

AUTONOMY

Autonomy refers to the capacity and right to conduct, the direction of their actions and to refers to self-determination and the relation particular, it implies behaviours based on one's daily life.

In PASS-PAR, we associate it with a the activities of daily living. *We respond to h habits.* ↑

PARTICIPATION

A set of organised behaviours involving not people or in a social organisation, but also a Participation has two components:

- taking part: being in a group activity;
- doing your bit: engaging with and contribu

In PASS-PAR, participation is a psychoso
Participation needs are met through the exercise



Média + Glossary



Co-funded by
the European Union



Média + Glossary

To navigate, click on a glossary entry. To return to this page, click on the arrow at the end of the glossary entry.

Communication Approach

**LANGUAGE ACCESS APPROACH • SITUATIONAL DRAWING •
PROFESSIONAL POSTURE • COMPLEX LANGUAGE DISORDERS • DEAFNESS WITH
ASSOCIATED DISORDERS**

Competence Framework for Professionals

**KNOWLEDGE, SKILLS AND ATTITUDES • SKILLS OF PROFESSIONALS WORKING
WITH PEOPLE WITH DISABILITIES • PERSONALISED SUPPORT PROJECT •
• RESOURCE PERSONS • CAREGIVERS**

Child Grid

The physiological organisation: POTENTIAL • SKILLS • CAPABILITIES

The needs: ADAPTATION • AUTONOMY • PARTICIPATION

The skills: SKILLS • LIFESTYLE HABITS • ROLE • THE IDENTITY

The evaluation: CRITERIA • INDICATOR • FREQUENCY • FACILITY

Communication Approach

LANGUAGE ACCESS APPROACH

This is an alternative approach based on the creation of graphic supports schematically representing the situation experienced and/or the symbolic and pictographic transcription of the linguistic exchange during this same situation. Thus, the support is constructed as the action and the exchange to which it gives rise unfold. The result is a set of schematic drawings and pictograms which, for the child, act as a memory and evocation support.

Thanks to this mediation, which takes place outside of any exercise or learning situation, the child gradually gains access to a conceptual and linguistic representation of the situations he or she experiences and of the words spoken by the various interlocutors.

It is therefore not a method that obeys pre-established rules but an empirical approach that has developed and is still developing, based on the experience acquired with children, deaf or not, whose language development is severely disturbed. [↑](#)

SITUATIONAL DRAWING

The situational drawing is a schematic drawing that represents the overall situation experienced by the child, currently, in the past or in anticipation. Made by the facilitator in front of the child, this drawing focuses the child's attention on the development of an action and an exchange between him/her and one or more protagonists. The child follows the development of the drawing with his or her eyes and can, if he or she wishes, intervene in the drawing that the adult suggests.

Once completed, the drawing shows the representation of a scene as a whole. The shapes of the objects and the postures of the people are schematised, the elements that make up the setting are reduced to the essential and certain elements are symbolised while remaining incorporated into the drawing (for example, the pictograms of the people are drawn instead of their faces).

Situational drawing creates a bridge between the detailed, colour photographic representation of the situation and the symbolic, linear evocation of the same situation through pictographic transcription.

This step-by-step progression towards abstract language symbolism facilitates access for many children whose language development is very disturbed. ↑

PROFESSIONAL POSTURE

When a professional accompanies a child towards language by engaging in the language access process described above, he or she does not use a “turnkey” method. He or she must therefore adopt a certain know-how, both physical and mental. The professional, at the very moment when he/she makes a situational drawing or when he/she transcribes sentences into pictograms in front of the child, during the communication situation, is not re-educating or teaching (even when this sequence takes place within a teaching or re-education session). There is no dissymmetry in the relationship between the adult and the child during this sequence. On the contrary, the facilitator engages in a dialogue, a conversation with all that this implies in terms of trial and error, questioning the nature of the other's thoughts, the implicit, the backtracking, the imperfection and the doubt as to his or her own ability to be understood.

He or she seeks, by trial and error, the tools and modalities that will enable him or her to access the inner world of the person he or she is talking to. He must therefore be convinced that the latter has thoughts, dreams and emotions to share. He must even imagine the nature of these thoughts and emotions and share them with the child, who in return may tell him that he is mistaken... Thus a dialogue will be established that will allow the child to imagine in turn what the other is thinking. ↑

COMPLEX LANGUAGE DISORDERS

Language disorders affecting comprehension as well as expression, the *consequences of which are intricately interwoven with the consequences of other developmental disturbances* (psychomotor, sensory, neurosensory and/or cognitive and emotional), even though the child's relational capacities and appetite for communication are, at least in part, preserved.

The complexity also affects the functional evaluation of the disorders and the support of the child because, due to the association of several deficiencies and the intertwining of their repercussions, expertise, which is more difficult and longer to acquire by professionals, is rarer than for children with language disorders presenting fewer interrelationships with other disorders and deficiencies. ↑

DEAFNESS WITH ASSOCIATED DISORDERS

A situation of deafness whose implications for language development are intertwined with the consequences of disturbances in other sensory and/or cerebral functions (neurosensory, psychomotor and/or executive) which appear in certain pathological conditions which cause deafness. These impairments have an impact on the development of the audio-phonatory loop but also on the visuo-gestual loop for access to language, whether oral or signed.

When a deaf child is not accessing language as expected due to the type of deafness, the level of deafness and the hearing rehabilitation, it is advisable to have an overall functional assessment of the disability and the disability situation taking into account the environment.

This assessment will highlight other impairments or dysfunctions as well as the repercussions of these on the child's daily life and learning. Aids and adaptations can then be proposed. ↑

Competency framework for professionals

KNOWLEDGE, SKILLS AND ATTITUDES

The internal resources available to the professional to act in a situation include “knowledge”, “know-how” and “know-how to be”.

Knowledge is theoretical knowledge that is translated into practice by “knowing how to understand”, “knowing how to interpret”..

The “skills” can be broken down into two types:

- procedural know-how which translates into knowing how to proceed, knowing how to operate
- experiential know-how, which takes the form of knowing how to do things, how to behave

The “soft skills” consist of :

Soft skills are behavioural attitudes structured in processes and mobilised to ensure efficiency at work. They are translated on the one hand into social or relational "know-how" such as knowing how to behave, knowing how to conduct oneself and on the other hand into cognitive "know-how" such as knowing how to process information, knowing how to reason, knowing how to name what one does, knowing how to learn. ↑

SKILLS OF PROFESSIONALS WORKING WITH PEOPLE WITH DISABILITIES

Some recent theories develop a reasoning more in terms of the *competent professional*. Indeed, there are no competences without the individuals who carry them. Each professional implements his or her own “way of doing things” when faced with a professional imperative such as carrying out an activity, dealing with hazards, solving a problem, dealing with a changing situation, etc. Thus, to be competent is to have competences, to mobilise them and to implement a “professional practice”, i.e. “a sequence of choices, decisions and actions actually implemented by a person in order to meet the prescribed requirements of a situation” (Le Boterf, 2000b). Thus, the dynamic model of competence is to be considered as a process of knowing how to act in a

situation. The "capable subject" mobilises a set of internal resources (knowledge, know-how, etc.) and external resources (data bank, resource persons, etc.). In the framework of this approach by contextualised professional situations, competence includes the following elements:

- Knowing how to act in a situation (in a family of situations);
- the creation and mobilisation of a combination of internal (personal) and external (environmental) resources;
- an ethic that guides the way in which performance is conceived and the way in which we act in situations.

In the particular context of support for people with complex and associated disabilities, the exercise of professions develops in articulation with complex and uncertain, singular and collaborative situations. These situations are the product of the interaction between people with complex and associated disabilities, professionals and organisations.

A professional can less and less be competent alone with his or her own resources of knowledge, know-how or personal qualities. To be able to deal with complex situations, he or she must be able to call on additional resources. Interdisciplinarity is required. To innovate, a whole range of talents is needed. A professional must not only be able to act, but also to *interact appropriately*.

Competence can range from know-how, when it is a question of knowing how to carry out an operation, to knowing how to act, when it is a question of knowing how to take initiatives, to arbitrate, to make choices, to manage complex situations and events. We then speak of a competent professional. ↑

PERSONALISED SUPPORT PROJECT

Law No. 2002-2 of 2 January 2002, Article D. 312-3, paragraph 1°, b, of the Social Action and Family Code (Decree No. 2005-1135 of 7 September 2005, Article 3, *JORF* 10 September 2005).

The Personalized Support Project (PAP) is a pedagogical support system for students in primary and secondary schools who are experiencing long-term academic difficulties caused by one or more learning difficulties.

The personalised support plan may be set up either on the proposal of the teachers' council or the class council or, at any time during the schooling, at the request of the pupil who has reached the age of majority, or of his parents if he is a minor.

The national education doctor establishes the disorders in the light of the examination he or she carries out and, where appropriate, the psychological and paramedical assessments carried out on the pupil. The doctor, with knowledge, gives an opinion on the relevance of setting up a personalised support plan.

The PAP is a tool that presents the educational adaptations and accommodations that the student benefits from, from kindergarten to high school. It is drawn up by the teaching team, with the involvement of the parents and professionals concerned. The PAP must take into account the needs and expectations of the user, who can express his or her opinion on the project at any time. It is then implemented by the teachers in the classroom. In secondary education, the main teacher may play a coordinating role. It contains a medical section as well as adapted class behaviour and cross-curricular adaptations by subject. ↑

PATHWAY COORDINATOR

The evolution of public policies invites managing organisations to offer people in vulnerable situations personalised and inclusive pathways, adapted to their needs and their life project. These unique support projects are built on the basis of all the existing resources in a given area.

The “pathway coordinator” ensures the adjustment between, on the one hand, the life project and the needs of the beneficiary and, on the other hand, the services offered in response.

In addition, the “pathway coordinator” ensures an effective long-term link between the various stakeholders in the territory involved in the person's pathway. To do this, he or she works in consultation with the MDPHs and in the continuity of their actions.

Thus the “pathway coordinator” develops a new expertise around:

- the exercise of the person's rights, the respect of his/her wishes and needs, as well as those of his/her relatives, the support of self-determination;
- the design and coordination of innovative and inclusive responses to complex situations;

- guaranteeing the coherence and quality of the pathway in conjunction with all the players.

A level of training, certification or experience in the social or medico-social field is required to work as a “pathway coordinator”. ↑

RESOURCE PERSONS

In the context of disability, to define a resource person, the law refers to Annex 6 of circular No. DGCS/3B/2017/148 of 2 May 2017 on the transformation of the support offer for people with disabilities as part of the “a supported response for all” approach, the five-year strategy for the evolution of the medico-social offer (2017-2021) and the implementation of the decisions of the CIH of 2 December 2016.

The “resource person” ensures above all the continuity of support. He or she can intervene within mainstream institutions, as well as with all the actors contributing to inclusive schooling.

The “resource person” ensures the transmission and creation of knowledge. Among his missions, the “resource person” will inform the actors on the resources available on the territory and which contribute to accessibility, compensation and socialization. He/she will participate in meetings with the referents and the teachers of the national education system (pre-commencement, regulation, etc.). It will encourage shared knowledge; it will capitalise on good practices and will contribute to the valorisation and transferability of skills.

The “resource person” also has functions of awareness, dissemination, support and mediation. Among their functions, they are required to support local carers and assistants, to mediate with the pupil's environment, to contribute to the preparation of files for referrals to the MDPH, and to provide support to the child's local environment (families, outside workers, etc.: advice, LSF awareness, etc.).

It carries out information and training activities for the various actors involved, in order to increase the skills of professionals and medical-social and health structures. It will also raise awareness and train those involved in schooling on disabilities and learning disorders (teaching, educational and technical teams).

“Resource persons” can also intervene in vocational training establishments, in the identification of emergency solutions for a person at risk or in support of family carers.

They may belong to various private law bodies such as parents' or patients' associations and public law bodies. ↑

CAREGIVERS

The law of 11 February 2005 of the public health code L1111- 6- 1 refers for the first time to the notion of “natural carer”. The decree of 7 May 2008 extends the notion of "family carer" to any family member, as well as article R245-7 of the social action and family code. Article L1111-6-1 of the Public Health Code specifies the status of the natural carer as a person chosen by the person being cared for to accompany him or her in actions related to care prescribed by a doctor to promote autonomy. Published in May 2019, Law No. 2019-485 aims to promote the recognition of family caregivers.

According to the [Confederation of Family Organisations in the European Union \(COFACE\)](#), the “carer” is the non-professional person who provides assistance, in part or in full, to a dependent person in his or her family for the activities of daily living. This regular assistance may be provided on a permanent or non-permanent basis and may take several forms, including: nursing, care, support with education and social life, administrative procedures, coordination, permanent vigilance, psychological support, communication, domestic activities, etc. The carer is therefore the person who provides day-to-day support to a relative who is ill, disabled or dependent due to age.

“Caregiver” is the term most commonly used in France. Caregivers are defined on the basis of the demographic and health characteristics of the person being cared for. To obtain the status of carer, the person being cared for must be considered fragile, vulnerable or precarious. Family carers provide an essential resource on which policies to promote home support are based.

For children, parents are “family carers” but also "the spouse, partner or person with whom a parent of a disabled child has entered into a civil solidarity pact, as well as any person who lives with the disabled person and has a close and stable relationship with him or her. (CNSA)

The professional carer is trained or even qualified. They intervene at home, often every day, to help maintain the person's home. ↑

Child Grid

This glossary is largely taken from the PASS-PAR conceptual framework Social Self Actualisation Process through Adaptation and Rehabilitation.

– The Physiological Organisation

POTENTIAL

Potential is the opportunity for a person to develop when

- it is stimulated by interactions that can lead to learning ;
- it is stimulated by interactions that can lead to learning. ↑

SKILLS

Skills are learned behaviours that allow one to make contact with objects, people or environments and to adapt to situations. They serve to increase the power of the person. ↑

CAPABILITIES

Capacity is a positive expression of potential. For some authors, it refers to a power to perform certain tasks or activities at a certain level of achievement. ↑

– The needs

ADAPTATION

A process of exchange between a person and his or her environment by which a person makes acquisitions that enable him or her to function, to be in relationship. Depending on the context, we speak either of social adaptation or of functional adaptation (body and organ).

In PASS-PAR, he is associated with a basic psychosocial need for contact with the environment. *His or her adaptive needs are addressed through skill development.* ↑

AUTONOMY

Autonomy refers to the capacity and right of a person to choose for themselves the rules of conduct, the direction of their actions and the risks they are prepared to take. It necessarily refers to self-determination and the relationship between a person and an environment. In particular, it implies behaviours based on one's willingness to undertake certain actions in one's daily life.

In PASS-PAR, we associate it with a psychosocial need, i.e. to organise oneself in the activities of daily living. *We respond to his or her need for autonomy by developing life habits.* ↑

PARTICIPATION

A set of organised behaviours involving not only the inclusion of a person in a group of people or in a social organisation, but also a role as an actor in the group or organisation. Participation has two components:

- taking part: being in a group activity;
- doing your bit: engaging with and contributing to a group.

In PASS-PAR, participation is a psychosocial need and is distinct from autonomy. *Participation needs are met through the exercise of roles.* ↑

– The skills

SKILLS

Skills are learned behaviours that allow one to make contact with objects, people or environments and to adapt to situations. They serve to increase the power of the person.

In PASS-PAR, skills are one of the three components of psychosocial competencies. Six (6) types of skills are identified for which nomenclatures have been developed. They

are prerequisites for the development of life habits and roles, as well as for qualifying skills (academic or professional) ↑

LIFESTYLE HABITS

A life habit is a set of acquired, organised and arranged behaviours that allow the person to organise his or her activities of daily living and to be autonomous. It is composed of a coordinated and resilient set of learned behaviours.

In PASS-PAR, lifestyle habits are one of the three components of psychosocial skills. Nine (9) types of life habits are identified for which nomenclatures have been developed. Lifestyle habits, like roles, ensure the survival and development of a person in society throughout his or her life. They contribute to social inclusion. ↑

ROLE

Role is a set of acquired, arranged and organised behaviours (or conducts) involving interaction of a person with one or more other persons or a relationship with a group or groups or a society. Every person has several roles and this is required for participation in social life. In a role, there is always a notion of power.

In PASS-PAR, role is part of the third category of psychosocial competencies. Ten (10) types of roles are identified for which nomenclatures have been developed. ↑

THE IDENTITY

Identity is one of the two components identified in the psychosocial organisation of the person. Identity is constructed from experiences and influences our relationships with others. It is one of the determinants for the development of self-determination.

It can be assessed in two ways:

- *by measurable or observable characteristics* such as: age, gender, ethnic group, national, local or family affiliation, language, culture, social status, occupation, education, sexual orientation, values, etc.
- *or by behaviours that the person adopts*, for example: the way they organise themselves in daily life, their relationships with others. ↑

– The evaluation

CRITERIA

A descriptive element or specific characteristic of a product, observable or measurable, on which an assessment is made. ↑

INDICATOR

A measure of the criterion expressed as a ratio, average, rate, etc., which translates the level of achievement of the criterion into figures. This measure must be standardised in order to make meaningful comparisons between the states, situations or conditions of one or more entities. ↑

FREQUENCY

The character of something that recurs at more or less frequent intervals. ↑

FACILITY

Character, quality of what is done without effort. ↑

Editor-in-chief

Claire Davalo

Managing editor

Rupert Hasterok

Contributors

Élisabeth Serres

Amandine Vanzo

Gyslaine Samson Saulnier

Translation

Centre national de ressources pour handicaps rares Robert Laplane

Edited and designed by

Comparative Research Network e. V.

© 2022 Centre national de ressources pour handicaps rares Robert Laplane

Contact address:

Centre national de ressources pour handicaps rares Robert Laplane

33, rue Daviel, 75013 Paris, France



Co-funded by the
Erasmus+ Programme
of the European Union



Open Educational Resources

This glossary has been published within the framework of the project Média +, which has been co-funded by the programme Erasmus+ of the European Union (2019-1-FR01-KA202-063197). The European Commission's support to produce this publication does not constitute an endorsement of its contents, which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.