



Federación Empresarial
de Castilla-La Mancha de Economía Social

ACCESING TO SERVICES AND ADAPTABILITY OF BUILDING FOR PEOPLE WITH THIS DISABILITY

The National Hospital for spinal cord injured
and

The National Hospital Foundation for
investigation and integration



This project is financed by the European Commission through the Community Action Programme
to Combat Social Exclusion 2002-2006, Transnational Exchange Programme



LAPS & RAPS
LOCAL ACTION PLANS & RESIDENTIAL ACTION PLANS

CONTEXT

■ NATIONAL HOSPITAL FOR SPINAL CORD INJURED IN TOLEDO

- A monograph state hospital for treatment and rehabilitation of spinal cord injured
- Working since 1974 and continuously improving its activity
- It has been given several awards for its work on spinal cord injury
- Center of reference in Spain and abroad

■ NATIONAL HOSPITAL FOR SPINAL CORD INJURED FOUNDATION FOR INVESTIGATION AND INTEGRATION

- Created in 2003 with the approval of the regional government of C-LM
- Private foundation, worldwide and non-profit-making
- It doesn't modify the holding, the work nor the administrative dependence of the National Hospital of Spinal cord injured
- It supports and completes the work of the Hospital



CONTEX (Cont.)

- **TARGET GROUP → PATIENTS (in/out of hospital)**
 - There are about 220 patients/year:
 - Sharpened: less than two months since injury
 - Chronic: more than two months since injury
 - Check-up: patients with previous treatment in hospital and also patients who have never been in this hospital
 - Characteristics of patients:
 - Injury caused by road accident (50%), illness and accident at work
 - 80% males and 20% females
 - Average age under 30
 - Average stay in hospital
 - ↗ 4-5 months for paraplegics
 - ↘ 5-6 months for tetraplegics

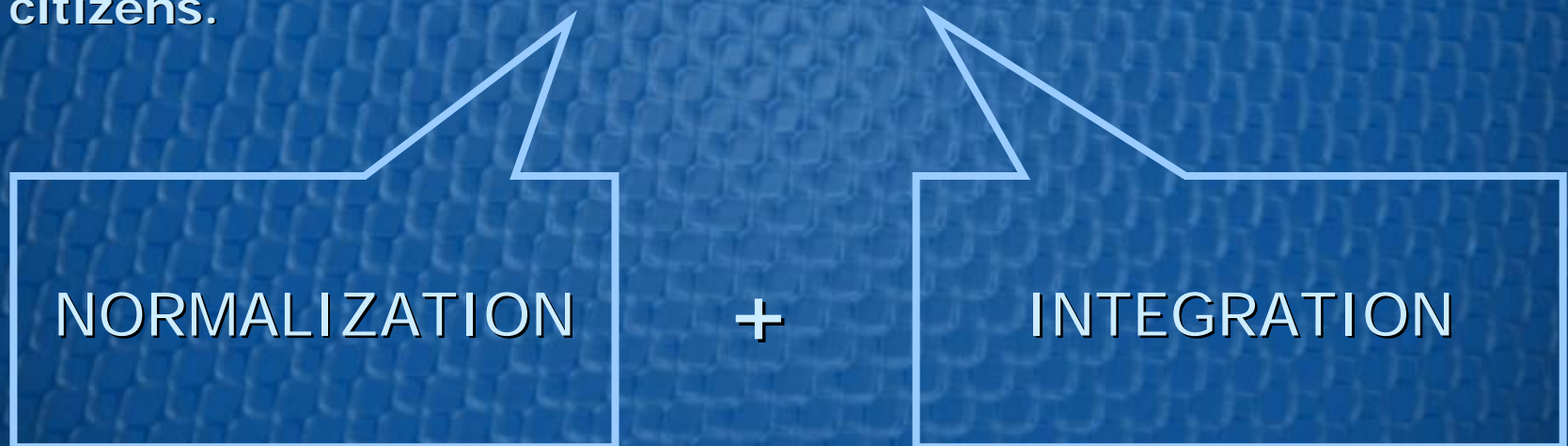
ISSUE

Avoid the “jump” to the “new life” spinal cord injured experience

continuous work since the moment they enter hospital
and also after they leave to start living on themselves

OBJECTIVE

Guarantee spinal cord injured the equal opportunities and the maximum integration into the ordinary services for all citizens.



WORKING METHODOLOGY → 3 PHASES

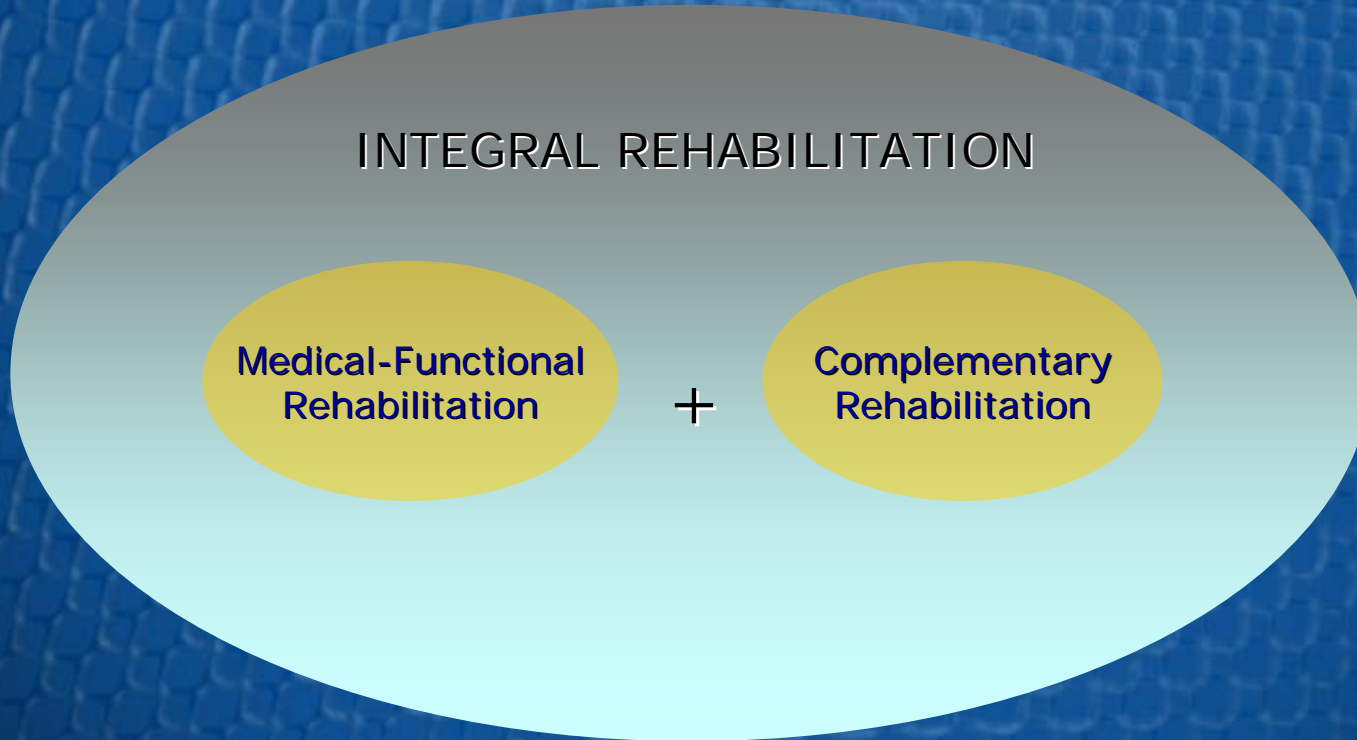
- INITIATION AND DISCOVERY OF POSSIBILITIES  HOSPITAL
 - ASSESMENT
 - PROFILE

- FORMATION/EDUCATION  HOSPITAL + FOUNDATION
 - MEDICAL-SOCIAL PROGRAM
 - APPLICATION OF PROGRAM
 - EVALUATION + DERIVATION (IN SOME CASES)

- INTEGRATION  FOUNDATION
 - CONTINUITY OF HOSPITAL ACTIVITY PROGRAMS

WORKING METHODOLOGY (Cont.)

These 3 phases aims at



WORKING METHODOLOGY (Cont.)

- **MEDICAL-FUNCTIONAL REHABILITATION:** managing the maximum functional activity of the locomotor apparatus and the nervous system
 - ACTIONS:
 - Medical program / treatment
 - Supported and continuously improved by the Foundation's investigation projects (different groups specialized in different lines of investigation concerning spinal cord injury cure and mitigation)



WORKING METHODOLOGY (Cont.)

- **COMPLEMENTARY REHABILITATION:** Attending non clinic aspects of rehabilitation (social, of formation/education, sports, ...)

- **ACTIONS:**

- Formation/Education
 - formal
 - non-formal
- Sports
 - therapeutic
 - playful
 - formative-competition
- Socio-Cultural Dynamization

WORKING METHODOLOGY (Cont.)

■ COMPLEMENTARY REHABILITATION. FORMATION

– AIMS:

- Avoid lost of schooling and habits of work.
- Initiate to training education and technics of communication
- Stimulate profesional and working capacities

– ACTIVITIES:

Formal education

Aplication of Spanish
educational system
from infant to
university

Non Formal education

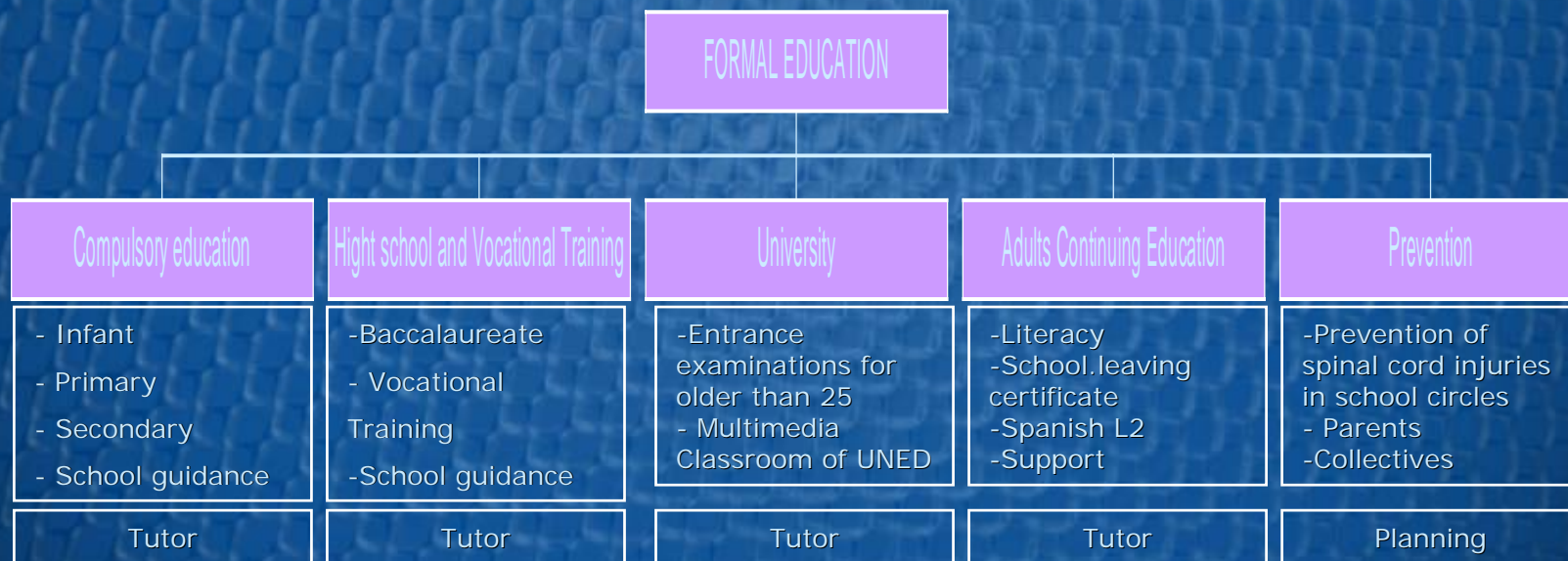
Initiation to several areas
of vocational training in
order to discover working
possibilities

Support: LIBRARY



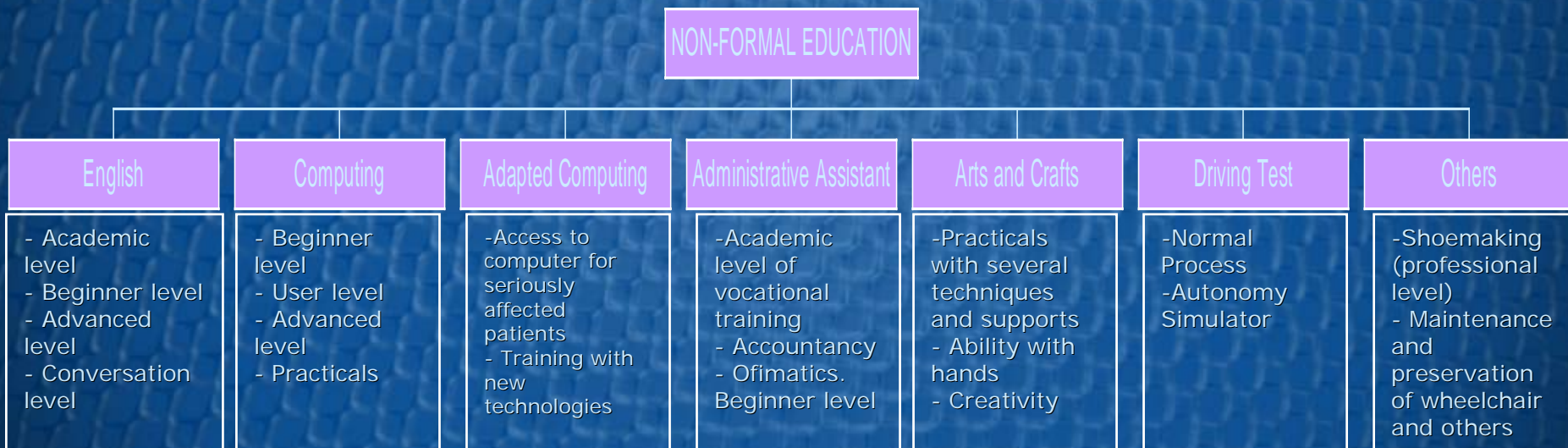
WORKING METHODOLOGY (Cont.)

COMPLEMENTARY REHABILITATION. FORMATION



WORKING METHODOLOGY (Cont.)

COMPLEMENTARY REHABILITATION. FORMATION

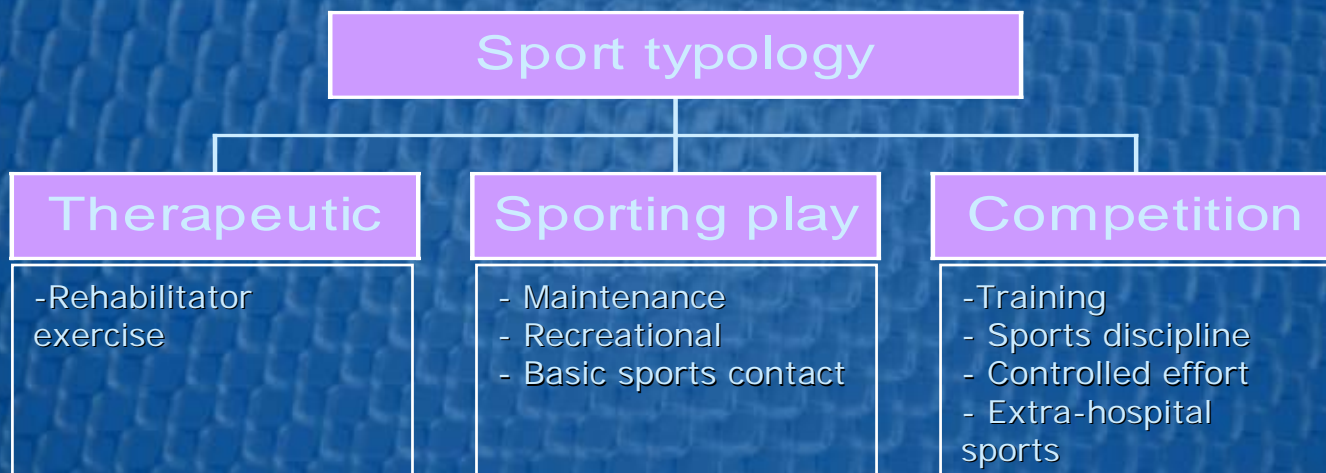


WORKING METHODOLOGY (Cont.)

- **COMPLEMENTARY REHABILITATION. SPORTS**
 - **AIMS:**
 - Development and improvement of physical capacities (therapeutic)
 - Complement to functional recovery (playful)
 - Introduction to a sports activity (formative-competition)
 - **ACTIVITY:**
 - Practice of sports such as ping-pong, basketball, carbine shooting, archery, boccia, weightlifting, golf, popular games.
 - **SUPPORT:**
 - Sports Club “La Peraleda”
 - School of Introduction to Sport

WORKING METHODOLOGY (Cont.)

COMPLEMENTARY REHABILITATION. SPORTS



WORKING METHODOLOGY (Cont.)

- COMPLEMENTARY REHABILITATION. SOCIO-CULTURAL DINAMIZATION
 - AIMS:
 - Favour social relationships
 - Foster self-esteem
 - Facilitate normalized occupation
 - ACTIVITY:
 - Workshops, broadcasting, ludoteca, excursions, performances, films, reading,.....
 - SUPPORT:
 - Volunteers (AVOSPA)
 - Library, music library, video library.



CONTINUITY OF HOSPITAL ACTIVITY PROGRAMS

■ HOSPITAL

- Periodic check-ups (hospital admission)
- Educational agreements with social services from other autonomous regions (ex. Castilla León)
- Sports agreements



CONTINUITY OF HOSPITAL ACTIVITY PROGRAMS

■ FOUNDATION

- Project TOYRA: rehabilitation of movement through games
- Vocational training courses: Realization of accesible webs; Accesibility and commercial explotation; Graphic arts
- Special center of employment: printer's
- Accomodation in adapted house for patients after acute phase
- "Guia Rotae" : Accesible entertaintment and tourism guide
- Collection of guides (i.e. From Ministry of Justice) and network resources to give information about adapted housing: buying and selling, legislation, fiscal advantages, housing noticeboard...
- Adapted paths



FINANCIAL RESOURCES

■ HOSPITAL:

- Completely provided by public administration → SESCOAM (Health service of Castilla la Mancha)

■ FOUNDATION:

- Mainly private funding
- Supported by public funding: health ministry in the regional government of C-LM; Ministry and regional ministry of education; the Institute of Health Carlos III; University...
- Also international funding thanks to transnational european projects.

HUMAN RESOURCES

- Medical staff

- Non medical staff → Social Complementary Rehabilitation
 - Educational experts
 - Teachers
 - Sport technicians
 - Dinamization technicians
 - Librarians
 - Driving school teachers

HUMAN RESOURCES (Cont.)

- Staff in common with public health service:
 - Psychologist
 - Social worker

- Investigation team: 70 investigators in 9 different specialist working groups

- Volunteers



ACHIEVEMENTS

■ OBTAINED ACHIEVEMENTS 2006

- 204 personal assessments to elaboration of program
- 262 people participating in activities of complementary rehabilitation
- 650 programs elaborated (2.9 per patient)
- 7 vocational training courses → 100-150 people trained
- 105 applications for driving school lessons



17-19% of integration within spinal cord injured active population in C-LM

ACHIEVEMENTS (Cont.)

- EXPECTED ACHIEVEMENTS:
 - 15-20 people integrated and working before Summer 2007
 - 50-100 people integrated by the end of 2007



ACHIEVEMENTS: REAL SAMPLES



Here we have the example of some SCI who didn't have any education or training when he entered hospital, They just liked computing, and therefore, they were trained in realization of web pages, Adobe courses, graphic arts and framing. Nowadays they work in the special center of employment with normal and full-time contract.

ACHIEVEMENTS: REAL SAMPLES

This woman is investigator and, although she is paraplegic, she can do her work in a normalized way. The lab has been adapted for her.

Besides, she has been trained in different sports and she is champion of Spain in four swimming specialities.



ACHIEVEMENTS: REAL SAMPLES



This man was a businessman and builder before the accident and the consequent spinal cord injury. He couldn't continue on working in this activity so he had to redirect his life. Thanks to the treatment and training received by the hospital and the foundation, he is nowadays the director of the special center of employment. He continues being a businessman, though in a different economic activity.

INDICATORS IN MEASURING OUTCOMES

- Degree of self-integration – acceptance of injury
- Number of new professional profiles successfully created
- Degree of personal, social and economical independency of these spinal cord injured
- People with SCI living in nonmedical, noncustodial settings

CONCLUSION: LESSONS LEARNED

- Real and complete eradication of the exclusion of this group lies in the investigation → no exclusion will exist once the cure of spinal cord injury is discovered
- Anyway, this is a long process and we cannot just wait. Several actions can be carried out to provide quality of life for the target group
- This must be a collective and cooperative task. And permeability among institutions working with this disability is quite important. There must be a flow of documents and communication in both directions so that we can finally obtain people

INFORMED+TRAINED+NORMALIZED+INTEGRATED

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Thank you for your attention



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