support for those with learning disabilities, also runs cookery classes at their national foundations as well as being able to sign post individuals to other courses in the area that would suit their needs. Such as 'Steady Chefs' a catering agency that funds cookery schools for young adults with learning disabilities funded from the catering division of the organization. Examples of government or local authority based schemes include the 'Community Food and Health' project in Scotland. Other regional programs are available to provide adults with further learning skills to assist them in their futures or provide funding and support for adults wishing to take part in programs of this nature.

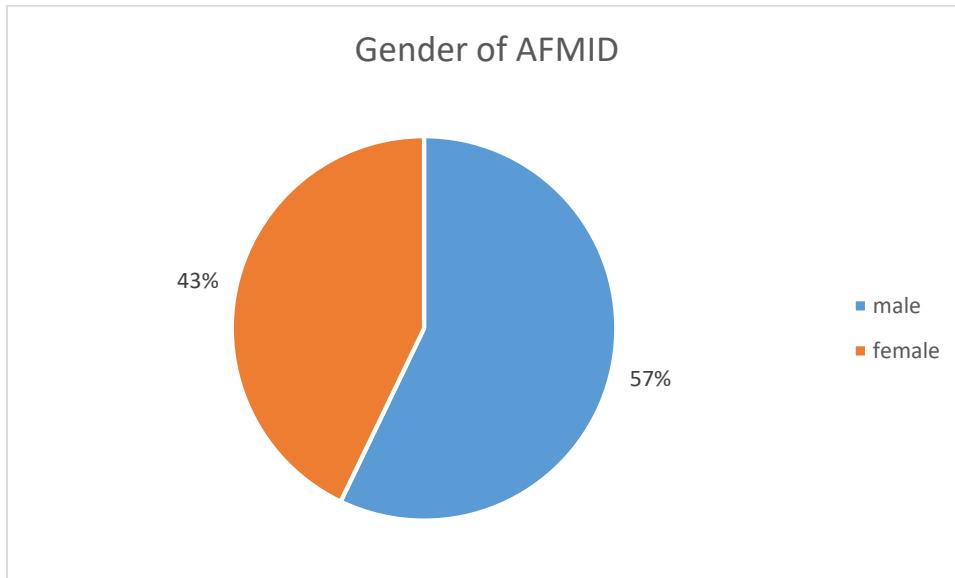
## 5.6 QUESTIONNAIRE ANALYSIS

The questionnaire was divided into two parts; the first part was designed to gather general information about the family and the second part contained questions relating to cooking in the family setting. Questionnaires were answered by adults with learning disabilities and their families.

The aim of the questionnaire was firstly to find out whether families with AFMID consider engaging in lifelong education at home important and whether cooking and food preparation are important skills for the daily life of AFMID and their families. Secondly, we wanted to find out whether there are cookery course near to the AFMID home or support, training and resources to support adults with LD to cook at home with their families and if so, who provides them. We also wanted to understand what families with AFMID consider to be the positive effects of such cooking courses, what are the obstacles to them attending courses or engaging with cookery at home. The intention was to understand the kinds of support needed to enable families and their AFMID to engage in cooking and preparing meals as independently as possible.

21 families responded to the survey.

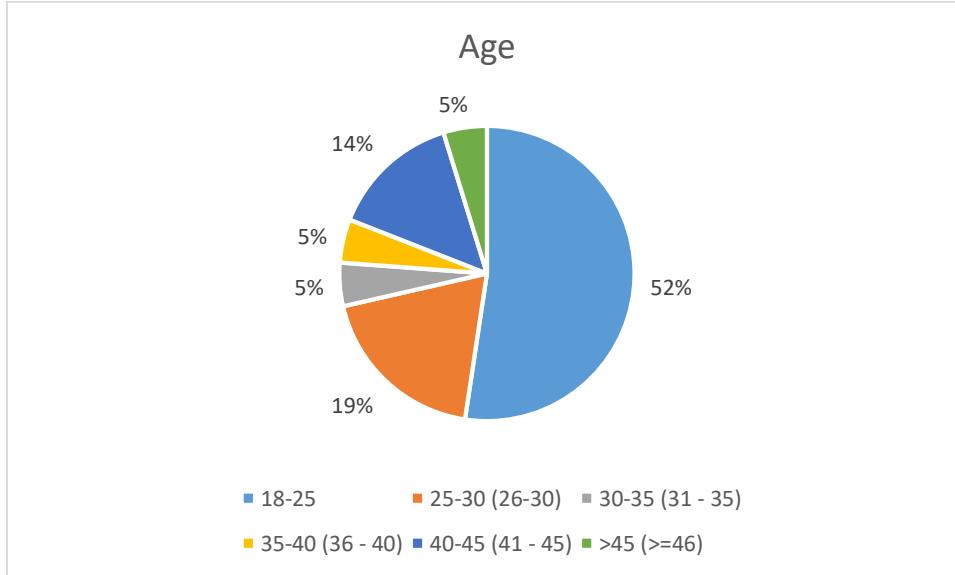
### Gender of participants



Slightly more AFMID were male than female

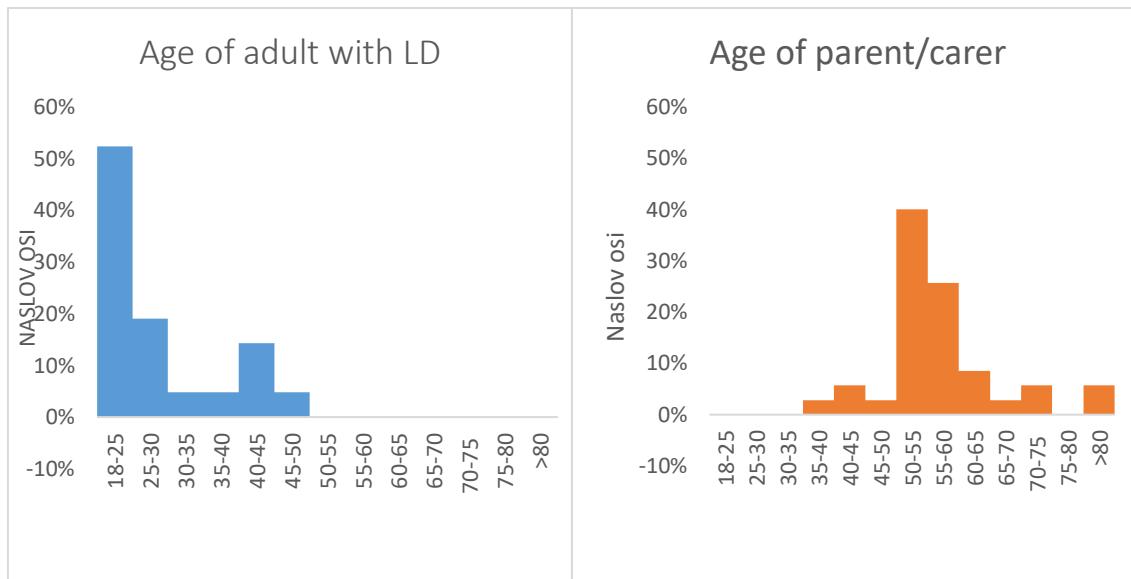
	Adult with LD	Parent/carer
male	57%	48%
female	43%	52%

### Age of participants



The average age of AFMID were 29 but ages ranged from 18-47, with the majority being under 30 but 14% in the 40-45-year-old category. The average

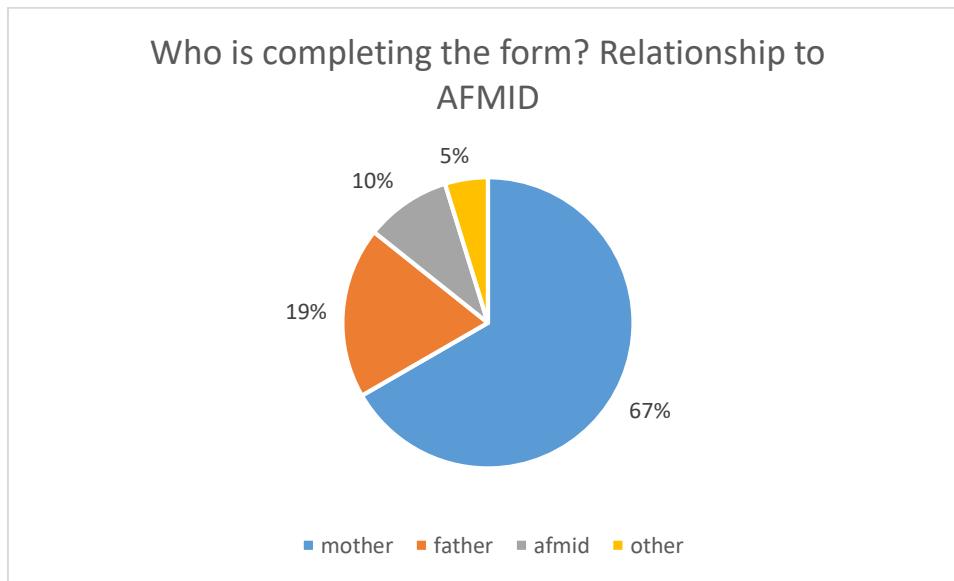
age of parents/carers was 58 and the majority were aged 50-65 but a significant number (12% were over 70)



### How many adult members of your family have learning disabilities?

Only 2 families out of the 21 who responded had additional family members with LD.

### What is your relationship to the adult family member(s) with learning disabilities?





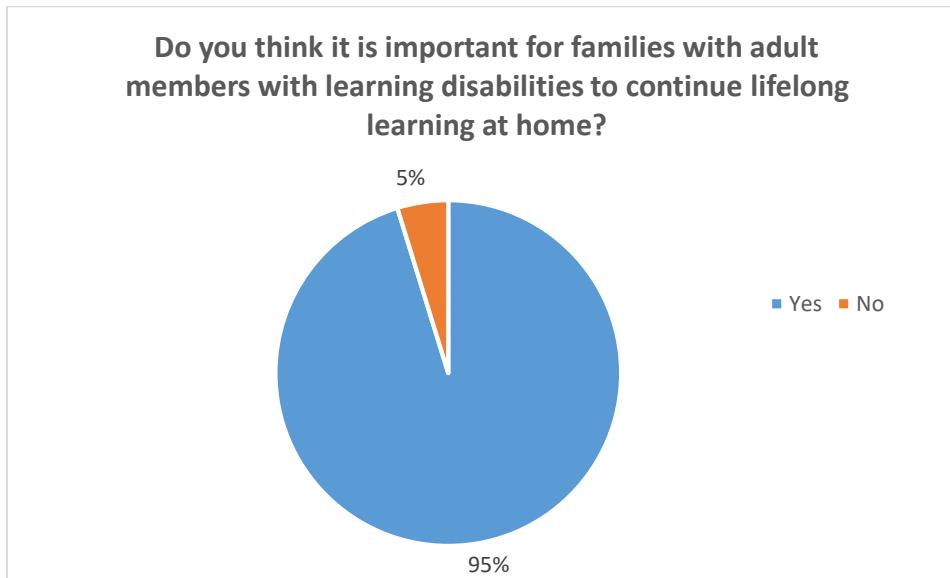
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The majority of respondents were the mothers of the AFMID. Two questionnaires were completed by the AFMID, and one questionnaire was completed by the cousin of the AFMID.

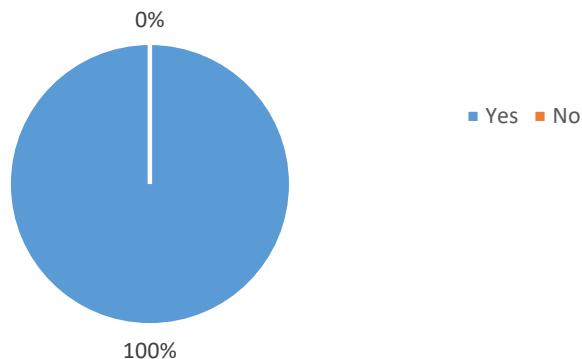
**Do you think it is important for families with adults with intellectual disabilities to engage in lifelong learning in their own home environment?**



95% of respondents thought that it was important for adults with LD to continue engaging with life long learning in their own homes.

**Do you think food and meal preparation skills are important for the everyday life of your family and adult member/s with intellectual disabilities?**

**Do you think cooking and food preparation are important everyday skills adults with learning disabilities and their families?**



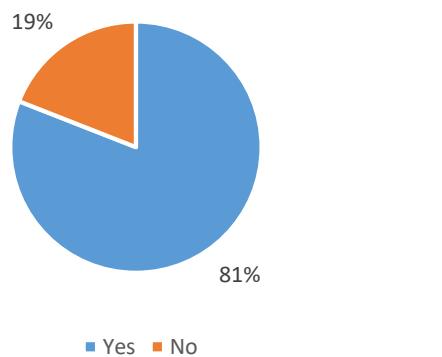
All respondents thought that food and meal preparation were important skills for AFMID.

Comments:

- Major part of this would have to be safety due to partially sighted.
- They are essential life skills. If we can't prepare and cook food safely then we will starve
- I think they are important skills for a wide range of people - people with learning disabilities, those on low incomes, people with confidence and anxiety issues and mental health problems.

**Do you support the education of families with adult members with intellectual disabilities on the topic of COOKING in their own home environment?**

**Do you think that courses which teach families with adult members with intellectual disabilities to cook together at home are a good idea?**





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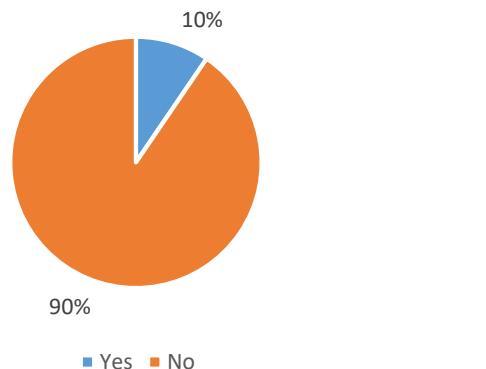
81% of respondents thought that courses which teach families with AFMID to cook together at home were a good idea

Comments:

- I already cook and we garden
- I cook with my daughter most evening, but it would be good to cook from fresh ingredients that we had grown
- We already do cooking and gardening as activities with our LD daughter but would be very open to more ideas and ways to motivate everyone
- Also support workers would be keen

**Is there an education for families with adult members with intellectual disabilities on the topic of COOKING in your home environment in the area where you live?**

In the area where you live, are there courses which teach families with adult members with intellectual disabilities to cook together at home?



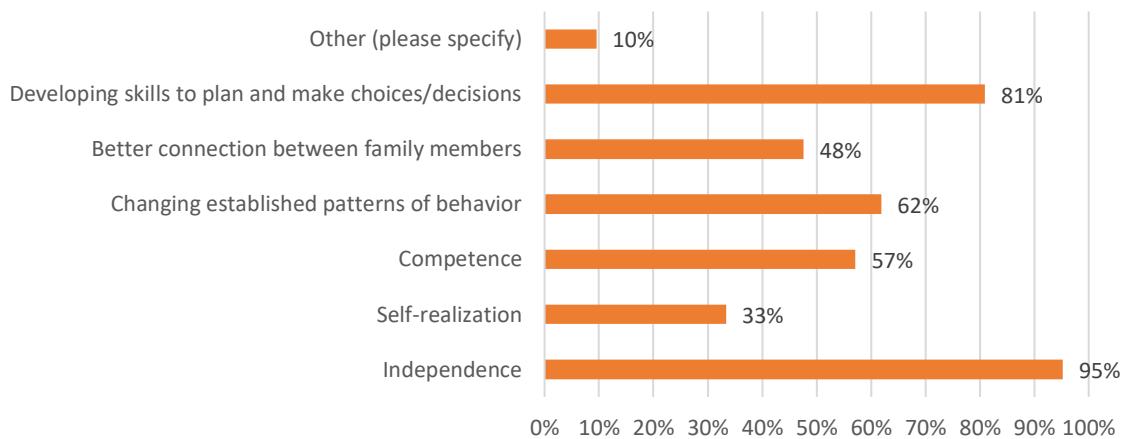
Only 2 of the respondents reported that there were courses which teach families with AFMID to cook together at home in the area where they live.

**If so, who gives it?**

- A community organisation (community garden, community centre etc)
- Other - Most of the above are available at day service only.

**What do you think could be the positive effects of educating a family with adult members with intellectual disabilities on the topic of COOKING in their own home environment? (multiple answers possible)**

**What do you think could be the positive effects of teaching a family with adult members with learning disabilities to cook together at home? (please select all that apply)**



95% of respondents thought that independence would be a positive effect of teaching families with AFMID to cook together at home and 81% thought that developing skills to plan and make choices would be a positive effect

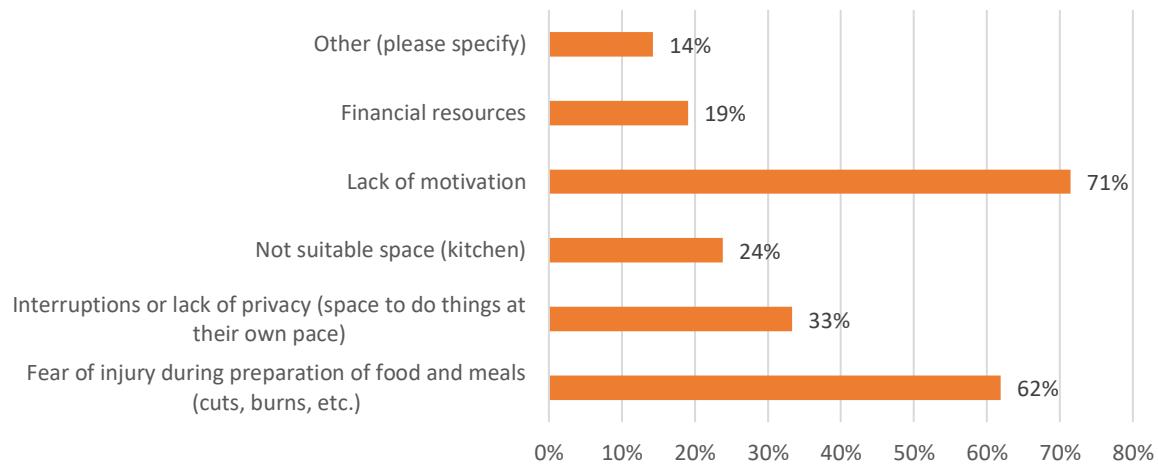
Less than half thought that it would create better connections between family members or lead to self-realization (although this maybe due to the level of impairment of the adults with LD in the survey i.e. this may not be a realistic goal for some ?)

Other positive effects were thought to be

- Something new
- Mutual support

**What do you think could be a barrier to the education of families with adults with intellectual disabilities on topic of COOKING in their own home environment? (multiple answers possible)**

**What do you think could be a barrier to families with adults with learning disabilities cooking together at home? (please select all that apply)**



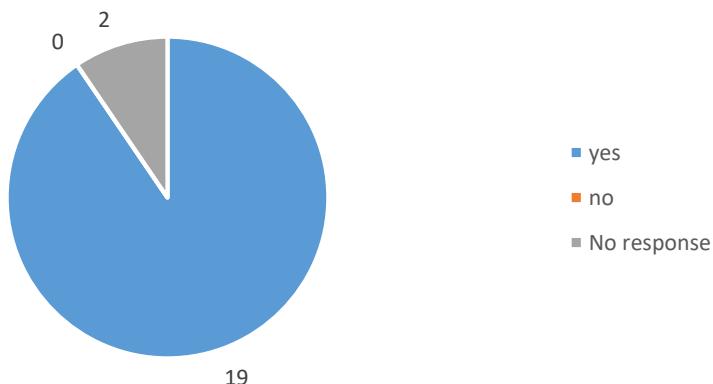
Respondents thought that the biggest barrier would be the lack of motivation (71%) with fear of injury as the second biggest (62%). Financial resources and space were seen as less of a barrier with interruptions or lack of privacy seen as a moderate barrier (33%)

Other barriers reported were:

- Time
- Having the family member locked up in a treatment unit or care home and not being able to access their families. If you think that doesn't happen you need to ask charities like Challenging Behaviour Foundation and Mencap about it.
- Difficulties around help and support.

**Do you think that you and your adult family member with LD need support to cook and prepare meals more independently?**

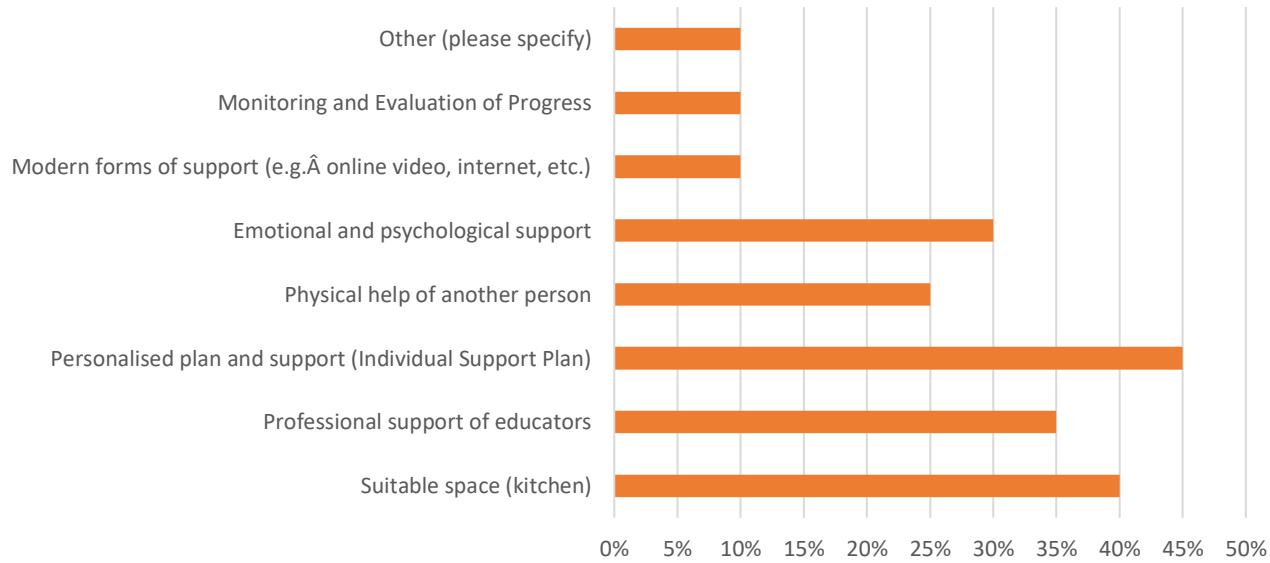
Do you think that you and your adult family member with LD need support to cook and prepare meals more independently



100% of the people who responded to this question thought that more support to cook and prepare meals was needed.

### **What kind of support is needed for you and your adult family member with learning disabilities to cook meals more independently?**

What kind of support is needed for you and your adult family member with learning disabilities to cook meals more independently



Other support:

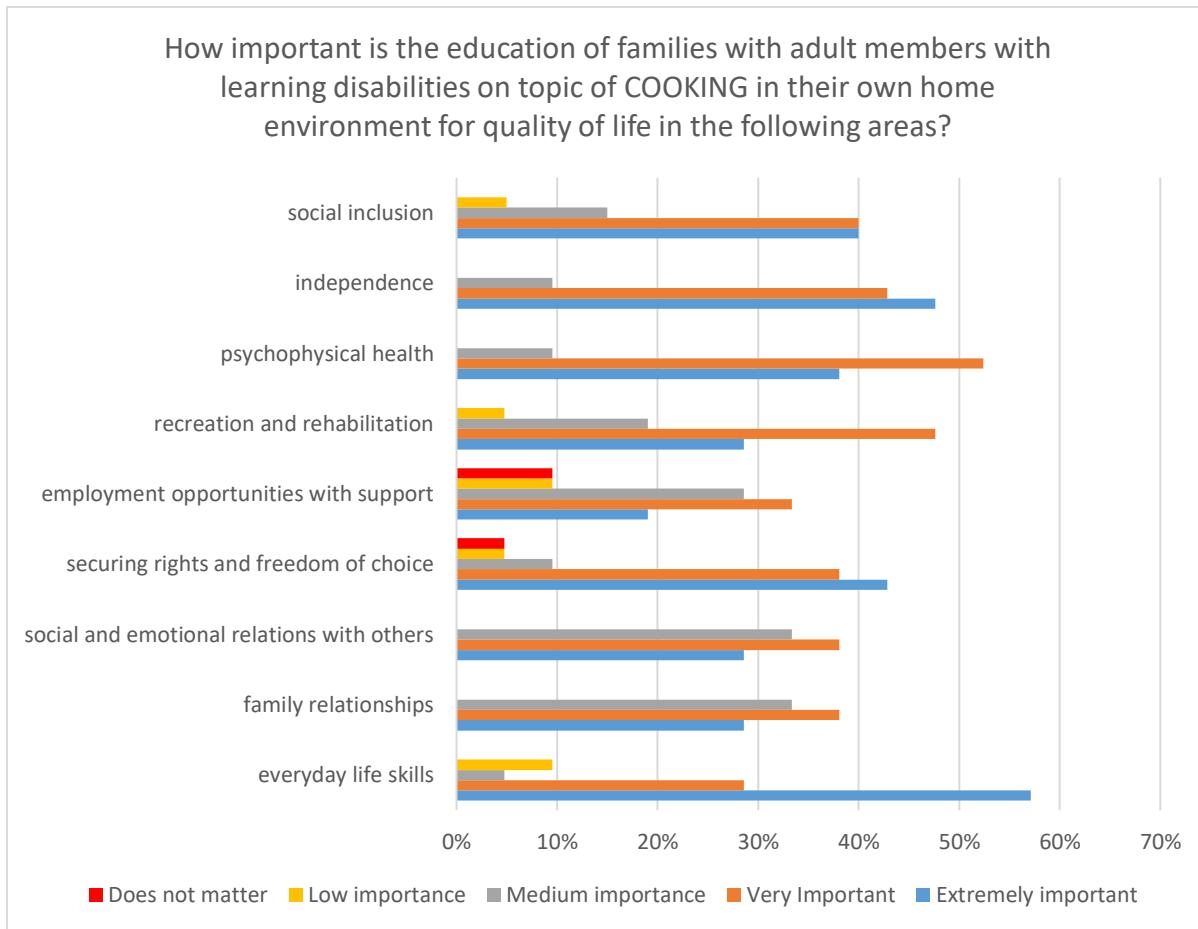
- Not big groups. Online support best.

- Time!

The most popular form of support was in terms of a personalized plan/support but emotional, psychological professional and physical support were all also identified as important kinds of support. Practical considerations, such at the provision of a suitable space were also considered important.

Modern forms of support were seen to be of lower importance as were monitoring and evaluation.

**How important is the education of families with adult members with intellectual disabilities on topic of COOKING in their own home environment for quality of life in the following areas?**



Respondents thought that educating families with AFMID in cooking was particularly important in promoting social inclusion, independence choice and in providing the AFMID with everyday life skills.



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Health, relationships and recreation were generally also seen as important but less important than those listed above.

There were mixed opinions on employment and rights/freedom of choice – this may be because the relevance of these depends on the degree of disability. Employment, even supported, may not be an option for the most disabled, but may be relevant to those with moderate disability or with particular types of disability such as high functioning autism.

## QUESTIONNAIRE SUMMARY

The results of the survey suggested that families with AFMID thought that lifelong learning at home and cooking and meal preparation were very important activities for adults with LD. Several families were already cooking together at home.

There were very few courses available that supported or provided resources for cooking for families together with their AFMID and these were delivered by community organisations or day centres rather than via formal education.

Respondent thought that the main positive benefits would be in promoting independence and decision making while less than half thought it would create better connections between family members. (note, this may be an effect of the current policy in the UK of promoting independent living for adults with LD).

Major barriers where seen to be the lack of motivation (this is probably motivation for the adult with LD, although several respondents mention issues of finding time to spend cooking with their AFMID)

!00% of the people who responded though that more support was needed. Main support needs were thought to be personalised plans/support and other kinds of support (emotional, physical, and professional).

Education through cookery was seen to be particularly important in promoting independence and social inclusion and in providing the AFMID with everyday life skills



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## 5.7 REFERENCES

Below is a list of resources available for those wishing to explore cooking with learning disabilities further. Some are free easy to use menu cards which can be consulted or printed online, and others are books or documents you must buy and have sent to you. These are produced by charities or special needs schools. There are also videos that break down cooking tasks into easy to manage tasks and allow the user to pause where they wish to so they are not rushing or falling behind on instruction. These are being included to demonstrate the fact that though lots of focus on those with learning disabilities is improving their approach to healthy living there are resources readily available for those who wish to take part in cooking activities. While these resources are available for those wish to take up cooking there are few such materials for those pursuing gardening as an activity for the learning disabled community.

<https://www.bromleymencap.org.uk/wp-content/uploads/2011/02/Easy-read-recipes-version-May-2017-emailable.pdf>

<https://cyrenians.scot/wp-content/uploads/2015/10/Cyrenians-Recipes-1.pdf>

[https://www.bda.uk.com/events/previous\\_events/bdalive/live\\_2018/live\\_18\\_posters/7.\\_takeaway](https://www.bda.uk.com/events/previous_events/bdalive/live_2018/live_18_posters/7._takeaway)

<https://www.tes.com/teaching-resource/pictorial-cooking-recipes-6447944>

<https://eileenskitchentable.ie/cookbooks/>

<https://www.youtube.com/watch?v=6zrq3rmbbGs>

<https://www.youtube.com/watch?v=W7XIS03K-eM>



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## 6 CONCLUSION

Results of the questionnaire show similar situation in all participating countries; majority of respondents believe that it is important for families with AFMID to be engaged in lifelong learning activities in their home environment. Also they believe that it is important for AFMID to have some skills to prepare food and meals more independently. Majority of respondents support cooking courses for AFMID in their home environment. Majority of respondents say that there is no cooking courses in their living area, but some say that there are some – mostly organised by local societies.

Majority of respondents think that the most positive effect of cooking courses in home environment is bigger independence of AFMID. Also it helps with better connections between family members and it improves individual's competencies. Self-realization is also a positive effect. On the other hand there are some obstacles that prevent AFMID and their family to participate in these courses, such as fear of injury when preparing food (cuts, burns etc.), not having a suitable space, lack of motivation.

Most of the families say their AFMID would need a suitable space and the professional support of educators to prepare food more independently, so as emotional and psychological support, individual support plans and the physical assistance of another person.

Most families with adult members with intellectual disabilities consider cooking education important because it affects the quality of life in the following areas: social inclusion, independence, family relationships, social and emotional relationships with others, as well as psychophysical health.

The following stages of the project will develop the methodology and andragogical material for implementing family education "MeTURA - Back to the Roots" for families with adult members with intellectual disabilities.