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“every learner matters and matters equally”

2030, inclusion and equity in education report

DEVELOPING SEXUAL EDUCATION MODEL FOR MENTALLY DISABLED PEOPLE

Abstract

Disabled individuals are at the forefront of disadvantaged groups facing many difficulties in social, business, educational life. However, privacy education is one of the most important problems that are overlooked by the most basic problems of disabled people. The concept of privacy that individuals who are in the process of healthy development due to external factors such as various prejudices and socio-cultural values, learn outside the educational environment in an unofficial way becomes a much more difficult subject when it comes to disabled individuals. However, there is a need for privacy education that includes specific learning/teaching methods and techniques appropriate to their learning competence so that disabled people can positively behave in the social integration process, protect themselves from possible sexual violence and health risks, and find the gender identity of disabled people. Therefore, Persons who will play a key role in education should adopt the complementary role of each other, rather than seeing the responsibilities only to parents or to teachers on privacy education for both environments. Moreover, the lack of knowledge of trainees on privacy education (on how, when, which methodology, approaches) to give them who work with disabilities in the education system and parents of disabled individuals it makes it difficult for mentally disabled individuals to have the privacy training.

However, according to the result of the literature review, there is not a privacy education model, specific approach/ methodology and modular programs in education systems for disabled people.

Based on this rationale the benchmarking report is prepared to examine the context of the international and national legislation for disabled individuals in special education. This report will provide an overview of the training needs of special education teachers, guidance teachers, caregivers who have intellectually disabled children or the person who takes care of the intellectually disabled individual.

ABBREVIATION

CSE	Comprehensive Sexuality Education
DGfSEGS	The Directorate General for Special Education and Guidance Services
KEDDYs	Diagnostic Assessment and Support Centers
EDEAYs	Diagnostic Educational Evaluation and Support Committees
ECCE	Early Childhood Care And Education
EC	European Commission
EU	European Union
LOGSE	General Organization of the Education System
GRCs	Guidance and Research Centers
RAM	Guidance Research Center
LLL	Lifelong Learning
MoNE	Ministry of National Education
NSRF	National Strategic Reference Framework
GLIP-GLIR	Regional Inter-Institutional Work Group
BILSEMs	Science and Art Centers
STEM	Science Technology, Engineering ,Mathematics
UNESCO	Scientific and Cultural Organization
SENs	Special Education Needs
SLD	Specific Learning Disorders
TVET	Technical and Vocational Educational Training
CRC	The Convention on the Rights of the Child
MIUR	The Ministry of Education, Universities and Research
TFE	The Treaty on the Functioning of the EU
UN	United Nations
UNAIDS	United Nation Human immunodeficiency Virus Service
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNIDO	United Nations Industrial Development Organization
WHO	The World Health Organization
GLI	Work Group for Inclusion

GLOSSARY

This section is intended to describe the common language with the same definition in the DESEM project. Mentally disabled word has been defined in different ways by each partner at the beginning of the meeting. Therefore, this situation makes it difficult to achieve a specific target group of the project. For the solution of the problem, the partnership agreed on to prepare a Glossary of Common Research Terms to separate each word and meaning from one another. DESEM partnership will use the common words and terminology for the specific project target group to use a common language in the project outputs to capture the harmony.

This document can be used as an open data dictionary, capturing data definitions so that use-case descriptions and other project documents can focus on what the system must do with the information. This study is the starting point of the DESEM project activities to provide a sound basis for the project team and project activities for increasing the quality of the studies.

Term	Definition
Mental Retardation	Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following adaptive skills areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18.
Mentally Disabled	Persons diagnosed as having significantly lower than average intelligence and considerable problems in adapting to everyday life or lacking independence in regard to activities of daily living.
Intellectual disability	Someone with intellectual disability has limitations in two areas. These areas are: Intellectual functioning. Also known as IQ, this refers to a person's ability to learn, reason, make decisions, and solve problems.

	<p>Adaptive behaviors. These are skills necessary for day-to-day life, such as being able to communicate effectively, interact with others, and take care of oneself.</p> <p>IQ (intelligence quotient) is measured by an IQ test. The average IQ is 100, with the majority of people scoring between 85 and 115. A person is considered intellectually disabled if he or she has an IQ of less than 70 to 75.</p>
Learning disability/difficulties	<p>Learning disabilities are neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing and/or math. A learning difficulty does not affect general intelligence, whereas a learning disability is linked to an overall cognitive impairment.</p>
Mental disorder (psychiatry)	<p>A psychological disorder of thought or emotion; a more neutral term than mental illness.</p>
Mentally illness	<p>Mental illness refers to a wide range of mental health conditions disorders that affect individual's mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.</p>
Down syndrome	<p>Down syndrome is a chromosomal disorder caused when an error in cell division results in an extra 21st chromosome. There can be impairments in cognitive ability and physical growth, mild to moderate developmental disabilities, and a higher risk of some health problems.</p>
Sexual Education	<p>Some of the topic in sexual education;</p> <ul style="list-style-type: none"> - A lack of privacy, - Self-protection from possible Sexual abuse and health risks, and - Find the sexual identity of the person (Gender-based etc.) - Human development (reproduction, puberty, etc.) - Contraception and Pregnancy - Body, Self-Image, and Prototypes - Different type of relationship, - Hygiene, self-care etc..

Education model	Parents, teachers, and actors who play a key role in education will adopt the complementary role of each other, rather than seeing their responsibilities as sexual education and creating alternatives to each other.
Parents	Someone who has intellectually disabled children or the person who takes care of responsibility for the mentally disabled individual.
Special education teacher	Someone who works with children and youths who have a variety of disabilities. ... A small number of special education teachers work with students with severe cognitive, emotional, or physical disabilities. Their job is primarily teaching them life skills and basic literacy.
Guidance teachers	Special education teachers are patient, understanding educators dedicated to giving each individual student the tools and guidance needed to help them maximize success. A small number of special education teachers work with students with severe cognitive, emotional, or physical disabilities.
Sub- teachers	Teacher assistant a specialty a person who Works next to special education teachers in the same classroom.
Social worker	A disability social worker is a type of healthcare social worker who helps people with physical and mental disabilities cope with the challenges in their daily lives.
Sexual abuse/ Sexual harassment	Any unwanted sexual contact or attention achieved by force, threats, bribes, manipulation, pressure, tricks, or violence. It may be physical or non-physical and includes rape, attempted rape, incest and child molestation, and sexual harassment.
Caregiver	People who take care of other adults, often parents or spouses, or children with special medical needs in performing daily activities.

CHAPTER I

INTERNATIONAL CONVENTIONS AND DOCUMENTS

I.I. The Rights of Intellectually Disabled Children

The Convention on the Rights of the Child (CRC) recognizes the human rights of all children, including those with disabilities. The Convention contains a specific article recognizing and promoting the rights of children with disabilities. Along with the CRC, the Convention on the Rights of Persons with Disabilities (CRPD), adopted by the United Nations General Assembly in December 2006, provides a powerful new impetus to promote the human rights of all children with disabilities.

The UN Educational, Scientific and Cultural Organization (UNESCO) states that the inclusion of children who would otherwise be perceived as 'different' means "changing the attitudes and practices of individuals, organizations and associations so that they can fully and equally participate in and contribute to the life of their community and culture. An inclusive society is one in which difference is respected and valued, and where discrimination and prejudice are actively combated in policies and practices. "In the context of education, inclusion means the creation of barrier-free and child-focused learning environments, including for the early years. It means providing appropriate supports to ensure that all children receive education in non-segregated local facilities and settings, whether formal or informal.

The current trend in member countries and candidate countries to join the Union is the implementation of educational policies that include disabled pupils in ordinary schools, guaranteeing teachers different types of support in terms of additional staff, teaching materials and in-service training and technical equipment. Based on the integration policy adopted on their national territory, countries can be divided into three categories:

The first (unidirectional approach) concerns countries where educational policies and implementation practices tend to include almost all pupils in the ordinary school system. This choice is based on a wide variety of school-centered services. Examples are Spain, Greece, Italy, Portugal, Sweden, Iceland, Norway and Cyprus.

The countries belonging to the second category (multidirectional approach) present a multiplicity of approaches to integration. They offer a plurality of services between two school systems (ordinary and differentiated). Denmark, France, Ireland, Luxembourg, Austria, Finland, England, Lithuania, Liechtenstein, Czech Republic, Estonia, Lithuania, Poland, Slovenia belong to this category.

In the third category (two-way approach) there are two distinct educational systems. Disabled students are placed in special schools or classes. In general, most pupils officially recognized as "having special educational needs" do not follow the ordinary curriculum required by the law.

Of the 200 million children reported living with disabilities, few of those living in developing countries have effective access to health and rehabilitation or support services. For example, they may miss out on vaccinations, or treatment for simple fever or diarrhea, easily curable illnesses that can become life-threatening if left untreated.

Mortality for children with disabilities under five can be as high as 80 percent in some income-poor countries. Children with severe disabilities may not survive childhood because of a lack of basic primary health care facilities. In addition, rehabilitation services are often concentrated in urban areas and can be very expensive. Even the simplest aids and appliances to reduce the impact of a child's impairment may not be available. Even where services are largely urban-based, children with disabilities will often have to be left by their parents for weeks or months while they receive care – with profound psychological consequences.

At least 75% of the approximately 5.1 million children living with disabilities in Central and Eastern Europe and Central Asia are excluded from inclusive and quality education. "This is a terrible loss of potential - for these children, their families, national economies and societies," says Afshan Khan, UNICEF regional director for Europe and Central Asia. "Today, UNICEF calls for investments so that there is quality in the availability and accessibility of technologies for assistance."

The role of technologies

Assistive technologies - from special readers and tablets to light and inexpensive wheelchairs, to brain-computer interface technologies - are tools that support children with disabilities to achieve greater independence, attend school and participate in the life of their communities. The exact number of children accessing assistive technology and products is unknown, but in low-income countries, it is estimated to range from 5 to 15%. The barriers that hinder children's access to assistive technologies include the lack of knowledge of the existence of these technologies, the lack of production of these and assistance, poorly trained personnel to use to

maintain these technologies, lack of governance and high cost. The Convention on the Rights of Persons with Disabilities reminds governments to provide assistive technologies at affordable prices to all people who could benefit from them.

To help children with disabilities gain access to technology and care products, UNICEF has prepared some recommendations for governments, the private sector, and other important actors:

Carry out more surveys to better understand how assistive technologies can support children and the types of technology currently available;

Adopt laws and policies that help ensure that all children have access to assistive technologies;

Provide funds and subsidies to make assistive technologies less expensive and more accessible to all children, including the most vulnerable ones;

Establish systems that ensure aid, quality, and services;

Train personnel who can use, maintain, update and repair these technologies;

Involve children with disabilities and their families in the development of policies and in designing services and technological products for assistance.

Placement of children in institutional care remains a common response to disability in some parts of the world. The ability of parents or caregivers to cope with a child with a disability may be compromised for different reasons. They may, for example, find themselves isolated in a community that does not understand their child's impairment; and they may lack the needed economic and social support, or the required information, to be able to provide the needed care and assistance for their children.

Under the CRC, children, including children with disabilities, have the right to be cared for by their parents (article 7) and not be separated from their parents unless a competent authority determines this to be in the child's best interests (article 9). In this regard, there is little evidence to suggest that the best interests of a child with a disability are promoted through segregated structures or facilities rather than in an inclusive society in which all children are able to experience and benefit from diversity.

Furthermore, article 25 of the CRC states: "when a child has been placed for the purposes of care or treatment, she/he has a right to a periodic review of the treatment provided and all other circumstances relevant to the child's placement." The available evidence suggests, however, that such reviews rarely take place.

Once institutionalized, adolescents and young persons with disabilities are also at increased risk of neglect, social isolation, and abuse. The World Report on Violence against Children, for example, presents evidence on the incidence of violence in relation to the provision of care, including by institutional staff; violence represented by a lack of care; and bullying and physical violence by other children.

Children are entitled to protection from violence, exploitation, and abuse, including from economic exploitation, sexual exploitation and abuse, sale, trafficking and any similar practices prejudicial to the child's welfare. Children and young persons with disabilities have been reported as being significantly more likely to be the victims of physical, sexual and psychological abuse than their peers without disabilities. The powerlessness, social isolation and stigma faced by children with disabilities make them highly vulnerable to violence and exploitation in their own homes, as well as in care centers, institutions or on the street. A child who requires assistance with washing, dressing and other intimate care activities may be particularly vulnerable to sexual abuse.

Perpetrators can include caretakers, attendants, family members, peers or anyone who enjoys a position of trust and power. School bullying is also a form of abuse.

As observed by the World Report on Violence against Children, commissioned by the UN Secretary-General, "children with disabilities are at heightened risk of violence for a variety of reasons, ranging from deeply ingrained cultural prejudices to the higher emotional, physical, economic, and social demands that a child's disability can place on his or her family." Impairments often make children appear as 'easy victims', not only because they may have difficulty in defending themselves or in reporting the abuse, but also because their accounts are often dismissed.

Violence against a child with a disability may be perceived as somehow less serious and the child's testimony may be regarded as less reliable than that of a person without disabilities. Sometimes there is a reluctance to report rape or other forms of sexual abuse for fear of bringing more shame upon an already stigmatized family. The problem is compounded because initiatives to protect children from abuse rarely include children with disabilities in their remit. Similarly, although article 39 of the CRC calls for recovery and reintegration support for children who have suffered abuse, this is far less often provided for children with a disability.

In addition, as a review carried out for the UN Secretary-General's Study on Violence against Children notes, "disabled children are also disproportionately represented in the criminal justice

system. Furthermore, once in the system, they often fare far worse than their non-disabled peers.” The review considered the often inadequate understanding of disability concerns by officials in the legal, law enforcement and correctional systems. In consequence, they may not recognize problems or conditions or know how to protect and support these children. For example, deaf children will not be able to use telephone hotlines to report abuse. There is a clear need for staff development and support in this area.

I.II. European Disability Strategy 2010-2020

An important percentage of Europe’s population has a kind of disability that ranges from mild to severe. These people face many barriers that prevent them from taking a full part in society. For people with disabilities, the rate of poverty is 70% higher than the average partly due to limited access to employment. The EU and its Member States have a strong mandate to improve the social and economic situation of people with disabilities.

Article 1 of the Charter of Fundamental Rights of the EU (the Charter) states that ‘Human dignity is inviolable. It must be respected and protected.’ Article 26 states that ‘the EU recognizes and respects the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community.’ In addition, Article 21 prohibits any discrimination on the basis of disability.

The Treaty on the Functioning of the EU (TFEU) requires the Union to combat discrimination based on disability when defining and implementing its policies and activities (Article 10) and gives it the power to adopt legislation to address such discrimination (Article 19).

The United Nations Convention on the Rights of Persons with Disabilities (the UN Convention), the first legally-binding international human rights instrument to which the EU and its Member States are parties, would soon apply throughout the EU. The UN Convention requires States Parties to protect and safeguard all human rights and fundamental freedoms of persons with disabilities.

According to the UN Convention, people with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Therefore, the main objective of the European disability strategy 2010-2020, which was adopted by the European Commission in November 2010, was to eliminate those barriers and empower people with disabilities in order to fully enjoy their rights. The strategy identified 8 areas of action:

Accessibility with main objective to ensure accessibility to goods, services including public services and assistive devices for people with disabilities.

Participation of people with disabilities in society.

Equality, by eradicating discrimination on grounds of disability in the EU.

Employment, enabling many more people with disabilities to earn their living in the open labor market.

Education and training, promoting inclusive education and lifelong learning for pupils with disabilities.

Health, fostering equal access to health services and related facilities for people with disabilities.

External action, by promoting the rights of people with disabilities within the EU external action.

In order for this strategy to be implemented, a joint and renewed commitment of the EU institutions and all Member states were required. Specifically:

The Commission would work to ensure that people with disabilities are aware of their rights, paying special attention to the accessibility of materials and information channels. It would promote awareness of ‘design for all’ approaches to products, services, and environments. This would be achieved through national campaigns about public awareness with the contribution of people with disabilities and the promotion of good practices exchange in the Disability High Level Group whose mission is to ensure persons with disabilities’ full inclusion in society and access to our human rights through our active involvement in policy development, implementation and monitoring of the Convention on the Rights of Persons with Disabilities in Europe.

- The Commission had also to work to optimize the use of EU funding instruments for accessibility and non-discrimination and increase the visibility of disability-relevant funding possibilities in post-2013 programs.

- The Commission would also realize social surveys on barriers for the social integration of disabled people and present a set of indicators to monitor their situation with reference to key Europe 2020 targets. The Commission would also establish a web-based tool giving an overview of the practical measures and legislation used to implement the UN Convention.

In February 2017 the European Commission published a progress report about the implementation of the European Disability Strategy 2010-2020 regarding the first five years (2010-2015). Progress had been made in all eight areas, but major progress had been achieved in the areas of accessibility and external actions. Initiatives such as the Directive on Web Accessibility, which would make public websites accessible to all, and the proposal for a European Accessibility Act were big steps towards better accessibility. The EU Disability Card project was being piloted in 8 Member States and would make it easier for people with disabilities to travel across these Member States. Provisions in the Erasmus+ program allowed better mobility for students with disabilities and the increased attention paid to disability in EU external action policies was recognized by the UN Committee in its recommendations to the EU. People with disabilities would also benefit from the Cross-Border Healthcare Directive.

In the areas of health and education and training that are the ones we are interested in, there has been also progressed and especially in the area of health the completed actions were:

Develop indicators to monitor the quality and accessibility of health care services for women and men with disabilities involving the service user's perspective

Explore the possibility of including disability information in the e-health medical records and ensure their accessibility for persons with disabilities,

Develop accessibility standards for medical equipment,

Examine follow up of the specific action taken by the Member States to improve the rehabilitation and reintegration of workers excluded from the workplace for a long period of time because of an accident at work, an occupational illness or a disability in the mid-term review of the EU Strategy on Health and Safety at Work 2007-2012,

Report on the implementation of the European social partners' framework agreement on work-related stress,

Explore the possibility to address the needs of people acquiring a disability while working at sea, particularly in the context of the revision of financial instruments.

As regards the area of education and training many actions were in progress and they were related to the below objectives:

Ensure decent living conditions for people with disabilities through access to social protection systems and poverty reduction programs, disability-related assistance, public housing programs, and retirement and benefits programs,

Assess the adequacy of social protection systems with respect to people with disabilities

What is more, the European Commission launched a public consultation for the mid-term review of the European Disability strategy which lasted from 22.12.2015 to 18.03.2016 and welcomed answers from individuals and organizations across EU member states. The same procedure realized in August 2019 when the European Commission also launched an open consultation about the European Disability Strategy but this time it was addressed only to individuals. The questionnaire was available until the 23rd of October 2019.

To conclude, the objectives of the EU Disability Strategy seem to remain relevant all these years. Therefore, the European Commission has been committed to work on raising awareness, giving financial support, monitoring the situation by collecting data and statistics and applying mechanisms required by the UN Convention and article 33 on the rights of people with disabilities in order to fulfill the objectives of the strategy and build a barrier-free Europe for all citizens.

I.III. Lifelong Learning Strategy

Lifelong learning is a term that goes back to various concepts of lifelong education. In the 1970s, these concepts were developed by international organizations, most notably the Council of Europe, the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the Organization for Economic Cooperation and Development (OECD) (L. C. Lima, P. Guimarães (2011). Lifelong Learning (LLL) concept refers to the activities people perform throughout their life to improve their knowledge, skills and competence in a particular field, given some personal, societal or employment related motives (Laala 2011). Besides, LLL is about providing second chances to update basic skills and also offering learning opportunities at more advanced levels. All this means that formal systems of provision need to become much more open and flexible, so that such opportunities can truly be tailored to the needs of the

learner, or indeed the potential learner (European Commission, 2007). LLL is viewed as involving all strategies that are put in place to create opportunities for people to learn throughout life. It therefore should be a process of conscious continuous learning that goes throughout life and directed towards providing both the individual needs and that of the relevant community. In order to stimulate LLL and to establish a learning society, one has to define the fundamental elements relevant to LLL. Based on a Memorandum on Lifelong Learning consists of six key messages offering a structured framework for an open debate on putting lifelong learning into practice. These messages are based on the experience gained at the European level through Lifelong Learning:

- **New basic skills for all:** Guarantee universal and continuing access to learning for gaining and renewing the skills needed for sustained participation in the knowledge society.
- **More investment in human resources:** Visibly raise levels of investment in human resources in order to place priority on Europe's most important asset – its people.
- **Innovation in teaching and learning:** Develop effective teaching and learning methods and contexts for the continuum of lifelong and life-wide learning.
- **Valuing learning:** Significantly improve the ways in which learning participation and outcomes are understood and appreciated, particularly non-formal and informal learning.
- **Rethinking guidance and counselling:** Ensure that everyone can easily access high-quality information and advice about learning opportunities throughout Europe and throughout their lives.
- **Bringing learning closer to home:** Provide lifelong learning opportunities as close to learners as possible, in their own communities and supported through ICT-based facilities wherever appropriate.

Lifelong Learning strategy include three basic categories:

- **Formal learning** takes place in education and training institutions, leading to recognized diplomas and qualifications.
- **Non-formal learning** takes place alongside the mainstream systems of education and training and does not typically lead to formalized certificates.
- **Informal learning** is a natural accompaniment to everyday life. Unlike formal and non-formal learning, informal learning is not necessarily intentional learning, and so may

well not be recognized even by individuals themselves as contributing to their knowledge and skills (EU, 2000).

The council of the European Union identified key competences for lifelong learning of the key competences (EC, 2018).

- Promoting a variety of learning approaches and environments, including the adequate use of digital technologies, in education, training and learning settings.
- Providing support to educational staff as well as other stakeholders supporting learning processes, including families, to enhance key competences of learners as part of the approach for lifelong learning in education, training and learning settings.
- Supporting and further developing the assessment and validation of key competences acquired in different settings in line with the Member States' rules and procedures.
- Reinforcing collaboration between education, training and learning settings at all levels, and in different fields to improve the continuity of learner competence development and the development of innovative learning approaches.
- Reinforcing tools, resources and guidance in education, training, employment and other learning settings to support people in managing their lifelong learning pathways.

The learning society is the vision of a society where there are recognized opportunities for learning for every person wherever they are and however old they should be. LLL represented a new way of defining educational tasks in societies: it encouraged the reorganization of education and training systems for various reasons, including the changing nature of work, new functions of knowledge, and the dysfunctionality of the more traditional education institutions (including schools). Moreover, LLL emphasized the emergence of an outline of a new education economy characterized by the customization of knowledge.

I.IV. WHO -World Health Organization Education Strategy

The World Health Organization is a specialized agency of the United Nations concerned with international public health. Its main aim is defining strategies and set guidelines to support decision-makers, program managers and service providers to improve the access to and the quality of care.

Since health and education are strictly related fields, the WHO is also involved in the developing of education strategies that could foster public well-being and prevent diseases and risks. Privacy education is one of the topic in which the organization focus its attention because misinformation is the main cause of many reproductive related problems. Too many young people receive confusing and conflicting information about relationships and sex. This fact makes them unable to make informed decisions and increase the risks for gender-based violence's and inequities, early and unintended pregnancies, sexually transmitted infections, among many things.

To deal with this problem, the WHO collaborated with the UNESCO and other agencies of the United Nations (UNAIDS, UNFPA, UNICEF, UN Women) to update, in 2018, the *International technical guidance on sexuality education*, whose first version was released in 2009. The original version perceived sexuality education primarily as a response to the HIV problem. The new one, although this topic keep maintaining its importance, focus more on the necessity of the sexual education to go beyond the risk model and start being considered as fundamental for the general well-being and the personal development of every person.

Since its first publications, the global community has come to bring a transformative agenda to achieve a more tolerant, open and equitable world where the needs of the most vulnerable groups are met and where no one is excluded, especially in terms of information and participation. Traditional education model is being revised and updated in order to prioritize the learner's needs.

This technical guidance outlines the basic components of an effective sexuality education programs and advocates for quality Comprehensive Sexuality Education (CSE) to promote health and well-being, respect for human rights and gender equality, empowerment of children and young people to lead healthy, safe and productive lives.

Comprehensive Sexuality Education is a curriculum-based process of teaching and learning which take in consideration the cognitive, emotional, physical and social aspects of sexuality. It not only provides knowledge's, but it is also aimed at improving skills and attitude while spreading respectful values. Indeed, one of the prerogatives of this model is to present sexuality with a positive approach and emphasize respect, inclusion, equality, empathy, non-discrimination and responsibility as essential values.

Regarding young people with disability, since historically they have often been perceived as either asexual or sexually uninhibited, sex education has generally been considered unnecessary

or even harmful. Existing education models for young people with disabilities often depicts sex as dangerous. On the contrary, the comprehensive sexuality education considers all people living with either mental, physical or emotional disabilities as sexual beings who have the same right to enjoy their sexuality within the highest attainable standard of health, including pleasurable and safe sexual experiences that are free of coercion and violence.

Comprehensive Sexuality Education includes ongoing discussions about social and cultural factors relating to broader aspects of relationships and vulnerability, such as gender and power inequalities, socio-economic factors, disability, sexual orientation and gender identity. It should foster youth reflection on consent, privacy, and confidentiality, decision-making and raise their awareness about the barriers that some people may face. To deal with all those aspects, eight macro learning units have been identified: Relationships; Values, Rights, Culture and Sexuality; Understanding gender; Violence and staying safe; Skills for health and well-being; Human Body and Development; Sexuality and Sexual Behavior; Sexual and Reproductive Health.

The *International technical guidance on sexuality education* set some guidelines that should be taken in consideration to develop an effective Comprehensive Sexuality Education.

The preparatory phase of the development of an effective curriculum should be supported by experts on human sexuality, behavior change and related pedagogical theory, but it is also very important to involve young people, parent's/family members and other community stakeholders who play an active role in education. Other essential steps regard the need to assess the resources available and the real needs of the target group.

The development of content, which is the following phase, should apply a learner-oriented approach, providing children and young people with relevant and appropriate education, according to their ages. It should also focus on clear goals and cover topics in a logical sequence. Critical thinking should be also promoted, as well as the focus on scientific and reliable information.

The last stage regards the implementation; there are different ways in which the CSE can be delivered: it can be taught as a stand-alone subject or integrated within an existing subject (i.e. biology) to it can be taught as both a stand-alone subject and integrated across the curriculum. What is really important is to safeguard against the dilution of the CSE content and provide training, support and a coordination mechanism to ensure a good delivery of this education.

In addition to this technical guidance that is precisely aimed at improving the education systems, the WHO produced several relevant studies on the topic of sexual and reproductive

health that, although are not exactly proposing an educational model, emphasize the needs to guarantee the access to information and services, to respect the rights of each person and to work to achieve a more inclusive society. Since these publications could be very interesting in the framework of the DESEM project, we mention some of them: *Promoting sexual and reproductive health for persons with disabilities* (2009); *Sexual health, human rights and the law* (2015).

I.V. Education 2030, Incheon Declaration

This declaration ensures inclusive and equitable quality education and promote lifelong learning opportunities for all. The focus of the declaration are the children of the developing countries, the disabled people, and everybody belonging to excluded social classes all over the world. The organisations who signed this declaration: International Labour Organisations, UNICEF, UNWOMEN, UNFPA, World Bank, The UN Refugee Agency, UNIDO, UNFPA and others.

The declaration gives a new vision for education for the next fifteen years. This Declaration is a huge step forward. It reflects our determination to ensure that all children, young people and adults gain the knowledge and skills they need to live in dignity, to fulfil their potential and contribute to their societies as responsible global citizens. It encourages governments to provide learning opportunities through life, so that people can continue to grow and be on the right side of change. It affirms that education, a fundamental human right, is the key to global peace and sustainable development.

The INCHEON Declaration is relevant for DESEM project because it declares, that the disabled people are having right for quality education on their level, and the persons having vulnerable situations or other status, should have access to inclusive, equitable quality education and lifelong learning opportunities.

That vision of the declaration goes beyond a utilitarian approach to education and integrates the multiple dimensions of human existence. It understands education as inclusive and as crucial in promoting democracy and human rights and enhancing global citizenship, tolerance and civic engagement as well as sustainable development. (Early childhood care and education) ECCE also enables early identification of disabilities and children at risk of disability, which allows parents, health care providers and educators to better plan for develop and implement timely

interventions to address the needs of children with disabilities, minimizing developmental delays, improving learning outcomes and inclusion, and preventing marginalization.

The declaration promotes technical and vocational educational training (TVET), tertiary education and university as well as adult learning, education and training opportunities for young people and adults of all ages and socio-cultural background so as to enable them to continue to improve and adapt their skills, with particular attention to gender equality including the elimination of gender-based barriers, and to vulnerable groups such as those with disabilities. One promoted TVET solution might be the tool kit for privacy education of DESEM.

Education is a fundamental human right and an enabling right. Education is a public good, of which the state is the duty bearer.

To The human rights treaties that stipulate the right to education and its interrelation with other human rights Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'.

The new education agenda's focus on inclusion and equity – giving everyone an equal opportunity. All people, irrespective of sex, age, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property or birth, as well as persons **with disabilities**, migrants, indigenous peoples, and children and youth, especially those in vulnerable situations or other status should have access to inclusive, equitable quality education and lifelong learning opportunities. This is embedded in its holistic and humanistic vision, which contributes to a new model of development.

Education is also one of the most potent ways to improve individuals' health – and to make sure the benefits are passed on to future generations. It saves the lives of millions of mothers and children, helps prevent and contain disease, and is an essential element of efforts to reduce malnutrition. Moreover, education promotes the inclusion of persons with disabilities.

Design and implement inclusive, accessible and integrated programs, services and infrastructure of quality for early childhood, covering health, nutrition, protection and education needs, especially for children with disabilities, and support families as children's first caregivers.

Given the significant challenges faced by persons with disabilities in accessing quality education opportunities and the lack of data to support effective interventions, particular

attention is needed to ensure access to and outcomes of quality education and learning for children, youth and adults with disabilities.

The declaration therefore commits to making the necessary changes in education policies and focusing our efforts on the most disadvantaged, especially those with disabilities, to ensure that no one is left behind.

By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

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CHAPTER II

NATIONAL LEGISLATIONS and POLICY

II.I. GREECE

The Greek State has as constitutional principle the provision of free education in all citizens and at all educational levels of the state education system. The central administration agency of the state education system is the Ministry of Education, Research and Religious Affairs, which also oversees evaluation and support services for pupils with disability and/or special educational needs (SEN). Education is compulsory for all citizens from the age of 5 to 15. The Greek State recognizes disability as part of human being and as a complex social and political phenomenon and ensures equal participation in society, independent living and economic autonomy for people with disabilities and people with SEN, as well as full consolidation of their rights to education and social and professional inclusion.

In this context, article 3 of law 3699/2008 defines pupils with disability and/or SEN as those who have significant difficulties in learning for the whole or some period of their school life, because of sensory, intellectual, cognitive or developmental problems, or mental health or neuropsychological disorders that affect the process of their school adjustment and learning. Learners with any of the following are considered to have disability and/or SEN:

- Intellectual disability
- Vision and hearing sensory disabilities
- Physical disabilities
- Chronic non-curable diseases
- Speech disorders
- Specific learning difficulties (dyslexia, dyscalculia, etc.)
- Attention deficit hyperactivity disorder
- Pervasive developmental disorders (autism spectrum)
- Mental health disabilities
- Multiple disabilities.

Education for pupils with disability and/or special educational needs (SEN) in mainstream and special schools is funded. Special support services are funded by the government and European programs. There is free public education for all learners with SEN and free services for diagnosis, assessment, counselling and facilitating procedures, such as Greek Sign Language interpreting.

Inclusive policies are supported both by the National Investment Program and the ESPA 2014–2020 (Partnership Agreement (PA) 2014–2020) projects. In recent years, the strategic structure of the National Strategic Reference Framework (NSRF) has implemented several discrete actions in the operational program ‘Development of Human Resources in Education and Lifelong Learning’ of the 2014–2020 NSRF program which is funded by the European Social Fund and the Greek public sector. The planning includes bolstering the integration of learners from vulnerable social groups in primary schools, supplementary tutoring in secondary school education, programs to support learners with disabilities or SEN, the development of support structures for learners with disabilities or SEN, a program for the individualized support of learners with disabilities or SEN, the establishment of a new, uniform program for primary schools, and the bolstering of pre-primary education.

Moreover, Greece ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Law 4074/2012) in May 2012. According to articles 7 and 24 of the UNCRPD, the Greek Government is committed to inclusive education for children and young people with disabilities, progressive removal of barriers to learning and participation in mainstream schools.

Law 4368/21.02.2016 (article 82) that promotes inclusive education defines:

- The need to educate all learners in a mainstream class along with their non-disabled peers;
- The need for collaboration between general teachers and inclusive class teachers;
- The need to implement differentiated instruction in mainstream settings;
- The need to implement co-education programs for learners from mainstream and special schools.

Legislation clearly involves the inclusion of all learners with special educational needs (SEN) in mainstream schools. Several measures and directives embody this. The establishment of local Diagnostic Assessment and Support Centers (KEDDYs), inclusive classes, parallel support co-education, Diagnostic Educational Evaluation and Support Committees (EDEAYs) and Individual Education Plans are part of the mainstream policy. According to Law 3699/2008, education for pupils with disability and/or SEN is provided from 4 to 22 years old, mainly in mainstream schools. The first choice of placement for pupils with disability and/or SEN, according to this law, is in mainstream classes with or without support (by the mainstream class teacher, the inclusion teacher or the special needs teacher with parallel support co-education). The whole inclusion process of a learner with SEN is a result of collaboration between KEDDYs, mainstream schools, EDEAYs and families. The components of this process comprise the learners' Individual Education Plans, differentiated learning activities and appropriate adaptations to the educational material and the educational environment, the appropriate services, and counselling and means that help and support successful inclusion of the learner. Inclusive education of learners with SEN is completed through vocational training programs, which are drawn up according to learners' abilities and needs and aim at their vocational rehabilitation.

Pupils with severe difficulties who cannot attend mainstream or inclusive classes are educated in special school units (special pre-primary schools, special primary schools, special lower-secondary schools, special upper-secondary schools, special united lower and upper vocational schools and special vocational education workshops (EEEEK)), according to the pupils' age, abilities and their SEN. After assessing the learner's SEN, the KEDDY suggests the appropriate school setting. Whether in mainstream or special school settings, pupils attend special educational programs depending on their SEN for as long as needed or for their whole school life. Special schools also provide intervention programs, like occupational therapy, speech therapy, physiotherapy and any other services that ensure equal treatment, evaluation and pedagogical and psychological support.

To conclude, further provisions for close co-operation between special and mainstream schools are defined in the Presidential Decree no. 72877/D3/17.10.2016. Amongst its main objectives is the preparation of a smooth transition from special to mainstream school settings for the learners with disabilities that have this possibility.

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II.II. HUNGARY

The Hungarian State regulates the right of the public education as a constitutional right on all levels of public education system. Hungarian Constitution Article XI Number 1 and 2 paragraphs.

„(1) Every Hungarian citizen shall have the right to education.

(2) Hungary shall ensure this right by extending and generalizing public education, by providing free and compulsory primary education, free and generally accessible secondary education, and higher education accessible to everyone according to his or her abilities, and by providing financial support as provided for by an Act to those receiving education.”

The central administrative institution of the Hungarian public education system is the Ministry of Human Capacity.

This institution regulates the cultural, family and youth affairs, healthcare, the social welfare including and helping disabled people and others with special educational needs (SEN).

Public education is compulsory for all citizens from the age of 6 to 16.

The Hungarian state recognizes the rights of the disabled people as a complex social and political phenomenon as part of human existence and ensures them equal participation in the society, providing independent living and economic autonomy, as well as the affirmation of their educational and social rights, the inclusion of their rights in the legislative system.

In this context, the Act for National Public Education numbered 2011 CXCV Paragraph 47 regulates the education and integration of children and pupils with special educational needs and that ones, who are having significant difficulties in learning during their school period, because they are having sensory, intellectual, cognitive or developmental problems, or having mental health or neuropsychological disorder that affects his or her school development and learning. The student is disabled or SEN with respect to:

- Mild mental disability,
- SEN pupil with speech-impaired or psychiatric-impaired disability,

- Musculoskeletal or sensor-impaired disability (vision, hearing),
- Moderate mentally handicapped,
- Autism spectrum disorder or multiple disability

Pupils with disabilities and / or special educational needs are educated in primary and specialized schools. They receive special subvention and support from the Hungarian government and the European Programs. The public education is free for all SEN pupils including the costs of the expert's committee (diagnosis, admission, proposal process).

The National Public Education Act (Section 11 / B) defines and regulates the Skills Development School for the SEN pupils and grant and assures the preparation for the beginning of life for 4 classes.

The same act (Section 15 (1)) defines and regulates the institutions for the special educational, conductive pedagogical education and training for SEN pupils who may and allowed to use them only on the opinion and decision of an expert committee. The developmental education institution provides care only to children with severe and multiple disabilities.

There are many programs from the Hungarian Government and EU aiming the education and inclusion of the disabled people. Internal policies include grants projects from the National Investment Program and the EFSI 2014-2020. This year (2019) there are many of specific actions in the Széchenyi 2020 program, in the Széchenyi 2020 action program, Human Resource Development in Education and Lifelong Learning, which is founded by the European Social Fund and the Hungarian public sector. There are many support for integration of pupils from poor social backgrounds in primary school, additional preparation in secondary education, support program for students with SEN and SEN, support for development of pupils, programs for individual support for disabled or SEN students, establishment of a new permanent program for undergraduates and support for pre-primary children.

Hungary among the first countries ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Law 4074/2012). According to articles 7 and 24 of the UNCRPD, the Hungarian Government is committed to inclusive education for children and young people with disabilities, progressive removal of barriers to learning and participation in mainstream schools.

In Hungary it is a big challenge is to build up and maintain an inclusive education system in a society, where social exclusion is increasing for example the gap is getting higher between rich and poor. The increasing social exclusion symptom is accompanied by the generally tighter migrant policy in the EU. In 2015, the European Commission and European Council accepted and published a report about the;

- Inclusive education, equality and non-discriminatory motivation,
- Increasing support assistance for teachers and trainers,
- Improving the quality and efficiency of education and training systems

Ministry of Human Resources has launched a new law and declaration for the education of the SNI children, the Act. 32/2012. (X: 8.) in year 2012. The directive refers to the education of pupils with special educational needs with other pupils in the same classroom. That means that the education wherever is possible must happen inclusively. The education of the SNI and non SNI children must happen together. The must prepares for this task the educators, all staff and co-educators of co-educational schools to receive pupils with special educational needs. The teacher cooperates with different professionals, follows the guidelines and recommendations of the special education teachers, and integrates these guidelines into the pedagogical processes and practice. SEN pupils work with different workers: integrated teacher, special education teacher, conductor, conductor teacher, therapist in integrated education.

According to the Government's declaration from November 2017, the Hungarian government is paying special attention to access to quality education for children, including children coming from poor families and Roma children. There are many critics for the education of children with special needs. The critic is about that some teacher pronounced in the past children from the Roma and poor social environment groundlessly. Recently the number and proportion of people with mild mental retardation within the SEN category has declined in recent years, thanks to adaptation and development of new, advanced diagnostic testing tools and testing procedures in 2015. The Hungarian Government is against the segregation and finds it unacceptable to segregate disadvantaged and multi-disadvantaged children and has therefore taken several measures to prevent and reduce segregation. In order to achieve this there were several legislative changes in Hungary.

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II.III. ITALY

Italy was among the first signatories to the UN Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly in 2006. It was also the first country to issue Guidelines on disabilities in accordance with the Convention, as well as a Disability Action Plan in line with international reference standards.

Constitution states that the Italian Republic guarantees school for all (Article 34) and requires that the mandatory duty of solidarity be fulfilled (Article 2). Moreover, it states that it is the ‘duty of the Republic to remove any obstacles constraining the freedom and equality of citizens in order to ensure the full development of the human person’ (Article 3).

Italy’s education system is organized according to the principles of subsidiarity and school autonomy. The State and the regions share legislative competence. Moreover, regions should comply with the provisions of national legislation. Schools are autonomous with regard to didactic, organizational and research activities.

The Ministry of Education, Universities and Research (MIUR) guarantees the uniformity of national educational provision by laying down, for example, general educational goals, specific learning goals according to pupils’ skills, the minimum national curriculum, standards related to the quality of educational services, and general criteria for pupil assessment and the organization of adult education.

According to their autonomy, schools can be flexible in adapting teaching time, curricula and didactics to pupils’ specific learning needs. They can also provide extra-curricular education and activities according to their cultural, social and economic context, as well as through networks and agreements with other schools, universities, agencies and so on.

Inclusive education is the sector where national legislation and policies have been mostly focusing their efforts. Italy is, so far, the only European country which has reached 99.6% inclusion of learners with disabilities in mainstream education. In fact, by law there are no special schools or classes in the Italian school system. Some 0.4% of pupils with disabilities

attend rehabilitation centers financed by the local health services. Teachers are provided by the MIUR.

Inclusion for pupils with disabilities began with Law 118/1971, which granted all children the right to be educated in common classes, and with Law 517/1977, which abolished special schools.

Law 104/1992 is the main framework for all disability issues: it guarantees specific rights for people with disabilities and their families, provides assistance, stipulates full integration and the adoption of measures for prevention and functional recovery, and also ensures social, economic and legal protection.

Law 328/2000 defines the ‘integrated system of interventions and social services’, while Law 53/2003 defines the essential levels of provision in education and training.

Under Law 118/1971, municipalities are responsible for making school buildings accessible for everyone, according to national standards.

Moreover, Law 104/1992 provides for the removal of barriers (architectural or sensorial) and the introduction of appropriate aids and tools to support pupils with disabilities in education and training. For example, technical and didactic equipment should be adapted to pupils’ needs, according to their functional or sensorial impairments. Furthermore, schools can establish agreements with centers specialized in pedagogical consultation and production or adaptation of specific didactic materials.

Classes with disabled pupils usually contain a maximum of 20 pupils, provided that the inclusion process is supported by a project which defines strategies and methods adopted by class teachers together with support teachers and school staff. Support teachers are part of the team of regular teachers and participate in all the activities, planning and assessment. Support teachers also facilitate inclusion.

Local authorities must provide free transport for people with disabilities, such as, for example, daily transport to schools and to education and health centers.

According to Article 14 of Law 328/2000, parents, local health services and social services agree upon an individualized life project for their children, aimed at full integration ‘within the family and social life’.

Mothers and fathers of children with identified disabilities, including adopted children, have the option to take three years of work leave or two hours a day of special permission until the child is three years old. After the child has turned three, they have three days off each month for assistance. Parents also have the right to choose a workplace closer to home and they cannot be moved to another workplace without their agreement.

Families should receive information about their children's needs from teachers and principals. Parents and schools work together to create and implement an individual education plan according to the child's needs. Parents participate in the school's Work Group for Inclusion (GLI) and are also represented in the Local and Regional Inter-Institutional Work Group (GLIP-GLIR).

Children have the right to attend schools that are equipped for any special need and to use technologies, subsidies and specific materials. Pupils and learners with disabilities have the right to free transport.

Pupils with disabilities have the right to attend mainstream classes with appropriate teaching support. They have the right to full participation in school life, such as summer camps, study visits (accompanied by special staff), etc. According to their disability, children may have assistants provided by local authorities. Pupils have the right to an individual education plan (drafted by family and schools), to a social project (drafted by social assistants and experts from the local health board), to a rehabilitation program tailored to their individual needs and to vocational guidance.

The principle of inclusion and the right of pupils with disabilities to receive specific support are also included in subsequent legislation that regulates general aspects of the education system, such as enrolment, class size and pupil assessment, as well as initial teacher education and support teacher training.

In 2009, the MIUR published the 'Guidelines for the integration of pupils with disability at school', aimed at increasing the quality of educational interventions for pupils with physical, intellectual and sensory impairment.

Law 170/2010 recognizes dyslexia, dysgraphia, dysorthographia and dyscalculia as specific learning disorders (SLD). Subsequent guidelines (2011) specify educational and didactic

measures to support the teaching and learning processes. Schools are also responsible for early detection.

The competent offices of the national health system diagnose SLDs and the pupil's family submits the relevant documentation to the school. Schools, including pre-primary schools, should intervene promptly in suspected cases of SLD, notifying the pupil's family.

In the case of SLDs, schools should put in place the pedagogic and didactic measures necessary to guarantee their educational goals. Teachers can use personalized education plans and compensatory tools to implement individualized and personalized educational processes.

The Ministerial Directive of 27 December 2012, on 'Measures for pupils with special needs and local organizations for school inclusion', cites all the initiatives taken for different types of pupils with special needs: pupils with assessed disabilities, with specific developmental disorders or with socio-economic, linguistic and cultural disadvantages.

In the case of other special educational needs, schools should put in place the pedagogic and didactic measures necessary to guarantee their educational goals, drafting a personalized education plan if necessary.

The process of inclusion for foreign pupils consists of two aspects: 'integration' and 'inter-culture'. Specific guidelines concerning the inclusion of migrant pupils (2014) provide a regulatory framework, as well as suggestions concerning school organization and teaching in order to increase the quality of education.

Framework Law 328/2000, for the creation of an integrated system of social services and social intervention, also includes provisions for migrants.

The Italian Forum of International Cooperation⁵ (Milan, October 2012) relaunched the role of international cooperation in Italy. The Forum saw a strong participatory process, which gave useful inputs, brought forward new themes for reflection and development and emphasized the need for pursuing national policies of inclusion of persons with disabilities, to be promoted as part of international cooperation activities. In November 2010, the DGCS approved the document "Guidelines for the introduction of the disability issue within the policies and activities of the Italian Cooperation", drafted based on international standards. The document is the result of an inclusive process of consultation with Italian institutions

(including regions, autonomous provinces and local authorities), decentralized cooperation actors, civil society and DPOs. It provides for the drawing-up of an Action Plan aimed at implementing the above-mentioned Guidelines.

Raising awareness of the rights of persons with disabilities as per art. 8 (awareness-raising) of the CRPD is the leitmotiv and one of the top priorities of the Action Plan. Under this article, State Parties undertake to adopt effective and appropriate measures:

- To raise awareness of persons with disability throughout society and to foster respect for their rights and dignity;
- To promote the dissemination of an inclusive culture based on new development paradigms;
- To combat stereotypes and prejudices;
- To promote awareness of the capabilities of persons with disabilities and of their contribution to society.

To this end, an awareness campaign will be launched to improve the understanding of this issue and thus induce a change of attitude vis-à-vis persons with disabilities.

The campaign will involve simple and direct messages drawing attention to and favoring the perception of disability as a condition which, albeit temporarily, may concern all human beings. Further goals of the campaign will be to disseminate knowledge of:

- Italy's role in promoting the rights of persons with disabilities; • disability-related initiatives supported and promoted by the Italian Cooperation;
- Italy's role at international level, with an overview of international reference standards. The tools used will be:
- meetings, workshops and seminars;
- leaflets, booklets, posters and postcards.

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II.IV. LITHUANIA

The Government of the Republic of Lithuania hereby submits the Initial Report on the Implementation of the United Nations Convention on the Rights of Persons with Disabilities. The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol (hereinafter referred to as the Convention) was ratified by the Republic of Lithuania Law on the Ratification of the United Nations Convention on the Rights of Persons with Disabilities

The Law on Equal Treatment provides that to ensure equal treatment the employer shall take reasonable accommodation to enable the disabled to have access to, participate in, or advance in employment, or to undergo training, including adaptation of premises, unless such measures would impose a disproportionate burden on the employer.

A person with disabilities is an individual with a disability category, or with less than 55% percent working capacity and/or with special needs requirements. Disability is a long-term deterioration of health due to the disorder of bodily structure and functions, and adverse environmental factors, resulting in diminished participation in public life and decreased possibilities of functioning. Accessibility of all modes of transport to the disabled is regulated by Article 11 the Law on Social Integration of the Disabled, which provides that the implementation of the requirements regarding physically acceptable environment for the disabled in all relevant aspects of life are also carried out through relevant adjustment of public transport and passenger facilities as well as their infrastructure. Transport accessibility for the disabled is regulated by European Union legislation, also binding for Lithuania.

Accessibility of all modes of transport to the disabled is regulated by Article 11 the Law on Social Integration of the Disabled, which provides that the implementation of the requirements regarding physically acceptable environment for the disabled in all relevant aspects of life are also carried out through relevant adjustment of public transport and passenger facilities as well as their infrastructure. Transport accessibility for the disabled is regulated by European Union legislation, also binding for Lithuania. The Republic of Lithuania is party to a range of international human rights treaties providing for the right to life. Notable that the right to life is enshrined in all the following conventions: European Convention on Human Rights and Fundamental Freedoms, the International Covenant on Civil and Political Rights and the

European Union Charter of Fundamental Rights. The right to life has also been provided by the above international instruments to persons with disabilities. Article 19 of the Constitution provides for the most important individual natural right – the right to life. This article states that the human right to life is protected by law, so the human right to life must be ensured by a comprehensive system of legal measures. Lithuania recognizes the right to life for all individuals, including the disabled: Lithuania has no legislation providing otherwise.

Justice in Lithuania's criminal proceedings is carried out following the principle that the all persons are equal before the law, the courts regardless of origin, social or property status, national origin, race, sex, education, language, religious or political beliefs, nature of activities, residence and other circumstances, and the law prohibits granting privileges to anyone or make any restrictions based on some circumstances and personal character, social and property status (the Republic of Lithuania Code of Criminal Procedure Article 6(2) and (3)). As mentioned in Article 15 of the Report, the laws of the Republic of Lithuania enshrine inviolability of an individual, who, without his knowledge and consent, cannot be subjected to scientific or medical experimentation. These provisions are applied on an equal basis to all persons, including the disabled.

Lithuania's legislation on legal relations as regards nationality (conditions and procedures for citizenship acquisition, its withdrawal) and migration (entry to the Republic of Lithuania, stay and exit), provide for no limitations, restrictions or denial or deprivation of the rights of persons with disabilities on the grounds of their disability. Legislation in these areas is applicable equally to all persons, irrespective of gender, disability and other characteristics. Article 12 of the Constitution stipulates that the citizenship of the Republic of Lithuania shall be acquired by birth and other grounds established by law. Article 32 provides that a citizen may move and choose his place of residence in Lithuania freely and may leave Lithuania freely.

Report relating to basic standards ensuring access for the disabled to social environment, transport infrastructure, thus enabling the disabled to make use of different facilities, services on an equal footing with the rest of the society. Lithuanian legislation guarantees the right to have and freely express once convictions to all persons. The freedoms of access to information and expression of convictions may not be limited in any other way except by law, when that is necessary to protect human health, honour and dignity, private life and morality or to safeguard the constitutional order. The legal protection of women and girls with disabilities against the potential discrimination is ensured by the Law on Equal Treatment which provides that a disability may cause grounds for discrimination. In addition, the law indicates sex as grounds

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II.V. SPAIN

The Spanish education system arranges the necessary resources for pupils with temporary or permanent special educational needs. School teaching is adapted to these pupils' needs and aims to make them achieve the objective of the general program designed for all pupils. The Act on the Improvement of the Quality of Education (LOMCE, 2013) considers five types of specific educational support needs, among them there are learners with special educational needs associated with physical, intellectual or sensory disability, or serious behavioral disorder.

Support is provided in accordance with non-discrimination and educational normalization principles, with the purpose of achieving their inclusion. These pupils are schooled in accordance with their characteristics, which means that they can be integrated in mainstream groups, in specialized classrooms within mainstream schools, or in special schools, depending on the form determined by the professional teams, which also must take into account their parents' and teachers' opinions. Therefore, learners with special educational needs can attend both special education and mainstream schools, although there is an increasingly demand for fostering inclusion through their insertion in the mainstream education system.

Pupils are enrolled in special education schools only when there is sound reason to believe that their needs cannot be suitably met in a mainstream school. Special schools offer two education levels: Compulsory Basic Education (from 6 to 16 years old) and Transition into Adulthood Programs (from 16 to 19 years old). Nevertheless, the general objectives pursued in special education system are the same as those for all pupils.

Spain is one of the country who signed the Convention of the Rights of the Child as well as the Convention of the rights of persons with disabilities that are two human rights instrument with an explicit social development dimension which affirm that all persons must enjoy all fundamental freedoms. The joint implementation of these international directives, which are reflected in the national legislation, should assure that all children, especially those with special needs received proper support in the field of education.

Unfortunately, the local implementation of this legislation is not always completely guaranteed. In 2017, for example, a confidential enquiry was carried out by the United Nations Committee on the Rights of Persons with Disabilities. The results show that, although the high number of children with disability enrolled in the ordinary education system, there are many evidences of their exclusion, which reveal a misapplication of the law. Children are still not considered as subject of rights and very often parents are suggested to enroll their children in special education centers or to more than one institute. Parents who fight to have their children in the ordinary education system, quite often do not receive enough support for their children's needs and are forced to resort to specialized networks and organizations. According to the report, there are examples of good practices of inclusive education, but they are still isolated cases. The Committee also states that to reach an inclusive model, special centers should be abolished and their finances should be used to strengthen the ordinary education system in terms of staff and resources dedicated to the inclusion of the most vulnerable children.

Regarding sexual education, a research conducted by the UNESCO to analyze how many countries teach sexual education at school, showed that 80% of the Countries involved in the investigation, teach sexual education as an independent subject while the rest, including Spain, keep teaching it as a transversal subject. Concretely, it means that its teaching depends on individual initiatives and it is not a legal requirement to address this topic at a biological, social or psychological level. Whereas on a global level, this research show, at least, a political willingness to introduce the subject at school (although very often there is a huge gap between international legislation and local application), in the Spanish context, at the moment, we can just trust on isolated initiatives.

In Spain, indeed, the October 3rd Organic Law 1/1990 on the General Organization of the Education System (LOGSE, for its acronym in Spanish) proposed a cross-curricular treatment of several educational contents, including the affective-sexual area (Martínez-Álvarez et al. 2012). The subject, indeed, does not have a specific place in the school curriculum, but its teaching is directly linked, both in the mainstream and the special education system, to the training and the attitude of the teachers.

Both aspects were analyzed in a study undertaken at the University of Salamanca in 2014. A total of 3695 Infant, Primary, Secondary and High school teachers (66.1% women, 33.9% men) were surveyed throughout the country to inquire about their training and attitudes towards sex education and their delivery or non-delivery of this subject in classrooms. Regional differences

arouse: teachers from Castilla and León, for example, showed the greatest levels of university training in sexual education, while teachers from Asturias showed the greatest levels of lifelong learning in the subject. Austrian and Balearic teachers were on the opposite side, respectively. Generally, the survey showed positive attitudes of Spanish teachers towards sex education, although the figures regarding the level of training and the teaching of the subject were not so satisfactory: the 43.3% of the interviewed teachers showed not to be trained in sexual education and 48.6% admitted that they do not teach sexual education at school.

This study was conducted in the mainstream education context (where many children/young people with special needs are included), but we can conclude that the situation in the special education system is very similar. Therefore, there is a urgent need to improve Spanish teachers' training and attitude since they both play a key role in the implementation of high-quality sexual education programs.

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II.VI. TURKEY

According to the Education Monitoring Report (2016-2017) of the Education Reform Initiative, despite the efforts, access to education for student with special education needs is not at the desired level, especially at pre-primary and secondary education levels. Turkey has been working on issues related to special education as well as inclusive education to improve the quality of services for students with special needs. According to Article 42 of the Constitution of the Republic of Turkey, “No one can be deprived of the right of learning and education and the state takes necessary measures to rehabilitate those in need of special training so as to render such people useful to society.” In accordance with the basic principles set out in the Basic National Education Law No: 1739, special measures are taken to educate students with special needs, as stated in Article 8 “Equality of Opportunities and Possibilities.” Article 12 of the Primary Instruction and Education Law No: 222 underlines that provisions of special education services should be ensured for students with mental, psychological, physical, emotional and social disabilities.

The most recent policy document which is relevant to the education of students with special needs is the 11th Development Plan of Turkey (2019 – 2023) adopted in July of 2019. The main aim of the education system as stated in the document is “to educate qualified people who convert knowledge into economic and social benefit and are capable of using technology and production in all levels in order to strengthen the human structure of our country” and this aim should be reached by providing all individuals with an access to inclusive and qualified education and lifelong learning opportunities.

Governance of Education

According to the Unification of Education Law no. 430 issued on 06.03.1924, the MoNE has the duty of reaching the goals set for Turkish National Education on behalf of the State.

The functions of the MoNE is regulated by the following legislation: Decree on Organization and Duties of the Ministry of National Education, no 652 and dated 14.9.2011; the law on the Amendment of National Education Basic Law, Certain Laws and Decree, no 6528, published in the Official Gazette on 14.03.2014; the law on the Amendment of The Decree on the

Organization and Duties of the Ministry of National Education, Certain Laws and Decrees, no 6764, published in the Official Gazette on 9.12.2016; Presidential Decree on the Organization of Presidency of the Republic of Turkey no 1 and dated 10.07.2018.

Directive on Special Education Services dated 07.07.2018 regulates mechanisms of function tools of the MoNE regarding the special education. In relation with the formerly explained regulations in the Special Education Services Directive, priority is given to the training through inclusion of the individuals in need of special education taking into the account the educational performances of the individuals which are in the basic principles of special education, by adapting them in the aim, content and teaching processes and evaluation.

The structure of the MoNE consists of Minister's Office, Board of Education, Main Service Units, Consultancy and Inspection Units, Auxiliary Units and Permanent Committees. The Directorate General for Special Education and Guidance Services (DGfSEGS) is directly responsible for provision of special education, General Directorate of Basic Education is responsible for determining and implementing policies for the management of preschool and primary schools and institutions and the education and training of students, General Directorate of Secondary Education is directly responsible for identifying and implementing policies for the management of secondary schools and institutions and the education and training of students and the General Directorate of Teacher Training and Education is responsible for professional development of teachers are at Central Organization in MoNE structure. The recent structure of MoNE and DGfSEGS has been shaped in 2016 with the law on the Amendment of the Decree on the Organization and Duties of Ministry of National Education, Certain Laws and Decrees.

Implementation of Education for Students with Special Needs

In Turkey, the first inclusive education practices were started to be implemented in 1983, however until 2000s these practices did not become widespread. Moreover, inclusive education term dominantly was used to refer the integration education in legislation and other strategy documents. Special education term is still in use in organization of the MoNE. The MoNE Vision 2023 document, which reflects the most updated approach on inclusive education in Turkey, defines the inclusive education as special training practices that provide education to individuals with special needs by providing support in education services and enable them to continue their education with their peers in state or private formal and non-formal education

institutions. The current situation as of December 2018, the aim of special education is to provide the best educational opportunities for individuals with special needs to integrate them with society and enable them to gain professional skills. Educational opportunities are offered to students with special education needs.

Special education is organized under formal education category in Turkish National Education System and special education schools have been configured in accordance with the levels in the Turkish National Education System. Special education can be provided either in mainstream schools or in special education schools.

Educational assessment and identification of children with special educational needs in Turkey are carried out by GRCs (Guidance and Research Centers) in several districts and provinces. GRCs are the institutions responsible for the educational assessment and identification of individuals with special educational needs, and the orientation of the students to appropriate educational environments after the assessment. As of October 2019; guidance services are carried out according to the Ministry of National Education Guidance Services Regulation No. 30236 and Special Education Services are conducted according to the provisions of Ministry of National Education Special Education Services Regulation No. 30471. GRCs operate under the supervision of the General Directorate of Special Education and Guidance Services of the Ministry of National Education. Currently there are 242 GRCs in Turkey. In addition to special training and guidance services, GRCs are responsible for conducting research, publishing and conducting projects. By GRCs; a wide range of activities are carried out for teachers, families and individuals. The services provided in GRCs are carried out by special education and guidance services units.

To benefit from the individual special education services in Turkey; medical institutions should be diagnosed by medical institutions and / or educational assessment and identification by GRCs should be directed to appropriate educational environments. The identification and placement process start depending on the individual application of individuals and their families, the orientation of the school they attend, or the identification results made by health institutions. When the schools are directed to GRC, “Educational Evaluation Request Form” is filled and detailed information is given about the student. Individuals can make appointments from the “RAMDEVU” system for re-evaluations in RAM.

Students who are considered to have special abilities in general mental ability, visual arts and music fields based on the diagnosis or the grade level determined by the MoNE are nominated for Science and Art Centers (BILSEMs). BILSEMs are the institutions that gather the students

identified as gifted and talented in some cities throughout the country. Apart from classical curriculum, some studies and activities requiring high level thinking, creativity and hands on activities are carried out according to students' interest and ability domains. BILSEMs are addressed to students from primary school to upper secondary school level. Through the country, there are 161 BILSEMs in Turkey.

STEM covers all levels beginning from pre-school until higher education also integrates science and mathematics as fundamental areas with implicational opportunities brought by engineering and technology. The aim of STEM education is to convert theoretical information into applications, products and innovative inventions. Despite the fact that Turkey doesn't have an immediate STEM activity plan, there are some strategical objectives proper for the fortifying the STEM training in the 2015-2019 Strategic Plan. These STEM related objectives coordinate with the results of Technology and Design courses in general primary schools. It is critical to underline that STEM education as a priority for the students so that the results of exams such as TIMSS and PISA can be improved according to the STEM Education Report prepared by the General Directorate of Innovation and Education Technologies.

In the 11th Development Plan of Turkey (2019 – 2023) adopted in July 2019 it is stated that education system is aimed that all individuals have access to inclusive and qualified education and lifelong learning opportunities meaning that policies will be implemented and necessary arrangements will be made in all processes in the field of education including initial teacher education and in-service training. The document clearly states that “the contents in-service trainings will be renewed in line with the current needs of teachers and school administrators” as the teachers are the main driving force in the implementation of effective inclusive education for all students.

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CHAPTER III

TRAINING NEEDS ANALYSIS

Needs Analysis for The Project of Developing Sexual Education Model for Mentally Disabled People

In this project, the purpose is to develop a program regarding privacy education of intellectually disabled people. For this purpose, two different questionnaires about educational needs to develop such a program were applied to parents and trainers in partner countries of the Project. By this way of needs analysis, evidence-based support for developing the program and teaching materials was provided. Results on the needs analysis of parents and trainers will be represented under three different titles as personal information and views on participating in such an education, views on the content of educational program and suggestions.

The needs analysis study was carried out in two stages. The first stage consists of the general condition of the education needs analysis, the second stage was carried out more extensively as the control of the first stage. The first study was implemented in each partner country by each partner. However, the second stage of the study was implemented in Turkey to determine the contents of the educational programs.

General Directorate for Special Education and Guidance Services has developed two surveys complement each other for this study. Both surveys were given as annex to the report, however, the controller version of the surveys has been presented in the Turkish language due to have been applied only in Turkey for Turkish target groups.

Partners involved in needs analysis study:

- General Directorate for Special Education and Guidance Services/TURKEY
- INTRAS/SPAIN
- EDRA/GREECE
- LOKA/HUNGARY
- AdM/ITALY

- Siauliu miesto savivaldybes globos namai/LITHUANIA

A) Results on Views of Parents

Section I: Personal Information and Views On Participating in Education

Descriptive statistics of parents completing 29-item questionnaire involving questions on needs regarding the Project are represented in Table 1.

Table 1. *Descriptive statistics of parents giving views on educational needs and views on participating such an education.*

Variables	Values		f	%
	Gender	Female	955	70,0
		Male	410	30,0
	Total		1365	100,0
	Occupation	Working in someone else's employment	366	26,8
		Working in own employment	73	5,3
		No employment	74	5,4
		Student	11	0,8
		Retired	59	4,3
		Housewife	782	57,3
	Total		1365	100,0
	Level of Education	Illiterate	72	5,3
		Literate	108	7,9
		Primary School	530	38,8
		Middle School	212	15,5
		High School	224	16,4
		Vocational School	29	2,1
		Undergraduate	175	12,8
		Graduate	15	1,1
	Total		1365	100
	Age of Disabled Individual	6-10 ages	430	31,5
		11-15 ages	491	36,0
		16-20 ages	365	26,7

	21 ages and over	79	5,8
Total		1365	100
Did you take education for privacy education of intellectually disabled people before?	Yes	153	11,20
	No	813	59,5
	Missing	399	29,38
	I want to take such an education	682	49,96
	Missing	676	50,03

As seen in table 1, majority (70%) of participant parents are female and 57.3% of them are housewives. Their educational level is mainly at primary, middle and high school levels (70.7%). Ages of disabled children range from 11 to 20, it means that majority of the children are in adolescence ages. Some of participant parents (59,5%) did not take any education about privacy education of intellectually disabled people but 49,96% of them wanted to take such an education.

Section II: Views on Content of Educational Program

In second part of the analysis, views of parents on content of possible educational program are investigated and reported in table 2.

Table 2. *Views of parents on content of possible educational program*

No	Content of Educational Program	Categories					
		Less important		Important		Very important	
		f	%	f	%	f	%
1	Teaching to recognize his/her own body	16	1,2	196	14,4	1153	84,5
2	Teaching somebody's and his/her own body boundaries	14	1,0	181	13,3	1170	85,7
3	Teaching how to protect his/her own body boundaries	6	0,4	135	9,9	1224	89,7
4	Teaching to respect somebody's body boundaries	10	0,7	164	12,0	1191	87,3
5	Teaching social rules in relationships with the opposite sex and / or same sex	9	0,7	168	12,3	1188	87
6	Teaching how to express love correctly	10	0,7	199	14,6	1156	84,7
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	53	3,9	248	18,2	1064	77,9
8	Training about toilet / bathroom	15	1,1	177	13,0	1173	85,9
9	Being informed on the circumcise	139	10,2	308	22,6	918	67,3

10	Being informed on the menstrual period	60	4,4	237	17,4	1068	78,2
11	Being informed on sexual development characteristics	24	1,8	245	17,9	1096	80,3
12	Teaching about sexual development to children in accordance with their ages	21	1,5	234	17,1	1110	81,3
13	Teaching how to gain appropriate, safe and correct sexual behaviors	32	2,3	205	15,0	1128	82,6
14	Teaching how to behave a child representing sexual behaviors at home / out of home	10	0,7	172	12,6	1183	86,7
15	Teaching how to use the Internet, social media and television safely	44	3,2	222	16,3	1099	80,5
16	Teaching to distinguish between good and bad touch	11	0,8	156	11,4	1198	87,8
17	Teaching how to say no	8	0,6	190	13,9	1167	85,5
18	Teaching how to say yes	34	2,5	289	21,2	1042	76,3
19	Teaching to deal with deception	12	0,9	135	9,9	1218	89,2
20	Teaching the child what to do when he / she encounters sexual abuse	6	0,4	89	6,5	1270	93,0
21	Teaching the child what to do after sexual abuse	3	0,2	108	7,9	1254	91,9
22	Being informed about legal process	13	1,0	219	16,0	1133	83,0
23	Teaching when and how to communicate with administrators and teachers when it is needed.	12	0,9	200	14,7	1153	84,5
24	Teaching how to get support from administrators, teachers and centers of guidance services when it is needed.	11	0,8	196	14,4	1158	84,8

In table 2, there are only two contents found as “very important” by over 90% of the participants, the number of the contents found as “very important” by 85-90% of the participants is nine. Similarly, number of the contents found as “very important” by 80-85% of the participants is nine however number of the contents found as “very important” by less than 80% of the participants is four. Interestingly, “Being informed on the circumcising” was found as “less important” or “important” by important part of the participants, it might be accepted assign for revision. After the calculation of frequencies and percentages, correlations among scores on each item were also calculated. All of the correlations were positive and significant, it is important evidence for internal consistency of answers of the participants. Following calculation of Cronbach alpha reliability also supported this finding that the reliability value was 0.95 showing high internal consistency.

Section III: Additional Suggestions for Content and Program

Additional suggestions of disabled individual's parents are given in Table.3.

Table 3. *Additional suggestions of participant parents about educational program and content.*

Number	Suggestions
1	Contents should be clear, understandable and free from social boundaries
2	Development of individuals taking education from this program should be reported to stakeholders.
3	Seminars should be organized in educational program to give more information about the program and content.
4	Time, number etc. of masturbation should be discussed in the program.
5	All of the suggested contents should be adjusted for differences in development of individuals and this situation should be taught to parents.
6	Psychiatric support should be provided to the parents.
7	The contents should be provided by videos, virtual materials and models.
8	The program should be provided to everybody without separating older and younger, society should learn how to behave disabled individuals about sexual subjects.
9	Centers for Sexual education and Preservation from abuse should be opened
10	Female trainers should be engaged in this program.
11	Interaction of parent, school and environment should be provided to increase effectiveness of the program.
12	My child is little; I want to know how to tell sexual subjects to my child.
13	Knowledge about marriage of intellectually disabled people should also be a part of this program.
14	Introduction of sexual subjects should be provided before the child enter to adolescence age and this introduction should be given every year.
15	Teaching about how to protect his or herself from sexual abuse.
16	First we have to teach how to self-regulate our emotions and sexual desires.
17	I want experts to give such an education to our children.
18	Adolescence in disabled people should be discussed in the program.
19	Collaboration between special education schools and health centers should be established to make the program more efficient.
20	Gender awareness should be taught, information about how to behave opposite gender should be provided.
21	The program should target all members of the society.

B) RESULTS ON VIEWS OF TRAINERS

Section I: Personal Information and Views On Participating in Education

Descriptive statistics of trainers completing 28-item questionnaire involving questions on needs regarding the Project are represented in Table 4.

Table 4. *Descriptive statistics of trainers giving views on educational needs and views on participating in such an education.*

Variables	Values		f	%
	Gender	Female	2398	58,9
		Male	1670	41,1
	Total		4068	100,0
	Experience Level (Years)	1-5 years	1739	42,7
		6-10 years	776	19,1
		11-15 years	563	13,8
		16-20 years	440	10,8
		21 years and overs	550	13,5
	Total		4068	100
	Field of Teaching	Special Education	2294	56,4
		Guidance	627	15,4
		Others	1114	27,4
		Missing	33	0,8
	Total		4068	100
	School Type	Primary School for Mild intellectually Disable Children	402	9,9
		Middle School for Mild Men intellectually tally Disable Children	365	9,0
		Vocational Special Education School for intellectually Disabled Children	526	12,9
		Special Education Application School-Level I	682	16,8
		Special Education Application School-Level II	549	13,5

		Special Education Application School-Level III	763	18,8
		Center for Guidance and Research	781	19,2
	Total		4068	100
	Did you take education for sexual education of intellectually disabled people before?	Yes	939	23,1
		No	1892	45,6
		Missing	1237	30,4
		I want to take such an education	1848	45,4
		Missing	2220	54,6

In Table 4 it is seen that majority (58.9%) of participant trainers is female and 61,8% of them have teaching experience between 1 and 10 years. Majority of the trainers (56,4%) is coming from Special Education Field. The participant trainers also represented nearly equal distribution to different kinds of schools for special education. Some of participant trainers (45,6%) did not take any education about sexual education of intellectually disabled people but 45,4% of them wanted to take such an education.

Section II: Views on Content of Educational Program

In second part of the analysis, views of trainers on content of possible educational program are investigated and reported in table 5.

Table 5. *Views of the trainers on content of possible educational program.*

No	Content of Educational Program	Categories					
		Less important		Important		Very important	
		f	%	f	%	f	%
1	Teaching to recognize his/her own body	29	0,7	579	14,2	3460	85,1
2	Teaching somebody's and his/her own body boundaries	21	0,3	392	9,6	3655	89,8
3	Teaching how to protect his/her own body boundaries	13	0,3	293	7,2	3762	92,5
4	Teaching to respect somebody's body boundaries	15	0,4	425	10,4	3628	89,2
5	Teaching social rules in relationships with the opposite sex and / or same sex	20	0,5	604	14,8	3444	84,7
6	Teaching how to express love correctly	21	0,5	799	19,6	3248	79,8
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	145	3,6	963	23,7	2960	72,8
8	Training about toilet / bathroom	28	0,7	490	12,0	3550	87,3
9	Being informed on the menstrual period	39	1,0	688	16,9	3341	82,1

10	Being informed on sexual development characteristics	63	1,5	829	20,4	3176	78,1
11	Teaching about sexual development to children in accordance with their ages	42	1,0	756	18,6	3270	80,4
12	Teaching how to gain appropriate, safe and correct sexual behaviors	58	1,4	708	17,4	3302	81,2
13	Teaching how to behave a child representing sexual behaviors at home / out of home	20	0,5	511	12,6	3537	86,9
14	Teaching how to use the Internet, social media and television safely	91	2,2	846	20,8	3131	77,0
15	Teaching to distinguish between good and bad touch	18	0,4	390	9,6	3660	90,0
16	Teaching how to say no	16	0,4	463	11,4	3589	88,2
17	Teaching how to say yes	138	3,4	1049	25,8	2881	70,8
18	Teaching to deal with deception	18	0,4	411	10,1	3639	89,5
19	Teaching the child what to do when he / she encounters sexual abuse	8	0,2	189	4,6	3871	95,2
20	Teaching the child what to do after sexual abuse	15	0,5	224	5,5	3829	94,1
21	Being informed about legal process	87	2,1	826	20,3	3155	77,6
22	Teaching when and how to communicate with families when it is needed.	19	0,5	573	14,1	3476	85,4
23	Teaching how to get support from families when it is needed.	21	0,5	576	14,2	3471	85,3

In table 5, there are only four contents found as “very important” by over 90% of the participant trainers, number of the contents found as “very important” by 85-90% of the participants is nine. Number of the contents found as “very important” by 80-85% of the participants is four however number of the contents found as “very important” by less than 80% of the participants is 6. Interestingly, “Teaching privacy issues such as breast-feeding, changing the nappies, and dressing” was found as “less important” or “important” by important part of the participants, it might be accepted as sign for revision. After calculation of frequencies and percentages, correlations among scores on each item were also calculated. All of the correlations were positive and significant, it is an important evidence for internal consistency of answers of the participants. Following calculation of Cronbach alpha reliability also supported this finding that the reliability value was 0.94 showing high internal consistency.

Section III: Additional Suggestions for Content and Program

In section III of the analysis, additional suggestions of trainers on content of possible educational program are investigated and reported in table 6.

Table 6. *Additional suggestions of participant trainers about educational program and content.*

No	Suggestions
1	Guidance services for children in fragmented families
2	Schools should be organized for new teaching materials focusing on sexual education.
3	Informing about relationship with peers
4	Teaching program content to same-age groups
5	Preparing videos and visual materials about sexual education and publishing them in EBA.
6	Informing all society about sexual education.
7	Sexual education should be added to current programs in line with levels of education, and in-service education seminars should be given to trainers
8	Sexual education should be given to all members of the society.
9	Providing cooperation among families, school personnel and personnel of rehabilitation centers.
10	Educations should be based on applications.
11	Such an education should be first given to the families since the children are frequently abused by their family members.
12	Relationship between sexual tension and fury in disabled individuals and ways to follow when abuse is experienced, should be taught.
13	Useful applications in different countries should be added to the program.
14	Special education techniques such as trust circle to prevent sexual abuse should be taught.
15	Marriage of disabled individuals
16	Such an education should be given to school bus drivers, guides and families.
17	Methods which can easily be understood by families and performance evaluation kit for evaluating performance of children in this education should be provided.
18	All of the trainers without considering their field of teaching should take this education
19	Illegal marriages of disabled individuals should be prevented and we should be sensitive about this problem.

20	Religious side of privacy should also be discussed in some part of the program.
21	Encouragement of making sexual actives alone should be prevented.
22	Informing in the program should be in line with background and intellectual levels of individuals.
23	Signs of individuals exposed to sexual abuse should be discussed.
24	Boundaries for family, relatives and friends should be taught.
25	Videos and animations should be clear and easily usable for teaching.
26	Ethical sides of preventing sexual arousals by medicines should be discussed in program
27	Sexual sympathy to older and younger should be explained in the program.
28	Telephone information line working 24 hours should be opened.
29	Peer bullying in sexual behaviors should be taken into account in the program.
30	Trainers on religious education should be organized to make the program effective
31	Correct words should be determined before the program is applied.
32	Teaching how to control sexual arousals and desires should be explained.
33	Applicable life support rooms should be used for sexual education.
34	Teaching how to be aware of sexual needs, desires and changes in arousals
35	Special education programs of universities should involve courses on sexual education.
36	Correct answers about sexuality should be prepared before the program is applied.
37	Taking into account the situations in which sexual education is not possible.
38	This educational program should be applied when children need it otherwise negative results might be observed.
39	Prevention of incest, preservation in sexual relationship, masturbation should be discussed in the program.
40	Program modules should be based on ages of the children.

SECOND NEEDS ANALYSIS FOR THE PROJECT OF DEVELOPING SEXUAL EDUCATION MODEL FOR MENTALLY DISABLED PEOPLE (REVISION)

After collection and analysis of data in the first stage of needs analysis, content and format of measurement tools were revised. Then, new data were collected by these instruments. For this purpose, two different questionnaires about educational needs to develop such a program were applied to parents and trainers in Turkey. By this way of needs analysis, evidence-based support for developing program and teaching materials was provided. Results on the needs analysis of parents and trainers will be represented under three different titles as personal information and views on participating in such an education, views on content of educational program and suggestions.

C) RESULTS ON VIEWS OF PARENTS

Section1: Personal Information and Views on Participating in Education

Descriptive statistics of parents completing revised 30-item questionnaire involving questions on needs regarding the Project are represented in Table 7.

Table 7. *Descriptive statistics of parents giving views on educational needs and views on participating such an education*

Variables	Values		f	%
	Gender	Female	14	28
		Male	36	72
	Total		50	100
	Employment	No employment	5	10
		Working in someone else's employment (Nongovernmental)	4	8
		Working in someone else's employment (Governmental)	25	50
		Working in own employment	1	2
		Retired	1	2
		Student	0	0
		Housewife	14	28

Total		50	100
Level of Education	Illiterate	0	0
	Literate	0	0
	Primary School	7	14
	Middle School	7	14
	High School	5	10
	Vocational School	2	4
	Undergraduate	25	50
	Graduate	4	8
Total		50	100
Age	18-20 ages	0	0
	21-25 ages	3	6
	26-30 ages	7	14
	31 ages and over	40	80
Total		50	100
Age of Disabled Individual	0-5 ages	11	22
	6-10 ages	13	26
	11-15 ages	11	22
	16-20 ages	5	10
	21 ages and over	7	14
Total		47	94
Did you take education for sexual education of intellectually disabled people before?	Yes	11	22
	No	39	78
Total		50	100
Importance of education for sexual education of intellectually disabled people	None	0	0
	Less important	0	0
	Important	3	6
	Very important	47	94
Total		50	100
Need of education for sexual education of intellectually disabled people	Yes	40	80
	No	10	20
Total		50	100

As seen in table 1, majority (72%) of participant parents are male and 50% of them have been working in a governmental employment. Their educational level is mainly at undergraduate level (50%). Ages of majority of the parents are over 31. Ages of disabled children mainly range from 0 to 15. Some of participant parents (78%) did not take any education about sexual education of intellectually disabled people and 94% of them found the education very important, 80% of them wanted to take such an education

Section II: Views on Content of Educational Program

In second part of the analysis on the data coming from revised instrument, views of parents on content of possible educational program are investigated and reported in table 8.

Table 8. *Views of parents on content of possible educational program.*

No	Content of Educational Program	Categories							
		None		Less important		Important		Very important	
		f	%	f	%	f	%	f	%
1	Teaching to recognize his/her own body	0	0	0	0	5	10	45	90
2	Teaching somebody's and his/her own body boundaries	0	0	0	0	5	10	45	90
3	Teaching how to protect his/her own body boundaries	0	0	0	0	3	6	47	94
4	Teaching to respect somebody's body boundaries	0	0	0	0	5	10	45	90
5	Teaching social rules in relationships with the opposite sex and / or same sex	0	0	0	0	5	10	45	90
6	Teaching how to express love correctly	0	0	0	0	9	18	41	82
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	1	2	0	0	7	14	42	84
8	Training about toilet / bathroom	0	0	0	0	4	8	46	92
9	Being informed on the circumcise	0	0	2	4	10	20	38	76
10	Being informed on the menstrual period	0	0	0	0	6	12	44	88
11	Being informed on sexual development characteristics	0	0	0	0	9	18	41	82
12	Teaching how to gain appropriate, safe and correct sexual behaviors	0	0	0	0	5	10	45	90
13	Teaching how to behave a child representing sexual behaviors at home / out of home	0	0	0	0	1	2	49	98
14	Teaching how to use the Internet, social media and television safely	0	0	0	0	8	16	42	84
15	Teaching to distinguish between good and bad touch	0	0	0	0	5	10	45	90
16	Teaching how to say no	0	0	0	0	7	14	43	86
17	Teaching to deal with deception	0	0	0	0	3	6	47	94
18	Teaching the child what to do when he / she encounters sexual abuse	0	0	0	0	1	2	49	98
19	Teaching the child what to do after sexual abuse	0	0	0	0	2	4	48	96

20	Being informed about legal process	0	0	1	2	3	6	46	92
21	Teaching when and how to communicate with administrators and teachers when it is needed.	0	0	0	0	8	16	42	84
22	Teaching how to get support from administrators, teachers and centers of guidance services when it is needed.	0	0	0	0	9	18	41	82
23	Self-care abilities about private body parts	0	0	0	0	4	8	46	92
24	Private body parts	0	0	0	0	5	10	45	90
25	Private places	0	0	0	0	5	10	45	90
26	Components of trust circle	0	0	0	0	5	10	45	90
27	Adolescence and related changes	0	0	0	0	5	10	45	90
28	Neglect and abuse	0	0	0	0	2	4	48	96
29	Marriage of disabled individuals	0	0	3	6	10	20	37	74
30	Preservative health for sexual behaviors	0	0	1	2	5	10	44	88

In table 8, there are 19 contents found as “very important” by over 90% of the participants, number of the contents found as “very important” by 85-90% of the participants is 3. Number of the contents found as “very important” by 80-85% of the participants is six however number of the contents found as “very important” by less than 80% of the participants is 2. Interestingly, “Marriage of disabled individuals” was found as “less important” or “important” by important part of the participants, it might be accepted as sign for revision. After calculation of frequencies and percentages, correlations among scores on each item were also calculated. All of the correlations were positive and significant, it is an important evidence for internal consistency of answers of the participants. Following calculation of Cronbach alpha reliability also supported this finding that the reliability value was 0.93 showing high internal consistency.

Section III: Additional Suggestions for Content and Program

Table 9. *Additional suggestions of participant parents about educational program and content.*

Number	Suggestions
1	Parents should take such an education in small groups
2	Relatives like parents should take such an education
3	Qualified and practical materials such as model women or men are needed.

D) RESULTS ON VIEWS OF TRAINERS

Section I: Personal Information and Views on Participating in Education

Descriptive statistics of trainers completing 30-item questionnaire involving questions on needs regarding the Project are represented in Table 10.

Table 10. *Descriptive statistics of trainers giving views on educational needs and views on participating in such an education*

Variables	Values		f	%
	Gender	Female	79	50
		Male	79	50
	Total		158	100
	Experience Level (Years)	1-5 years	33	20.9
		6-10 years	37	23.4
		11-15 years	30	19.0
		16-20 years	22	13.9
		21 years and overs	36	22.8
	Total		158	100
	Field of Teaching	Special Education	89	56.3
		Guidance	69	43.7
	Total		158	100
	Age	16-20 Ages	1	0.6
		21-25 Ages	10	6.3

		26-30 Ages	40	25.3
		31-35 Ages	34	21.5
		36 age and over	73	46.2
	Total		158	100
	School Type	Primary School for Mild intellectually Disable Children	13	8.2
		Middle School for Mild intellectually Disable Children	11	7.0
		Vocational Special Education School for intellectually Disabled Children	9	5.7
		Special Education Application School-Level I	2	1.3
		Special Education Application School-Level II	3	1.9
		Special Education Application School-Level III	1	0.6
		Center for Guidance and Research	119	75.3
	Total		158	100
	Did you take education for sexual education of intellectually disabled people before?	Yes	24	15.2
		No	134	84.8
	Total		158	100
	Importance of education for sexual education of intellectually disabled people	None	0	0
		Less important	1	0.6
		Important	6	3.8
		Very important	151	95.6
	Total		158	100
	Need of education for sexual education of intellectually disabled people	Yes	143	90.5
		No	15	9.5
	Total			100

In Table 10 it is seen that half (50%) of participant trainers is female and 63% of them have teaching experience between 1 and 15 years. Majority of the trainers (56,3%) is coming from Special Education Field and majority of them have been working in “Center for Guidance and Research”. The participant trainers are mostly at 31 ages and over. Some of participant trainers (84, 8%) did not take any education about sexual education of intellectually disabled people but 90.5% of them wanted to take such an education. 95.6 % of them found such an education as very important.

Section II: Views on Content of Educational Program

In second part of the analysis, views of trainers on content of possible educational program are investigated and reported in table 11.

Table 11. Views of the trainers on content of possible educational program.

No	Content of Educational Program	Categories							
		None		Less important		Important		Very important	
		f	%	f	%	f	%	f	%
1	Teaching to recognize his/her own body	0	0	0	0	22	13.9	136	86.1
2	Teaching somebody's and his/her own body boundaries	0	0	1	0.6	15	9.5	142	89.9
3	Teaching how to protect his/her own body boundaries	0	0	0	0	13	8.2	145	91.8
4	Teaching to respect somebody's body boundaries	0	0	0	0	19	12	139	88
5	Teaching social rules in relationships with the opposite sex and / or same sex	0	0	2	1.3	41	25.9	115	72.8
6	Teaching how to express love correctly	0	0	1	0.6	39	24.7	118	74.7
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	0	0	4	2.5	41	25.9	113	71.5
8	Training about toilet / bathroom	0	0	0	0	25	15.8	133	84.2
9	Being informed on the circumcise	1	0.6	12	7.6	60	38	85	53.8
10	Being informed on the menstrual period	0	0	1	0.6	41	25.9	116	73.4
11	Being informed on sexual development characteristics	0	0	1	0.6	39	24.7	118	74.7
12	Teaching how to gain appropriate, safe and correct sexual behaviors	0	0	1	0.6	24	15.2	133	84.2
13	Teaching how to behave a child representing sexual behaviors at home / out of home	0	0	0	0	14	8.9	144	91.1
14	Teaching how to use the Internet, social media and television safely	0	0	1	0.6	33	20.9	124	78.5
15	Teaching to distinguish between good and bad touch	0	0	0	0	15	9.5	143	90.5
16	Teaching how to say no	0	0	0	0	11	7.0	147	93.0
17	Teaching to deal with deception	0	0	0	0	15	9.5	143	90.5

18	Teaching the child what to do when he / she encounters sexual abuse	0	0	0	0	8	5.1	150	94.9
19	Teaching the child what to do after sexual abuse	0	0	0	0	9	5.7	149	94.3
20	Being informed about legal process	0	0	3	1.9	17	10.8	138	87.3
21	Teaching when and how to communicate with families when it is needed.	0	0	0	0	20	12.7	138	87.3
22	Teaching how to get support from families when it is needed.	0	0	2	1.3	24	15.2	132	83.5
23	Self-care abilities about private body parts	0	0	0	0	31	19.6	127	80.4
24	Private body parts	0	0	0	0	22	13.9	136	86.1
25	Private places	0	0	1	0.6	26	16.5	131	82.9
26	Components of trust circle	0	0	0	0	34	21.5	124	78.5
27	Adolescence and related changes	0	0	1	0.6	42	26.6	115	72.8
28	Neglect and abuse	0	0	0	0	18	11.4	140	88.6
29	Marriage of disabled individuals	3	1.9	13	8.2	49	31	93	58.9
30	Preservative health for sexual behaviors	0	0	1	0.6	31	19.6	126	79.7

In table 11, there are only seven contents found as “very important” by over 90% of the participant trainers, number of the contents found as “very important” by 85-90% of the participants is seven. Number of the contents found as “very important” by 80-85% of the participants is five however number of the contents found as “very important” by less than 80% of the participants is 11. Interestingly, “Marriage of disabled individuals” and “Being informed on the circumcising” were found as “less important” or “important” by important part of the participants, it might be accepted as sign for revision. After calculation of frequencies and percentages, correlations among scores on each item were also calculated. All of the correlations were positive and significant, it is an important evidence for internal consistency of answers of the participants. Following calculation of Cronbach alpha reliability also supported this finding that the reliability value was 0.95 showing high internal consistency.

Section III: Additional Suggestions for Content and Program

Table 12. *Additional suggestions of participant trainers about educational program and content.*

No	Suggestions
1	Studies on psychological adaptations of families should be made
2	Functional contents in line with children's ages and developments should be added to the program.
3	Educations should be interactive and puppets and drama might be used during education.
4	Content should be adapted for individuals with multiple disability.

FINDINGS ON DATA FROM PARTNERS

E) RESULTS ON VIEWS OF ITALIAN PARENTS

Section I: Personal Information and Views on Participating in Education

Descriptive statistics of Italian parents completing 29-item questionnaire involving questions on needs regarding the Project are represented in Table 13.

Table 13. Descriptive statistics of Italian parents giving views on educational needs and views on participating such an education

Variables	Values		f	%
	Gender	Female	4	40
		Male	6	60
	Total		10	100
	Employment	Working in someone else's employment	8	80
		Working in own employment	0	0
		No employment	2	20
		Student	0	0
		Retired	0	0
		Housewife	0	0
	Total			
	Level of Education	Illiterate	0	0
		Literate	0	0
		Primary School	0	0
		Middle School	1	10
		High School	2	20
		Vocational School	0	0
		Undergraduate	7	70
		Graduate	0	0
	Total		10	100
	Age of Disabled Individual	6-10 ages	4	40
		11-15 ages	5	50
		16-20 ages	1	10
		21 ages and over	0	0
	Total		10	100
		Yes	3	30

	Did you take education for sexual education of intellectually disabled people before?	No	4	40
		Missing	3	30
		I want to take such an education	3	30
		Missing	7	70

As seen in table 13, 5 of the participant parents are male and 80% of them are working in someone else's employment. Their educational level is mainly at undergraduate level (70%). Ages of disabled children range from 6 to 15. Some of participant parents (40%) did not take any education about sexual education of intellectually disabled people but 30% of them wanted to take such an education. Interestingly percentage of missing data about willingness to take such an education is high.

Section II: Views on Content of Educational Program

In second part of the analysis, views of Italian parents on content of possible educational program are investigated and reported in table 14.

Table 14. *Views of Italian parents on content of possible educational program*

No	Suggestions for Educational Content	Categories					
		Less important		Important		Very important	
		f	%	f	%	f	%
1	Teaching to recognize his/her own body	0	0	1	10	9	90
2	Teaching somebody's and his/her own body boundaries	0	0	0	0	10	100
3	Teaching how to protect his/her own body boundaries	0	0	1	10	9	90
4	Teaching to respect somebody's body boundaries	0	0	1	10	9	90
5	Teaching social rules in relationships with the opposite sex and / or same sex	0	0	2	20	8	80
6	Teaching how to express love correctly	0	0	0	0	10	100
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	0	0	2	20	8	80
8	Training about toilet / bathroom	0	0	2	20	8	80
9	Being informed on the menstrual period	0	0	3	30	7	70
10	Being informed on sexual development characteristics	0	0	1	10	9	90
11	Teaching about sexual development to children in accordance with their ages	0	0	3	30	7	70

12	Teaching how to gain appropriate, safe and correct sexual behaviors	0	0	0	0	10	100
13	Teaching how to behave a child representing sexual behaviors at home / out of home	0	0	2	20	8	80
14	Teaching how to use the Internet, social media and television safely	0	0	2	20	8	80
15	Teaching to distinguish between good and bad touch	0	0	0	0	10	100
16	Teaching how to say yes	0	0	2	20	8	80
17	Teaching how to say no	0	0	1	10	9	90
18	Teaching to deal with deception	0	0	0	0	10	100
19	Teaching the child what to do when he / she encounters sexual abuse	0	0	0	0	10	100
20	Teaching the child what to do after sexual abuse	0	0	3	30	7	70
21	Being informed about legal process	0	0	3	30	7	70
22	Knowing about his/her body parts	0	0	1	10	9	90
23	Teaching when and how to communicate with administrators and teachers when it is needed.	0	0	0	0	10	100
24	Teaching how to get support from administrators, teachers and centers of guidance services when it is needed.	0	0	0	0	10	100

In table 14, there are 24 contents found as “very important” by 70-100% of the participants. 9th, 11th, 20th and 21st contents were found “important” by important part of the participants, hence there is a need to make a decision on revising, accepting or canceling these contents.

Section III: Additional Suggestions for Content and Program

Table 15. *Additional suggestions of Italian participant parents about educational program and content.*

Number	Suggestions
1	Expected Relationships with brothers and sisters should be discussed in the program
2	Introduction about homosexual relationships should be added to the program.
3	Example applications in different countries should be represented.

F) RESULTS ON VIEWS OF ITALIAN TRAINERS

Section I: Personal Information and Views on Participating in Education

Descriptive statistics of Italian trainers completing 28-item questionnaire involving questions on needs regarding the Project are represented in Table 16.

Table 16. *Descriptive statistics of Italian trainers giving views on educational needs and views on participating in such an education.*

Variables	Values		f	%
	Gender	Female	5	50
		Male	5	50
	Total		10	100
	Experience Level (Years)	1-5 years	3	30
		6-10 years	4	40
		11-15 years	3	30
		16-20 years	0	0
		21 years and over	0	0
	Total			100
	Field of Teaching	Special Education	2	20
		Guidance	1	10
		Others	7	70
		Missing	0	0
	Total		10	100
	School Type	Middle School	5	50
		High School	3	30
		Special Education Application School-Level I	1	10
		Center for Guidance and Research	1	10
	Total		10	100
	Did you take education for sexual education of intellectually disabled people before?	Yes	3	30
		No	3	30
		Missing	4	40
		I want to take such an education	3	30
		Missing	7	70

In Table 16 it is seen that half of Italian participant trainers is female and 70% of them have teaching experience between 1 and 10 years. Majority of the trainers (70%) is coming from Other Fields. Majority of the participant trainers have been working in middle and high schools.

Some of participant trainers (30%) did not take any education about sexual education of intellectually disabled people but 30% of them wanted to take such an education.

Section II: Views on Content of Educational Program

In second part of the analysis, views of Italian trainers on content of possible educational program are investigated and reported in table 17.

Table 17. *Views of Italian trainers on content of possible educational program.*

No	Content of Educational Program	Categories					
		Less important		Important		Very important	
		f	%	f	%	f	%
1	Teaching to recognize his/her own body	0	0	2	20	8	80
2	Teaching somebody's and his/her own body boundaries	0	0	2	20	8	80
3	Teaching how to protect his/her own body boundaries	0	0	2	20	8	80
4	Teaching to respect somebody's body boundaries	0	0	0	0	10	100
5	Teaching social rules in relationships with the opposite sex and / or same sex	0	0	1	10	9	90
6	Teaching how to express love correctly	0	0	2	20	8	80
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	0	0	2	20	8	80
8	Training about toilet / bathroom	0	0	3	30	7	70
9	Being informed on the menstrual period	0	0	2	20	8	80
10	Being informed on sexual development characteristics	0	0	1	10	9	90
11	Teaching about sexual development to children in accordance with their ages	0	0	0	0	10	100
12	Teaching how to gain appropriate, safe and correct sexual behaviors	0	0	3	30	7	70
13	Teaching how to behave a child representing sexual behaviors at home / out of home	0	0	0	0	8	80
14	Teaching how to use the Internet, social media and television safely	0	0	4	40	5	50
15	Teaching to distinguish between good and bad touch	0	0	0	0	10	100
16	Teaching how to say yes	0	0	1	10	9	90
17	Teaching how to say no	0	0	1	10	9	90

18	Teaching to deal with deception	0	0	2	20	8	80
19	Teaching the child what to do when he / she encounters sexual abuse	0	0	2	20	7	70
20	Teaching the child what to do after sexual abuse	0	0	2	20	7	70
21	Being informed about legal process	0	0	2	20	8	80
22	Teaching when and how to communicate with families when it is needed.	0	0	3	30	7	70
23	Teaching how to get support from families when it is needed.	0	0	1	10	9	90

In table 17, there are 23 contents found as “very important” by 70-100% of the participants. 8th, 12th, 14th, 19th, 20th and 22nd contents were found “important” by important part of the participants, hence there is a need to make a decision on revising, accepting or canceling these contents.

Section III: Additional Suggestions for Content and Program

Table 18. *Additional suggestions of Italian participant trainers about educational program and content.*

Number	Suggestions
1	Teaching how to express love correctly should be added to the program.

G) FINDINGS ON VIEWS OF SPANISH PARENTS ON THE CONTENT OF THE PROGRAM

Majority of Spanish parents stated that they did not participate in an education regarding sexual education of intellectually disabled people and they stated their willingness to participate in such an education. The contents found as “very important” by the participant parents are below;

- Teaching how to protect his/her own body boundaries
- Teaching how to say no
- Teaching the child what to do after sexual abuse
- Teaching when and how to communicate with administrators and teachers when it is needed.
- Teaching how to get support from administrators, teachers and centers of guidance services when it is needed.
- Teaching social rules in relationships with the opposite sex and / or same sex.
- Teaching changes in body with age.
- Being informed on the menstrual period.
- Teaching how to use the Internet, social media and television safely.
- Teaching to distinguish between good and bad touch.
- Teaching how to express love correctly
- Teaching to deal with deception

The contents found as “important” by the participant parents are below;

- Teaching how to gain appropriate, safe and correct sexual behaviors
- Teaching somebody's and his/her own body boundaries
- Teaching how to behave a child representing sexual behaviors at home / out of home
- Teaching how to say yes
- Knowing about his/her body parts

The contents found as “less important” by the participant parents are below;

- Teaching privacy issues such as breast-feeding, changing the nappies, dressing
- Being informed about legal process

Suggestions

- Use of social media appropriately
- Sexual diseases and contraception
- Having a family

H) FINDINGS ON VIEWS OF SPANISH TRAINERS ON THE CONTENT OF THE PROGRAM

Mean of the experience of the trainers are 10 years in special education. Some of them took an education on sexual education before. Also majority of them are willing to take part in such an education. The contents found as “very important” by the participant trainers are below;

- Teaching how to protect his/her own body boundaries
- Teaching how to say no
- Teaching the child what to do after sexual abuse
- Teaching when and how to communicate with administrators and teachers when it is needed.
- Teaching how to get support from administrators, teachers and centers of guidance services when it is needed.
- Teaching social rules in relationships with the opposite sex and / or same sex.
- Teaching changes in body with age.
- Being informed on the menstrual period.
- Teaching how to use the Internet, social media and television safely.
- Teaching to distinguish between good and bad touch.
- Teaching how to express love correctly
- Teaching to deal with deception
- Teaching how to gain appropriate, safe and correct sexual behaviors
- Teaching somebody's and his/her own body boundaries
- Teaching how to behave a child representing sexual behaviors at home / out of home
- Teaching how to say yes
- Knowing about his/her body parts
- Training about toilet / bathroom
- Teaching how to make guidance for families
- Teaching how to communicate with families

The contents found as “less important” by the participant parents are below;

- Teaching privacy issues such as breast-feeding, changing the nappies, dressing
- Being informed about legal process

Suggestions

- Safety of children
- Communication, negotiation, decision making skills
- Use of social media
- Pregnancy, gender identity, sexual preferences, variety.

I) FINDINGS ON VIEWS OF GREEK TRAINERS ON THE CONTENT OF THE PROGRAM

The questionnaire was completed by 19 Greek trainers and 15 of them were females. Majority of the trainers (72%) had experience between 1-5 years and 47% of the trainers were special education teachers. When looked at the school types they have been working, it is seen that 9% of them are working in “Special Education Application School-Level I”, some of them (9%) “Vocational Special Education School for intellectually Disabled Children”. Interestingly, 9% of them are working in “High School for Mild Intellectually Disable Children”, and 9% of them are working in “Primary School for Mild Intellectually Disable Children”. Remaining (64%) part has been working in other types of schools. Some of them (11%) took an education on sexual education before. Also majority of them (63%) are willing to take part in such an education. The contents found as “very important” by the participant parents are below;

- Teaching respect for somebody's body boundaries (%20)
- Being informed on the menstrual period (%20)
- Teaching privacy issues such as breast-feeding, changing the nappies, dressing (%60)
- Knowing about his/her body parts (%75)

Moreover, the trainers suggested “contraception, masturbation, sexual support tools and ways of sexual relief” subjects as an important content.

J) FINDINGS ON VIEWS OF LITHUANIAN PARENTS ON THE CONTENT OF THE PROGRAM

The questionnaire was completed by 45 Lithuanian parents and 41 of them were females. For educational levels, 10 participants were graduated from high school, 20 of them were graduated from vocational school. 5 and 4 were graduated from undergraduate and graduate degrees, respectively. Ages of disabled individuals ranged from 16 to 21 and over. 42

of the parents have disabled children at the age of 21 and over. The children mostly (n=30) have been taking education from Vocational Special Education School for intellectually Disabled Children. Some of them (n=3) took an education on sexual education before. Also majority of them (n=42) are willing to take part in such an education. Views of Lithuanian parents on content of possible educational program are investigated and reported in table 19.

Table 19. *Views of Lithuanian parents on content of possible educational program.*

No	Content of Educational Program	Categories					
		Less important		Important		Very important	
		f	%	f	%	f	%
1	Teaching to recognize his/her own body	0	0	12	26.6	33	73.3
2	Teaching somebody's and his/her own body boundaries	4	8.8	9	20	32	71.1
3	Teaching how to protect his/her own body boundaries	3	6.6	8	17.7	34	75.5
4	Teaching to respect somebody's body boundaries	2	4.4	4	8.8	39	86.6
5	Teaching social rules in relationships with the opposite sex and / or same sex	0	0	19	42.2	26	57.7
6	Teaching how to express love correctly	0	0	5	11.1	40	88.8
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	0	0	20	44.4	25	55.5
8	Training about toilet / bathroom	0	0	29	64.4	16	35.5
9	Being informed on the menstrual period	4	8.8	9	20	26	57.7
10	Being informed on sexual development characteristics	0	0	0	0	45	100
11	Teaching about sexual development to children in accordance with their ages	4	8.8	5	11.1	36	80
12	Teaching how to gain appropriate, safe and correct sexual behaviors	0	0	4	8.8	41	91.1
13	Teaching how to behave a child representing sexual behaviors at home / out of home	0	0	7	15.5	38	84.4
14	Teaching how to use the Internet, social media and television safely	0	0	15	33.3	30	66.6
15	Teaching to distinguish between good and bad touch	0	0	19	42.2	26	57.7
16	Teaching how to say yes	2	4.4	36	80	7	15.5
17	Teaching how to say no	0	0	4	8.8	41	91.1
18	Teaching to deal with deception	0	0	6	13.3	39	86.6
19	Teaching the child what to do when he / she encounters sexual abuse	0	0	4	8.8	41	91.1
20	Teaching the child what to do after sexual abuse	0	0	0	0	45	100

21	Being informed about legal process	0	0	11	24.4	34	75.5
22	Knowing about his/her body parts	0	0	3	6.6	42	93.3
23	Teaching when and how to communicate with administrators and teachers when it is needed.	0	0	1	2.2	44	97.7
24	Teaching how to get support from administrators, teachers and centers of guidance services when it is needed.	0	0	2	4.4	43	95.5

In table 19, there are 24 contents found as “very important” by 70-100% of the participant parents. 5th, 7th, 8th, 9th, 14th, 15th and 16th contents were found “important” by important part of the participants, hence there is a need to make a decision on revising, accepting or canceling these contents.

K) FINDINGS ON VIEWS OF LITHUANIAN TRAINERS ON THE CONTENT OF THE PROGRAM

The questionnaire was completed by 76 Lithuanian trainers and 74 of them were females. Twelve of them have experience between 1-5 years while 26 have experience between 6-10 years. Twenty-nine of the trainers have experience between 11 and 15 years while four trainers have experience between 16-20 years. The others have experience more than 21 years. Twenty of them are from special education field. The school types they have been working are “Primary School for Mild Intellectually Disable Children” and “Vocational Special Education School for intellectually Disabled Children” (n=8), and 68 of them have been working in other schools. None of them took an education on sexual education before. Also all of them are willing to take part in such an education. Views of Lithuanian trainers on content of possible educational program are investigated and reported in table 20.

Table 20. *Views of Lithuanian trainers on content of possible educational program*

No	Content of Educational Program	Categories					
		Less important		Important		Very important	
		f	%	f	%	f	%
1	Teaching to recognize his/her own body	0	0	0	0	76	100
2	Teaching somebody's and his/her own body boundaries	0	0	21	27.6	55	72.3
3	Teaching how to protect his/her own body boundaries	0	0	5	6.5	71	93.4
4	Teaching to respect somebody's body boundaries	0	0	0	0	76	100
5	Teaching social rules in relationships with the opposite sex and / or same sex	0	0	20	26.3	56	73.6
6	Teaching how to express love correctly	0	0	12	15.7	64	84.2
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	0	0	1	1.3	75	98.6
8	Training about toilet / bathroom	0	0	3	3.9	73	96.0
9	Being informed on the menstrual period	0	0	14	18.4	62	81.5
10	Being informed on sexual development characteristics	0	0	12	15.7	64	84.2

11	Teaching about sexual development to children in accordance with their ages	0	0	18	23.6	56	73.6
12	Teaching how to gain appropriate, safe and correct sexual behaviors	1	1.3	4	5.2	71	93.4
13	Teaching how to behave a child representing sexual behaviors at home / out of home	0	0	7	9.2	69	90.7
14	Teaching how to use the Internet, social media and television safely	0	0	6	7.8	70	92.1
15	Teaching to distinguish between good and bad touch	4	5.2	14	18.4	58	76.3
16	Teaching how to say yes	0	0	11	14.4	65	85.5
17	Teaching how to say no	0	0	19	25	57	75
18	Teaching to deal with deception	0	0	5	6.5	71	93.4
19	Teaching the child what to do when he / she encounters sexual abuse	0	0	4	5.2	72	94.7
20	Teaching the child what to do after sexual abuse	0	0	26	34.2	50	66.8
21	Being informed about legal process	0	0	5	6.5	71	93.4
22	Teaching when and how to communicate with families when it is needed.	0	0	4	5.2	72	94.7
23	Teaching how to get support from families when it is needed.	0	0	5	6.5	71	93.4

In table 20, there are 23 contents found as “very important” by 70-100% of the participant parents. 2nd, 5th, 11th, 17th and 20th contents were found “important” by important part of the participants, hence there is a need to make a decision on revising, accepting or canceling these contents.

CONCLUSION

The analysis of the data coming from 5 different countries showed that generally suggested contents of the program were found important however some of them were found more important. This situation is a sign of revision for some contents to reach complete consensus on the content of the program. Following table (table 21) summarizes participants' views in countries on the suggested content of the educational program.

Table 21. *Comparison and summary of participants' views in countries on the suggested content.*

No	Content of Educational Program	Categories			
		Important		Very important	
		Trainers	Parents	Trainers	Parents
1	Teaching to recognize his/her own body		ES	LT,GR,ES, IT,TR	LT,IT,TR
2	Teaching somebody's and his/her own body boundaries	LT		ES,IT,TR	LT,ES,IT, TR
3	Teaching how to protect his/her own body boundaries			LT, ES, IT, TR	LT,ES,IT, TR
4	Teaching to respect somebody's body boundaries		ES	LT,GR,ES, IT,TR	LT,IT,TR
5	Teaching social rules in relationships with the opposite sex and / or same sex	LT	LT	ES,IT,TR	ES,IT,TR
6	Teaching how to express love correctly			LT, ES, IT, TR	LT,ES,IT, TR
7	Teaching privacy issues such as breast-feeding, changing the nappies, dressing	ES,TR	LT,ES	LT,GR,IT	IT,TR
8	Training about toilet / bathroom	IT	LT	LT,ES,TR	ES,IT,TR
9	Being informed on the menstrual period		LT,IT	LT,GR,ES, IT,TR	ES,TR
10	Being informed on sexual development characteristics			LT, ES, IT, TR	LT,ES,IT, TR
11	Teaching about sexual development to children in accordance with their ages	LT	IT	ES,IT,TR	LT,ES,TR
12	Teaching how to gain appropriate, safe and correct sexual behaviors	IT	ES	LT,ES,TR	LT,IT,TR
13	Teaching how to behave a child representing sexual behaviors at home / out of home		ES	LT, ES, IT, TR	LT,IT,TR

14	Teaching how to use the Internet, social media and television safely	IT	LT	LT,ES,TR	ES,IT,TR
15	Teaching to distinguish between good and bad touch		LT	LT, ES, IT, TR	ES,IT,TR
16	Teaching how to say yes		LT,ES	LT, ES, IT, TR	IT,TR
17	Teaching how to say no	LT		ES,TR	LT,ES,IT, TR
18	Teaching to deal with deception			LT,ES,TR	LT,ES,IT, TR
19	Teaching the child what to do when he / she encounters sexual abuse	IT		LT,ES,TR	LT,ES,IT, TR
20	Teaching the child what to do after sexual abuse	LT,IT	IT	ES,TR	LT,ES,TR
21	Being informed about legal process	ES	ES,IT	LT,IT,TR	LT,IT,TR
22	Teaching when and how to communicate with families when it is needed.	IT		LT,ES,TR	LT,ES,IT, TR
23	Teaching how to get support from families when it is needed.			LT, ES, IT, TR	LT,ES,IT, TR

Note: Letters represent different countries: TR-Turkey, IT-Italy, LT-Lithuania, GR-Greece, ES-Spain

Using only data coming from one country is not enough to make a decision about the contents of the program due to cultural differences, hence at least views of two countries are considered in this analysis. Here, 7th, 8th, 9th, 11th, 12th, 14th, 16th, 20th and 21st contents were found “important” by at least two countries, it is thought that they might be revised. Moreover, additional suggestions were made by both trainers and parents (n=37), they can be ordered as followings (Letters represent different countries: TR-Turkey, IT-Italy, LT-Lithuania, GR-Greece, ES-Spain);

- Contraception (GR, ES)
- Safety of children (ES)
- Communication, negotiation and decision making skills (ES)
- Use of social media appropriately (ES)
- Pregnancy, gender identity, sexual preferences, variety (ES)
- Sexual diseases (ES)
- Having a family (ES)
- Expected Relationships with brothers and sisters should be discussed in the program (IT)
- Example applications in different countries should be represented. (IT)
- Centers for sexual education and preservation from abuse should be opened (TR)

- Development of individuals taking education from this program should be reported to stakeholders. (TR)
- Psychiatric support should be provided to the parents. (TR)
- The contents should be provided by videos, virtual materials and models. (TR)
- Knowledge about marriage of intellectually disabled people should also be a part of this program. (TR)
- Interaction of parent, school and environment should be provided to increase effectiveness of the program. (TR)
- Gender awareness should be taught, information about how to behave opposite gender should be provided. (TR)
- First we have to teach how to self-regulate our emotions and sexual desires. (TR)
- Female trainers should be engaged in this program. (TR)
- Contents should be clear, understandable and free from social boundaries (TR)
- Guidance services for children in fragmented families (TR)
- Relationship between sexual tension and fury in disabled individuals and ways to follow when abuse is experienced, should be taught. (TR)
- “List of things to do” should be prepared when sexual abuse occurs (TR)
- Special education techniques such as trust circle to prevent sexual abuse should be taught. (TR)
- Illegal marriages of disabled individuals should be prevented and we should be sensitive about this problem. (TR)
- Religious side of privacy should also be discussed in some part of the program. (TR)
- Boundaries for family, relatives and friends should be taught. (TR)
- Telephone information line working 24 hours should be opened. (TR)
- Signs of individuals exposed to sexual abuse should be discussed. (TR)
- Prevention of incest and preservation in sexual relationship should be discussed in the program. (TR)
- Correct answers about sexuality should be prepared before the program is applied. (TR)

The analysis of the data coming from the countries revealed that 60 suggestions of the program are found appropriate except for three contents; “Teaching privacy issues such as breast-feeding, changing the nappies, dressing”, “Being informed on the circumcise” and “Marriage of disabled individuals”. However, some of them are not contents, they are just suggestions for applying the program. Based on the consensus, it was decided that the suggested contents were found appropriate. The following table (Table 22) represents approved contents by the parents and trainers of the participant countries.

Table 22. *Approved contents by the parents and trainers of the participant countries.*

Number	Contents
1	Teaching to recognize his/her own body
2	Teaching somebody's and his/her own body boundaries
3	Teaching how to protect his/her own body boundaries
4	Teaching to respect somebody's body boundaries
5	Teaching social rules in relationships with the opposite sex and / or same sex
6	Teaching how to express love correctly
7	Training about toilet / bathroom
8	Being informed on the menstrual period
9	Being informed on sexual development characteristics
10	Teaching how to gain appropriate, safe and correct sexual behaviors
11	Teaching how to behave a child representing sexual behaviors at home / out of home
12	Teaching how to use the Internet, social media and television safely
13	Teaching to distinguish between good and bad touch
14	Teaching how to say no
15	Teaching to deal with deception
16	Teaching the child what to do when he / she encounters sexual abuse
17	Teaching the child what to do after sexual abuse
18	Being informed about legal process
19	Teaching when and how to communicate with administrators and teachers when it is needed.
20	Teaching how to get support from administrators, teachers and centers of guidance services when it is needed.
21	Self-care abilities about private body parts
22	Private body parts
23	Private places
24	Components of trust circle
25	Adolescence and related changes
26	Neglect and abuse
27	Preservative health for sexual behaviors

ANNEXES: RESEARCH INSTRUMENTS / TOOLS

Annex.1

QUESTIONNAIRE FOR DETERMINATION OF TRAINING NEEDS OF TRAINERS IN THE SCOPE OF THE DESEM PROJECT

Dear Participant,

This questionnaire was designed to determine the content of the training program to be structured within the scope of sexual education of Intellectual disabled people project. The questionnaire consists of 3 parts. In the first part, you are expected to provide information about your personal information, and in the second part, there are some basic topics that are included in sexual education for people with intellectual disabilities. In this section, you are expected to indicate your personal training needs in the order of importance. In the third part, you are expected to specify the topics that you do not want to see in the sexual training program. The data obtained here will not be shared with any other parties except the activities to be carried out within the scope of the project.

Thank you for your contribution.

DESEM Project Team

PART I: PERSONEL INFORMATION

Gender	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>						
Professional year	1-5 years	<input type="checkbox"/>	6-10 years	<input type="checkbox"/>	11-15 years	<input type="checkbox"/>	16-20 years	<input type="checkbox"/>	21 years and more	<input type="checkbox"/>
Branches	Special education	<input type="checkbox"/>	Guidance	<input type="checkbox"/>	Other	<input type="checkbox"/>				
School type	Primary School for the Mildly Intellectual Disabled						<input type="checkbox"/>			
	Secondary School for Mildly Intellectual Disabled						<input type="checkbox"/>			
	Special Vocational Education for Intellectual Disabled						<input type="checkbox"/>			
	Special Education Practice School I. Level						<input type="checkbox"/>			
	Special Education Practice School II. level						<input type="checkbox"/>			
	Special Education Practice School III. level						<input type="checkbox"/>			
	Guidance and Research Centre						<input type="checkbox"/>			
	Other						<input type="checkbox"/>			

Part II: DETERMINING THE TRAINING NEEDS

Please tick the ones closest to you, you can make more than one choice

Training concerning sexual education for Intellectual disabled people

I got training ☐ I didn't got training ☐ I want to get training ☐

If you want to get training, please continue to Part III.

PART III: DETERMINING TRAINING CONTENT

ISSUES RELATED WITH THE FIELD OF SEXUAL EDUCATION OF INTELLECTUAL DISABLED PEOPLE		Less important	Important	More important
<i>Please mark importance level of the issues you need to learn to support disabled students' sexual education</i>		1	2	3
1.	Teaching to recognize his/her own body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Teaching somebody's and his/her own body boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Teaching how to protect his/her own body boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Teaching to respect somebody's body boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Teaching social rules in relationships with the opposite sex and / or same sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teaching how to express love correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Informing regarding privacy issues such as breast-feeding, changing the nappies, dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Improving toilet / bathroom training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Informing on the menstrual period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Being informed on sexual development characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Informing the child about sexual development in accordance with his / her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Teaching how to gain appropriate, safe and correct sexual behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Know how to behave sexual behaviours at home / out of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Teaching how to use the Internet, social media and television safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Teaching to distinguish between good and bad touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Teaching how to say yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Teaching how to say no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Teaching to deal with deception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Teaching the child what to do when he / she encounters sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Teaching the child what to do after sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Getting information about legal process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Know when and how to communicate with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Know how to guide families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V: OPINIONS AND RECOMMENDATIONS

<p>Please write any other topics you would like to take part in the training program in addition to the training content mentioned above;</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p> <p>8.</p> <p>9.</p>
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THANK YOU FOR ANSWERING THE QUESTIONNAIRE

QUESTIONNAIRE FOR DETERMINATION OF TRAINING NEEDS OF PARENTS IN THE SCOPE OF THE DESEM PROJECT

Dear Parents,

This questionnaire designed to determine the content of the parent training program to be established within the scope of Sexual Education Training for Intellectual Disabled People Project. The survey consists of 3 sections. In the first part, you are expected to provide information about your personal information. In the second part, there are some basic issues in sexual education for people with mental disabilities. In this section, you are expected to specify your personal education needs in order of importance in guiding your child about sexual education. In the third part, you are expected to specify the topics that you do not want to see in the sexual training program. The data obtained from you will not be shared with any other parties except the activities to be carried out within the scope of the project.

Thank you for your contribution.

DESEM Project Team

PART I: PERSONEL INFORMATION

Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>				
Job					
Education	Primary school <input type="checkbox"/>	Middle school <input type="checkbox"/>	High School <input type="checkbox"/>	College <input type="checkbox"/>	University <input type="checkbox"/>	Master / PhD <input type="checkbox"/>
Your child's age range	6-10 <input type="checkbox"/>	11-15 <input type="checkbox"/>	16-20 <input type="checkbox"/>	21 and above <input type="checkbox"/>		
Disability type of your child:						
Type of school your child attends	Primary School for the Mildly Intellectual Disabled					<input type="checkbox"/>
	Secondary School for Mildly Intellectual Disabled					<input type="checkbox"/>
	Special Vocational Education for Intellectual Disabled					<input type="checkbox"/>
	Special Education Practice School I. Level					<input type="checkbox"/>
	Special Education Practice School II. level					<input type="checkbox"/>
	Special Education Practice School III. level					<input type="checkbox"/>
	Other					<input type="checkbox"/>

PART II: DETERMINING THE TRAINING NEEDS

Please mark your request for education by marking (X) if you have /haven't got any training to help guide your child related with sexual education. You can make multiple choices.

I got training ☐ I didn't get training ☐ I want to get training ☐

If you want to get training, please continue to Part III.

PART III: DETERMING THE CONTENT OF TRAINING

ISSUES RELATED WITH THE FIELD OF SEXUAL EDUCATION OF INTELLECTUAL DISABLED PEOPLE <i>Please mark importancy level of the issues you need to learn to support disabled children's sexual education.</i>		Less important	Important	More important
		1	2	3
1.	Teaching to recognize his/her own body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Teaching somebody's and his/her own body boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Teaching how to protect his/her own body boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Teaching to respect somebody's body boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Teaching social rules in relationships with the opposite sex and / or same sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teaching how to express love correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Informing regarding privacy issues such as breast-feeding, changing the nappies, dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Improving toilet / bathroom training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Informing on the menstrual period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Being informed on sexual development characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Informing the child about sexual development in accordance with his / her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Teaching how to gain appropriate, safe and correct sexual behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Know how to behave sexual behaviours at home / out of home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Teaching how to use the Internet, social media and television safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Teaching to distinguish between good and bad touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Teaching how to say yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Teaching how to say no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Teaching to deal with deception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Teaching the child what to do when he / she encounters sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Teaching the child what to do after sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Getting information about legal process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Teaching to recognize his/her own body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Know when and how to contact the teacher and / or school administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Know how to get support from guidance research centres / school administration / teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V: OPINIONS AND RECOMMENDATIONS

Please write any other topics you would like to take part in the training program in addition to the training content mentioned above

1.
2.
3.
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THANK YOU FOR ANSWERING THE QUESTIONNAIRE

Annex III.

Annex III and IV were applied only in Turkey**

ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET EĞİTİMİ PROJESİ EĞİTİCİ ANKETİ II.

Değerli katılımcı,

Bu projede, çeşitli düzeylerde zihinsel yetersizliği olan bireylerin ihmal-istismardan korunmaları ve mahremiyetleri için verilmesi gereken eğitime yönelik bir program geliştirmek amaçlanmaktadır. Bu doğrultuda eğitimciler bu konu ile ilgili bir eğitime yönelik ne tür ihtiyaçların olduğu konusunda sorular içeren bu anketin uygulanması gerekmektedir. Anketten elde edilen bulgular doğrultusunda geliştirilmesi planlanan eğitim programı ve eğitim materyallerine kanıt tabanlı bir yol sağlanacaktır. Anket, 3 bölümden oluşmaktadır: Katılımcı kişisel bilgileri ve eğitim ihtiyacına yönelik görüşler, Eğitim içeriğine yönelik görüşler ve Öneriler.

Anketi cevapladığınız için teşekkür ederiz.

DESEM proje ekibi

BÖLÜM I: KİŞİSEL BİLGİLER VE EĞİTİM İHTİYACINA İLİŞKİN GÖRÜŞLER

1)Cinsiyetiniz:

Kadın <input type="checkbox"/>	Erkek <input type="checkbox"/>
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2)Hizmet Süreniz:

1-5 yıl	<input type="checkbox"/>
6-10 yıl	<input type="checkbox"/>
11-15 yıl	<input type="checkbox"/>
16-20 yıl	<input type="checkbox"/>
21 yıl ve üzeri	<input type="checkbox"/>

3)Branşınız.

Özel Eğitim	<input type="checkbox"/>
Rehberlik	<input type="checkbox"/>

4) Yaşınız:

16-20 yaş	<input type="checkbox"/>
21-25 yaş	<input type="checkbox"/>
26-30 yaş	<input type="checkbox"/>
31-35 Yaş	<input type="checkbox"/>
36 yaş ve üstü	<input type="checkbox"/>

5)Görev Yapmakta Olduğunuz Okul Türü:

Hafif Düzeyde Zihinsel Engelliler İlkokulu	<input type="checkbox"/>
Hafif Düzeyde Zihinsel Engelliler Ortaokulu	<input type="checkbox"/>
Zihinsel Engelliler Özel Eğitim Meslek Okulu	<input type="checkbox"/>
Özel Eğitim Uygulama Okulu I. Kademe	<input type="checkbox"/>
Özel Eğitim Uygulama Okulu II. Kademe	<input type="checkbox"/>
Özel Eğitim Uygulama Okulu III. Kademe	<input type="checkbox"/>
Rehberlik ve Araştırma Merkezi	<input type="checkbox"/>

6) Daha önce “ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET” konusuna ilişkin eğitim alıp almama durumu

Aldım <input type="checkbox"/>	Almadım <input type="checkbox"/>
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7) “ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET” konusuna ilişkin eğitimin önem düzeyi

Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
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8) “ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET” konusuna ilişkin eğitim talep durumu

Almak istiyorum <input type="checkbox"/>	Almak istemiyorum <input type="checkbox"/>
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BÖLÜM II: EĞİTİM İÇERİĞİNE İLİŞKİN GÖRÜŞLER

Anketin ikinci bölümünde katılımcı eğitimcilerin planlanacak olan eğitimde ne gibi bir içerik olması gerektiği ile ilgili görüşleri elde edilmek istenmektedir.

Eğitim İçeriğini Değerlendirme			
1. Kendi bedenini tanıma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
2. Başkalarının ve kendi bedeninin sınırları			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
3. Kendi beden sınırlarını koruma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
4. Başkalarının beden sınırlarına saygı duyma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
5. Karşı cinsle ve/veya aynı cinsle ilişkilerde toplumsal kurallar			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
6. Sevgiyi doğru biçimde ifade etme yolları			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>

7. Emzirme, alt deęiřtirme, giyinme gibi mahremiyet konuları			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
8. Tuvalet/banyo eęitimi			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
9. Sünnet dönemi			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
10. Regl/menstrüasyon dönemi			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
11. Cinsel gelişim özellikleri			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
12. Uygun, güvenli ve doğru cinsel davranışlar			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
13. Evde/ev dışında cinsel davranış sergileyen çocuęa nasıl davranılacağı			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
14. İnternet, sosyal medya ve televizyonu güvenli kullanma			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
15. İyi ve kötü dokunmayı ayırt etme			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
16. Hayır diyebilme			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
17. Kandırılmayla başa çıkma			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
18. Cinsel tacizle karşılaşıldığında nelerin yapılacağı			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
19. Cinsel tacizle karşılařtıktan sonra nelerin yapılacağı			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
20. Yasal süreçler			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
21. Öğretmenle/okul idaresiyle ne zaman ve nasıl iletişime geçileceęi			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
22. Rehberlik ve araştırma merkezlerinden/okul idaresinden / öğretmenlerden nasıl destek alınacağı			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
23. Cinsel bölgelerle ilgili öz-bakım becerileri			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
24. Mahrem bölgeler			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
25. Mahremiyet alanları			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
26. Güven çemberi unsurları			
Hiç Önemli Deęil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
27. Ergenlik ve ilgili deęişimler			

Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
28. İhmal ve cinsel istismar			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
29. Engelli bireylerin evlenmesi			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
30. Cinsel davranışlara ilişkin koruyucu sağlık			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>

BÖLÜM III: EĞİTİM İÇERİĞİNE İLİŞKİN ÖNERİLER

Anketin üçüncü bölümünde katılımcı eğitimcilerin planlanacak olan eğitimde ne gibi bir içerik olması gerektiği ile ilgili daha detaylı görüşleri elde edilmek istenmektedir.

Eğitim İçeriğine Yönelik Öneriler			
Öneri 1.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 2.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 3.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 4.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 5.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>

Anketi cevapladığınız için teşekkür ederiz

ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET EĞİTİMİ PROJESİ VELİ ANKETİ II.

Değerli katılımcı,

Bu projede, çeşitli düzeylerde zihinsel yetersizliği olan bireylerin ihmal-istismardan korunmaları ve mahremiyetleri için verilmesi gereken eğitime yönelik bir program geliştirmek amaçlanmaktadır. Bu doğrultuda velilere bu konu ile ilgili bir eğitime yönelik ne tür ihtiyaçların olduğu konusunda sorular içeren bu anketin uygulanması gerekmektedir. Anketten elde edilen bulgular doğrultusunda geliştirilmesi planlanan eğitim programı ve eğitim materyallerine kanıt tabanlı bir yol sağlanacaktır. Anket, 3 bölümden oluşmaktadır: Katılımcı kişisel bilgileri ve eğitim ihtiyacına yönelik görüşler, Eğitim içeriğine yönelik görüşler ve Öneriler.

Anketi cevapladığınız için teşekkür ederiz.

DESEM proje ekibi

BÖLÜM I: KİŞİSEL BİLGİLER VE EĞİTİM İHTİYACINA İLİŞKİN GÖRÜŞLER

1) Cinsiyetiniz:

Kadın <input type="checkbox"/>	Erkek <input type="checkbox"/>
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2) Mesleğiniz:

İşi Yok	<input type="checkbox"/>
Ücretli Bir İşte Çalışıyor (Özel)	<input type="checkbox"/>
Ücretli Bir İşte Çalışıyor (Kamu)	<input type="checkbox"/>
Kendi İş Var	<input type="checkbox"/>
Emekli	<input type="checkbox"/>
Öğrenci	<input type="checkbox"/>
Ev Hanımı	<input type="checkbox"/>

3) Eğitim Düzeyiniz

Okur-yazar değil	<input type="checkbox"/>
Okur-yazar	<input type="checkbox"/>
İlkokul	<input type="checkbox"/>
Ortaokul	<input type="checkbox"/>
Lise	<input type="checkbox"/>
Ön Lisans	<input type="checkbox"/>
Lisans	<input type="checkbox"/>
Lisans Üstü	<input type="checkbox"/>

4) Yaşınız

18-20 yaş	<input type="checkbox"/>
21-25 yaş	<input type="checkbox"/>
26-30 yaş	<input type="checkbox"/>
31 yaş ve üstü	<input type="checkbox"/>

5) Bakımını Üstlendiğiniz Kişinin Yaşı

0-5 yaş	<input type="checkbox"/>
6-10 yaş	<input type="checkbox"/>
11-15 yaş	<input type="checkbox"/>
16-20 yaş	<input type="checkbox"/>
21 yaş ve üstü	<input type="checkbox"/>

6) Daha önce “ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET” konusuna ilişkin eğitim alıp almama durumu

Aldım <input type="checkbox"/>	Almadım <input type="checkbox"/>
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7) “ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET” konusuna ilişkin eğitimin önem düzeyi

Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
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8) “ZİHİNSEL ENGELLİ BİREYLER İÇİN İHMAL-İSTİSMARDAN KORUNMA VE MAHREMİYET” konusuna ilişkin eğitim talep durumu

Almak istiyorum <input type="checkbox"/>	Almak istemiyorum <input type="checkbox"/>
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BÖLÜM II: EĞİTİM İÇERİĞİNE İLİŞKİN GÖRÜŞLER

Anketin ikinci bölümünde katılımcı velilerin planlanacak olan eğitimde ne gibi bir içerik olması gerektiği ile ilgili görüşleri elde edilmek istenmektedir.

Eğitim İçeriğini Değerlendirme			
1. Kendi bedenini tanıma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
2. Başkalarının ve kendi bedeninin sınırları			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
3. Kendi beden sınırlarını koruma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
4. Başkalarının beden sınırlarına saygı duyma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
5. Karşı cinsle ve/veya aynı cinsle ilişkilerde toplumsal kurallar			

Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
6. Sevgiyi doğru biçimde ifade etme yolları			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
7. Emzirme, alt değiştirme, giyinme gibi mahremiyet konuları			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
8. Tuvalet/banyo eğitimi			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
9. Sünnet dönemi			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
10. Regl/menstrüasyon dönemi			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
11. Cinsel gelişim özellikleri			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
12. Uygun, güvenli ve doğru cinsel davranışlar			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
13. Evde/ev dışında cinsel davranış sergileyen çocuğa nasıl davranılacağı			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
14. İnternet, sosyal medya ve televizyonu güvenli kullanma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
15. İyi ve kötü dokunmayı ayırt etme			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
16. Hayır diyebilme			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
17. Kandırılmayla başa çıkma			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
18. Cinsel tacizle karşılaşıldığında nelerin yapılacağı			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
19. Cinsel tacizle karşılaştıktan sonra nelerin yapılacağı			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
20. Yasal süreçler			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
21. Öğretmenle/okul idaresiyle ne zaman ve nasıl iletişime geçileceği			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
22. Rehberlik ve araştırma merkezlerinden/okul idaresinden / öğretmenlerden nasıl destek alınacağı			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
23. Cinsel bölgelerle ilgili öz-bakım becerileri			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
24. Mahrem bölgeler			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
25. Mahremiyet alanları			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>

26. Güven çemberi unsurları			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
27. Ergenlik ve ilgili değişimler			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
28. İhmal ve cinsel istismar			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
29. Engelli bireylerin evlenmesi			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
30. Cinsel davranışlara ilişkin koruyucu sağlık			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>

BÖLÜM III: EĞİTİM İÇERİĞİNE İLİŞKİN ÖNERİLER

Anketin üçüncü bölümünde katılımcı velilerin planlanacak olan eğitimde ne gibi bir içerik olması gerektiği ile ilgili daha detaylı görüşleri elde edilmek istenmektedir.

Eğitim İçeriğine Yönelik Öneriler			
Öneri 1.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 2.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 3.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 4.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>
Öneri 5.			
Hiç Önemli Değil <input type="checkbox"/>	Az Önemli <input type="checkbox"/>	Önemli <input type="checkbox"/>	Çok Önemli <input type="checkbox"/>

Anketi cevapladığınız için teşekkür ederiz.

PARTNERS



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Coordinator

**MoNE,
General
Directorate
for Special
Education
and Guidance
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