

Riia Finnilä
¡ME GUSTA LA FIESTA!
Implementing a Mexican Theme Event for the Residents
of Kokkolan Hoitokoti

Thesis
CENTRIA UNIVERSITY OF APPLIED SCIENCES
Degree Programme in Tourism
May 2013

ABSTRACT

| | | |
|--|-------------------------|-------------------------------|
| Department Kokkola-Pietarsaari Unit | Date May 2013 | Author Riia Finnilä |
| Degree programme Degree Programme in Tourism | | |
| Name of thesis ¡ME GUSTA LA FIESTA! Implementing a Mexican Theme Event for the Residents of Kokkolan Hoitokoti | | |
| Instructor Kristiina Huhtala | | Pages 25 + 3 |
| Supervisor Katarina Broman | | |
| <p>The subject of this thesis was to create a theme event for the residents of Kokkolan Hoitokoti, which is a permanent home for 17 intellectually disabled persons. The commissioner for this work was Kristiina Huhtala, the service manager of Kokkolan Hoitokoti. The event had a Mexican theme and was held in the premises of the nursing home.</p> <p>The event was implemented together with Eveliina Laine and Ida Termonen, who are also studying tourism in Centria University of Applied Sciences. The reporting, except for the project plan, brochure, questionnaire and analysis of the interview were done individually. All three theses were presented together.</p> <p>The objectives of the thesis were to gain basic knowledge about intellectual disabilities and knowledge about the residents as individuals. Based on that knowledge the aim was to create a suitable event for the residents of Kokkolan Hoitokoti. It was important that as many residents could attend as possible. Finally, the event outcome was evaluated by using structured interviews which is a method used in quantitative research, but in order to gain qualitative results.</p> <p>The event met the needs and requirements of the residents well. What the author gained was experience to communicate and act with people with disabilities, which will be helpful in the future.</p> | | |
| Key words Intellectual disability, mental disability, practise-based thesis, theme event | | |

TIIVISTELMÄ OPINNÄYTETYÖSTÄ

| | | |
|--|------------------------------|-------------------------------|
| Yksikkö Kokkola-Pietarsaari | Aika Toukokuu 2013 | Tekijä Riia Finnilä |
| Koulutusohjelma Matkailun koulutusohjelma | | |
| Työn nimi ¡ME GUSTA LA FIESTA! Implementing a Mexican Theme Event for the Residents of Kokkolan Hoitokoti | | |
| Työn ohjaaja Katarina Broman | Sivumäärä 25 + 3 | |
| Työelämäohjaaja Kristiina Huhtala | | |
| <p>Tämän opinnäytetyön aiheena oli järjestää teematapahtuma Kokkolan Hoitokodin asukkaille, joka on pysyvä asuinpaikka seitsemälletoista kehitysvammaiselle. Työelämäohjaajana toimi Kristiina Huhtala, Kokkolan Hoitokodin palvelupäällikkö. Tapahtuma toteutettiin Meksiko teemalla hoitokodin tiloissa.</p> <p>Tapahtuma toteutettiin yhdessä Eveliina Laineen ja Ida Termosen kanssa, jotka ovat myös matkailun opiskelijoita Centria ammattikorkeakoulussa. Raportointi tehtiin erikseen, lukuunottamatta projektisuunnitelmaa, esitettä, kyselylomaketta ja palautteen analysointia. Kaikki kolme opinnäytetyötä esitettiin yhdessä.</p> <p>Työn tavoitteena oli ensin hankkia perustietoutta kehitysvammaisuudesta ja asukkaiden erikoistarpeista. Hankitun tiedon perusteella järjestettiin tapahtuma, joka vastasi mahdollisimman hyvin asukkaiden kykyjä ja toiveita. Oli tärkeää, että mahdollisimman moni asukas pystyisi ottamaan osaa tapahtumaan. Lopuksi, tapahtuman onnistumista arvioitiin käyttäen kvalitatiivista tutkimusmenetelmää. Tieto kerättiin osallistuneilta henkilökunnan jäseniltä strukturoituna haastatteluna.</p> <p>Tapahtuma vastasi hyvin asukkaiden toiveita ja tarpeita. Tapahtuman anti kirjoittajalle oli saada käytännön kokemusta, kuinka toimia vammaisten ihmisten parissa.</p> | | |
| Asiasanat Kehitysvammaisuus, teematahtuma, toiminnallinen opinnäytetyö | | |

ABSTRACT
TIIVISTELMÄ
TABLE OF CONTENTS

| | |
|--|-----------|
| 1 INTRODUCTION | 1 |
| 2 ABOUT INTELLECTUAL DISABILITIES | 3 |
| 2.1 The World Health Organizations classifications | 4 |
| 2.2 The American Association on Intellectual and Developmental Disabilities | 5 |
| 2.3 Levels of intellectual disability | 5 |
| 2.4 Additional illnesses of intellectual disability | 7 |
| 2.4.1 Autism | 7 |
| 2.4.2 Down syndrome | 8 |
| 2.4.3 Visual impairment | 8 |
| 2.4.4 Physical impairment | 9 |
| 2.4.5 Cerebral Palsy | 9 |
| 2.4.6 Mental disorders | 10 |
| 3 THE PROCESS OF IMPLEMENTING AN EVENT | 11 |
| 3.1 Initiation and finding the target group | 11 |
| 3.2 Inventing something new for the residents | 13 |
| 3.3 Project plan | 14 |
| 3.4 Budget and resources | 14 |
| 3.5 Managing risks | 14 |
| 4 THE DAY OF THE EVENT | 16 |
| 4.1 Decorations | 16 |
| 4.2 Program | 17 |
| 4.3 Meal and ending | 18 |
| 5 EVALUATING THE OUTCOME OF THE EVENT | 20 |
| 5.1 Selecting the research method type | 20 |
| 5.2 Analysing the feedback | 20 |
| 6 DISCUSSION AND CONCLUSIONS | 23 |
| REFERENCES | 24 |
| APPENDICES | |

GRAPHS

| | |
|-------------------------------|----|
| GRAPH 1. The decorations | 16 |
| GRAPH 2. The handicraft table | 17 |
| GRAPH 3. Piñata 1 | 18 |
| GRAPH 4. Piñata 2 | 18 |
| GRAPH 5. The dining table | 19 |

1 INTRODUCTION

Intellectually disabled persons, and disabled persons in general, are a big part of our society. They are doing the same things in their everyday life and have the same rights as everyone. Therefore it is necessary for the society and individuals to learn about and recognise them. Even though several classifications are made, it is important to remember that people should not be categorised, but all are unique regardless of their state of health. That is also the case with intellectual disabilities. There are several conditions appearing with intellectual disabilities, therefore as a beginner it is a very large and demanding subject to study.

The aim of this thesis is to provide a special event for intellectually disabled persons. This type of thesis is chosen, because it is interesting and it is important to know about peoples' differences. Also, according to the author implementing a practice-based thesis is more interesting than a research-based one. The commissioner for this work is Kokkolan Hoitokoti, which is a permanent home for 17 intellectually disabled persons. The main objectives are to gain more knowledge about the diversity of intellectual disabilities, create an event fitting the customers' needs and wants, and to perform as well as possible in the actual event.

Even though the event will be arranged only once it is interesting to get feedback, since it can be employed in the future. The theme for this event is Mexican and there will be activities and a Mexican style meal. The title of the thesis '¡Me gusta la fiesta!' is Spanish and means 'I like to party'. What needs to be remembered, is that all the residents' needs should be taken into consideration when planning. Therefore it is important to study intellectual disabilities beforehand. The implementation of the event is done together with Eveliina Laine and Ida Termonen. The reporting part is done individually, except for the part when analysing the feedback. The theses will be presented together.

The first part of the report is discussing the intellectual disabilities in general and the classifications that are made. One important part is the theory about additional illnesses that are appearing with the residents of Kokkolan Hoitokoti. The second

part describes the steps of the event planning process, which choices have been made and why. This part of the report is also describing what the actual event is like. The last section is a qualitative research conducted in order to evaluate the event outcome. Due to the varying communication skills of the residents, they are not interviewed. Instead, the event is evaluated by the staff members of Kokkolan Hoitokoti, also thought from the residents' point of view. Finally, the last section is about the conclusions of the process and remarks on the author's own work.

2 ABOUT INTELLECTUAL DISABILITIES

First of all, it is necessary to think about terms. The old term for 'intellectual disability' is 'mental retardation', which is still in use in North America, but is seen as degrading in Europe. In Finnish there is one established term 'kehitysvammaisuus', which can be translated into English as 'developmental disability', which has been taken now into use in North America. The term used in this report is 'intellectual disability' which is widely used in Europe, except for Great Britain where the term widely used today is 'learning disability'. For Finnish people the term 'learning disability' means disorders such as dyslexia. (Arvio & Aaltonen 2011, 13.)

This chapter is discussing the classifications that have been made about disabilities. The concepts can vary between countries, organizations and people. That is why it is not clear how to define or understand disabilities. There is a wide scale of states and illnesses that are linked to intellectual disabilities, that is why it is not possible to provide information about all of them in this work. Instead, the focus is on those stages and illnesses that the residents of Kokkolan Hoitokoti have. Finding information helps in the future when thinking about how the event for them should be.

Intellectual disability is not a disease. It is a deficit that can make everyday life harder. The person can manage better if the environment is well designed and functioning. Down syndrome is the most known chromosome damage that causes intellectual disability. (Hämeenlinnan Seudun Kehitysvammaisten Tukiyhdistys 2012.) There are about 40 000 intellectually disabled persons in Finland (Kehitysvammaisten Tukiliitto ry 2013.)

2.1 The World Health Organizations classifications

On May 22, 2001, the World Health Organization (WHO) made The International Classification of Functioning, Disability and Health (ICF). The main focus when ICF was made, was to provide clearer concepts of disabilities and descriptions of health and health-related states. It can be used by researchers, health care workers, policy makers and disabled persons.

The classification consists of two main areas: body functions and structure, and activities and participation. The ability of function can be concluded by assessing those two areas. According to ICF, functioning is an umbrella term that is encompassing all the body functions and structure. Meaning, it gives tools regarding how to comprise how a person with a body function problem or deficiency, illness or dysfunction can manage in everyday life. The term disability includes both body structure and limitations in body functions and participation constraints. (World Health Organization 2001.)

Another classification made by WHO that is commonly used together with ICF, is the International Statistical Classification of Diseases and Related Health Problems (ICD-10). According to it, mental disability means a state where the mental performance is restricted or imperfect. Inadequately developed skills are, for instance, verbal, motor and social skills. Intellectual disability can appear either alone or together with any physical or psychological state. (World Health Organization 2001.)

2.2 The American Association on Intellectual and Developmental Disabilities

The American Association on Intellectual and Developmental Disabilities (AAIDD), has created a model of mental disability. According to them, intellectual disability includes notable limitations in intellectual functioning and adaptive behaviour. The condition appears before the age of 18. Intellectual skills are, for instance, problem solving and learning. A very common way to measure intelligence is the IQ test. If the result is about 70 to 75 it shows that there is a limitation. In adaptive behaviour the areas in determining limitations are conceptual skills, social skills and practical skills. Conceptual skills that relate to mental capacity are, for instance, understanding the value of money, use of language, and understanding literature. Social skills are, for instance, the ability to communicate with others and solve social problems, and the ability to follow laws and rules. (American Association on Intellectual and Developmental Disabilities 2012.)

2.3 Levels of intellectual disabilities

The states of intellectual disabilities can be clarified in simple model made by WHO. It divides the states into four categories which are: mild-, moderate-, severe- and profound level of intellectual disability. There has been an assumption that it is not necessary to measure the severity of intellectual disability. From the individual's point of view it is important to know which problems appear as a result of the intellectual disability. It has been discovered that intellectually disabled persons can have learning difficulties that are not related to intellectual disability. On the other hand, it has been discovered that they can also have skills that are within a normal level of function. (Kaski, Manninen & Pihko 2012, 18-19.)

This model is presented in a Finnish book called Kehitysvammaisuus. Originally the model was made by WHO, but it was not possible to find the original source. The reason why it was included this in the report is that for the author – as a person who did not know much about intellectual disabilities - it gave valuable information. The four chapters about the terms are therefore translated by the author. One reason for not finding the terms in English could be that intellectual disability used to be called retardation (*retardation mentalis*), and the levels were

named by using that term. The word retardation is today transformed so that it has an offensive connotation.

The first level is the mild level of intellectual disability. In this case the disability causes difficulties in learning. Usually a person with a mild level of intellectual disability can live independently or manage with a little support. Often they can have a job, but might need some support and guidance. They can maintain good social relationships. Because of their inability to understand the value of money, they can be easily misled by people, therefore they need help in dealing with everyday situations. Without a diagnosis it can lead to psychological illnesses. (Kaski et al. 2012, 19.)

The moderate level of intellectual disability causes significant developmental difficulties. Persons with a moderate level of disability can achieve some level of independence in taking care of themselves. Their communication skills are sufficient. Most of them can manage almost independently in everyday life situations. They can work in normal companies or in work centres, but they often require guidance. (Kaski et al. 2012, 19-20.) The residents of Kokkolan Hoitokoti have the moderate-, severe-, or profound level of mental disability.

The severe level of intellectual disability implies that the disabled individuals are in need of continuous support and guidance. They need notable guidance at school, home and working place. They are dependent on other peoples' help. It takes a lot of work to rehabilitate them. (Kaski et al. 2012, 20-21.)

Lastly, the profound level of intellectual disability means that the disabled persons are fully dependent on other people. They have severe lacks in communication skills, mobility and in the ability to take care of themselves. With long-term rehabilitation, it can be achieved that they learn basic skills, for instance, eating by themselves. They will not be able to live independently. (Kaski et al. 2012, 21.)

2.4 Additional illnesses of intellectual disability

In order to be able to implement an event for Kokkolan Hoitokoti, it is necessary to gain information about their residents. Through gaining information about additional illnesses it helps to plan activities that are suitable for them. All residents are unique and have different needs. That is why it is not possible to describe exactly how they are, but it gives guidelines to understand more of their behaviour. Additional disorders which are often appearing with intellectual disability are, for example, speech impairment, psychological illnesses, visual impairment, physical impairment, epilepsy and hearing disorder. (Hämeenlinnan Seudun Kehitysvammaisten Tukiyhdistys 2012.)

2.4.1 Autism

There are about 10 000 people in Finland who have autism and 40 000 people have some form of autism spectrum. Only a third are females, but there is not a big difference in mental disability between males and females. 80 per cent of the persons who have autism are also mentally disabled. (Kaski et al. 2012, 99.)

Autism is a neurobiological disorder in the central nervous system. It takes several forms, for instance, an early childhood form of autism, atypical autism or Asperger's and Rett syndrome. It seems that many reasons can cause autism. Typical behaviour disorders appear before the age of 30 months. Symptoms of atypical autism can appear later, or the person does not have all the typical symptoms. (Kaski et al. 2012, 99.)

People who have autism have disorders in a few areas. Having a disorder in social behaviour means that communication with others is incomplete or abnormal. Some of them avoid having eye contact with others. Not often an autistic child reaches toward its parents to be picked up, but instead tries to avoid being touched. Physical contact happens on their own terms. They are not often capable to imagine what others are thinking and that can lead to inappropriate behaviour. Also, all autistic persons have difficulties in communication. It can be difficult for them to understand speech, gestures and symbols. Also it is difficult to express their own feelings verbally and non-verbally. Tools to help communicating are, for

instance, using pictures, sign language or written words. Autistic persons also have behavioural difficulties. They can have complicated rituals, unusual habits or play abnormally. Changes in the environment can be difficult to deal with. The last area where they have difficulties is divergent reaction to sense stimulus, meaning they can be hyper- or under sensitive to noises, light, pain, cold, warmth and taste etc. Reactions vary substantially between individuals. Often it is more challenging to understand hearing and feeling senses than it is to understand seeing and smelling senses. (Kaski et al. 2012, 100.)

The key thing in treating autism is thorough examination. Fields to examine are medical, psychological, pedagogical, and social. It would be ideal to get the diagnosis at an early stage, so that it would be treated better. The best results are achieved with good parenting, guidance and education. (Kaski et al. 2012, 101.)

2.4.2 Down syndrome

People with Down syndrome have an additional copy of chromosome 21. It causes disorders in physical and mental functioning. There are several symptoms in Down syndrome that vary from mild to severe. Usually the mental and physical development is slower for a person who has Down syndrome. They also often have health problems such as heart diseases, dementia, hearing problems or problems with intestines. (MedLine Plus, 2013.) According to Arvio & Aaltonen (2011) 10-15 per cent of all persons with an intellectual disability have Down syndrome.

2.4.3 Visual impairment

When having a disorder in the central nervous system, the capability to see is often damaged. Changes are visible in the structure and function of the eyes. Often a person who is mentally disabled has an area of about a few meters, in which the capability to see is functioning well. Often the person seems clumsy when he/she is bumping into places or falling. It is much more difficult for them to

see when lights are dimmed. When having visual impairment other senses become more important in order to experience things. (Kaski et al. 2012, 126-127.)

2.4.4 Physical impairment

In Finland, about every third person who is mentally disabled has some level of physical impairment. Types of physical impairment can be divided into the following categories: impairment beginning in early childhood (CP-syndrome), impairment caused by a brain damage, structural abnormality, muscular diseases, general diseases connected to physical impairment, for instance rheumatism, and others, for instance problems in the spinal cord. (Kaski et al. 2012, 120.) Some of the persons might need equipment to assist them, for instance, a wheelchair, but some might have a milder mobility challenge. The accessibility to equipment is crucial in order to manage with everyday life.

2.4.5 Cerebral Palsy

Cerebral Palsy or CP is a brain damage that is affecting the area that controls body movements. It appears in the embryo phase, in newborns or in early childhood, at the latest before the age of 3. The state causes permanent difficulties in movement, keeping a posture and functioning. Additionally to physical impairment it causes a variety of associated problems. The most common ones are communication problems, problems with eating and abnormal intellectual functioning. (Suomen CP-Liitto ry, 2013.) Cerebral Palsy can be divided into three main types: Spastic Cerebral Palsy, which causes stiffness and difficulties in movements, Athetoid Cerebral Palsy, which causes uncontrolled and involuntary movement and Ataxic Cerebral Palsy where the main symptoms are disturbance in sense of balance and in depth perception. In addition, there is a Mixed Cerebral Palsy which is a combination of the previous types. (Cerebral Palsy; a Resource for Parents and Families. 2013.)

2.4.6 Mental disorders

A person with a mental disability runs a higher risk of having mental disorder than a normal person. Nowadays, it is common to make a diagnosis for mental disability as well as mental disorder. Out of mentally disabled persons, about 30-50 per cent have a mental or behavioural disorders. Causes for having symptoms of mental disorder can be brain damage, neurotic development, severe psychical illness or personality disorder. Medication is often needed, but having that as the only mode of treatment can hurt more than help. (Leskelä-Ranta & Seppälä. 2006.)

3 THE PROCESS OF IMPLEMENTING AN EVENT

Allen, O'Toole, Harris and McDonnell have stated that an event has all the characteristics of a project. Using the traditional methods of project management can help the event planner to cover all areas of management. They also state that festivals and special events have some common features. Firstly, they are non-routine and are occurring at or over a specific period of time. Secondly, they are limited by scope, budget and time. Thirdly, they are designed to meet the customer's needs. According to Vilkkka and Airaksinen students are becoming more and more interested in implementing a practise-based thesis as a project work. When more than one student is participating in the work it is crucial to divide responsibilities and work carefully. Cornerstones in successful projects are making a realistic timetable, define ways of working, and making ground rules for ways of working. Then it should be considered how the work will be presented orally and in written form. In the report of a practice-based thesis the decisions that have been made and why, should be seen. (Allen, O'Toole, Harris & McDonnell 2011, 179, 154; Vilkkka & Airaksinen 2003, 48-49.)

3.1 Initiation and finding the target group

After it was decided to implement the theses together as a project work, it was necessary to start thinking about the target group. Groups that were considered were children, elderly people or a nursing home. Then it was decided to start looking for a commissioner from nursing homes for intellectually disabled persons. The reason for selecting a nursing home instead of individual persons was that then the risk of failures in marketing were lower, since a group that would attend would be ready. The second person to be contacted was Kristiina Huhtala, the service manager of Kokkolan Hoitokoti. Immediately, she became interested in doing cooperation. She was very happy that there was an interest to do something like that, which is not common. She also said that it is nice that they did not have to use their own staff resources for planning. At this point it is good to have some information about Kokkolan Hoitokoti.

The nursing home was founded in October 1988, and was functioning under a service centre Eskoo, in Seinäjoki. During the years from 1995 to 2003 the nursing home functioned in subordination of Keski-Pohjanmaan sairaanhoitopiiri. In 2004 it started functioning under Kokkola city.

At the moment the nursing home is a permanent home for 17 intellectually disabled adults. The nursing home is consisting of two separate buildings. The first one is for residents that are more independent and the other one for those who need around the clock care. Its main goals are to provide home-like living conditions and to give a good quality life for their residents. Each resident is unique, and their treatments and guidance are planned according to their needs and wishes. For each resident has a personal nurse been nominated. The household chores are divided according to the residents' capabilities. They have an opportunity to work in guided work centres in Kokkola. Each of them has their hobbies that are adequate to their own interests or arranged for the whole group by Kokkolan Hoitokoti. Activities they do are, for instance, going outdoors, having certain clubs, having celebrations, going on horseback riding or playing ball games. Individual therapy is also arranged. The nursing home also offers temporary rooms for persons who live at home, but come there for instance at weekends.

The total number of regular personnel is 14. The personnel consists of professionals from several fields: manager, instructor and nurses of mentally disabled, mental nurses, and other nurses. The staff members are provided with continuous training. The nurses are working in three shifts. The work of the staff is versatile and demanding, for they have to be aware of all of residents' individual needs at all times. The work the personnel is doing is very important, since the residents themselves do not have much influence on their lives since their abilities to express themselves are limited. (Kokkolan Hoitokoti; perehdytyskansio 2013.)

3.2 Inventing something new for the residents

When having a meeting before Christmas with the working life instructor Kristiina Huhtala, it became clear that the residents have been doing almost everything possible in Kokkola. In this case it was not an option to arrange a trip outside Kokkola, since then only a few residents could take part. There was a goal to provide something for as many of the residents as possible. The nursing home has many traditions and they arrange celebrations during all the important holidays. Kristiina had some wishes how the event should be. First, the happening should take place between 12 to 16 o'clock since then there are many nurses working. Due to Christmas it was decided to have the event in the spring. She also said that the residents like to eat and that would keep their interest alive. Meal should take place at the end. The program before eating should last maximum of one hour.

Since the nursing home had a really nice big space, it was clear that the event should take place there, instead of renting a venue. There were thoughts about several themes and then the idea of a Mexican fiesta theme event with some activities and food, came up. It was figured that it would be something not too difficult to implement, but would be something different for them. The theme was presented to Kristiina and she approved of it, luckily it was something they had not had. Then it was time to start making a more specific time schedule and plan of programme.

When planning the program for the event it was necessary to think carefully about the residents' interests and capabilities. According to the working life instructor Kristiina they can get impatient or lose their interest quite quickly. There was a wish that a brochure would be made (APPENDIX 1), including the program and who arranges the event. It was to be placed in their bulletin board for the relatives and the residents to see.

3.3 Project plan

Several aspects should be visible in the project plan. Firstly, it describes the meaning of a project and its goals. Division of work and timetable should be presented as specifically as possible. (Vilkkka & Airaksinen 2003, 49.) The importance of a project plan is often forgotten since continuing with other tasks seems more important. However, making a project plan saves from many problems in the future, for instance, with financing and time schedule. (Haughey 2013.)

The project plan (APPENDIX 2) for this event includes both the implementation and reporting schedule. The first step in creating the project plan was to mark all the dates that were already known. Later other dates could be added. Some dates are marked in accuracy of one month. The project plan also states which parts have been done together and which independently.

3.4 Budget and resources

First the idea was that the residents should pay to attend, but then it changed so that it is possible for the nursing home to provide financing for the food costs. A lot of handicrafts are made in the nursing home so they have a large collection of handicraft material and decorations that could be freely used. Eveliina is working in a Mexican restaurant that promised to provide some decorations and music. In the end, only a few items for decorations were bought. When it comes to human resources, it was important that as many nurses as possible could attend since the organisers did not have so much experience of intellectually disabled persons.

3.5 Managing risks

It is obvious that there is a number of things that may go wrong and when organising an event. When starting to identify the risks, there is a risk that it might cause a pessimistic approach in the overall planning. Acknowledging these risks helps to continue. After clarifying possible risks it is needed to think how they can be managed. (Allen et al. 2011, 552.) One good and known way of managing risks is the SWOT analysis, on the other hand this was such a small scale event that it

was not necessary to use it. Instead the risks were discussed and managed orally. The main risks for the event were: miscommunication with the residents, not enough food supplies, not enough activities to keep the residents' interest, and accidents. The main issue with risk of miscommunication with the residents was to keep an open mind and be yourself. Food supplies were calculated so that it was not a possibility that there would not be enough. The programme and its time schedule was planned so that there were no gaps between sections. There were many members of the staff present to manage and prevent possible accidents. There were no risks of marketing failures since the target group was specified. There was no need for separate permissions since the event was held in the premises of Kokkolan Hoitokoti.

4 THE DAY OF THE EVENT

The morning of the event day was exciting for us. We went to Kokkolan Hoitokoti at 9 o'clock and started with food preparations. It was good time to begin since the event was held in the building where the residents are more independent and that day they went to work in a work centre from 9 to 14 o'clock. Therefore we had plenty of time to do our preparations. After the food preparations were done we continued by decorating the lounge and selecting the music we wanted to have. We chose a CD with the most raffish and fun music. We also went through once more the schedule and responsibilities. After everything was done we had half an hour before the residents arrived.

4.1 Decorations

The working life instructor Kristiina wanted us to have decorations to make it clear for the residents that something different is happening. We had rugs, piñatas and colourful serpentines to decorate the room. We also had some Stetsons and sombreros for the residents to put on. The hats were a hit and they were asking if they could keep them. Unfortunately, we could only borrow them. The music played a big role in creating a certain atmosphere.



GRAPH 1. The decorations (permission given by Kristiina Huhtala 5 April 2013)

4.2 Program

We were recommended that it would be nice to have a welcoming toast in the beginning and so we did. At the beginning we were introducing ourselves, telling something about the program and welcoming them to the event.

Since the residents like to do handicrafts that was something we wanted to include in the program. Graph 2 shows the handcraft models we made. We had two simple things to make: a small flag of Mexico and a cardboard cactus which could be decorated according to their own taste. Both of them were something that the residents could keep as a memory. The parts from which the handicrafts were made were already cut for them since only a few residents could use scissors. Not all the residents could do the handicrafts so the fastest ones were doing the flags and cactuses for them. All three of us were helping them with the handicrafts and the nurses stayed with the ones in wheelchairs. After the handicrafts, began the trickiest part. We had to transform the handcraft table into a dining table. I began to clean and set the table, Eveliina was taking pictures and Ida was guiding them with piñatas.



GRAPH 2. The handcraft table (permission given by Kristiina Huhtala 5 April 2013)

We had made two piñatas (GRAPH 3; GRAPH 4) with candy inside. The residents' task was to hit them with a stick to break them. They were taking turns in trying to break them, but the piñatas were so strong that it took time to break them and also they dropped from the sealing once. On the other hand it was fortunate for us, since then we had more time to prepare the meal.



GRAPH 3. Piñata 1 (permission given by Kristiina Huhtala 5 April 2013)



GRAPH 4. Piñata 2 (permission given by Kristiina Huhtala 5 April 2013)

4.3 Meal and ending

As we were told, the meal would be their favourite part of the event. There were some allergies to consider and also that the food should be something easily chewable. We came to a conclusion to make tortillas as the main course and fruits with cream as a dessert. We had separate bowls for tortilla fillings. As fillings we

had cucumber, tomato, onion, green salad with watermelon, paprika, chicken, crème fraiche, cheddar cheese sauce and salsa dressing. We were helping the residents with filling and rolling the tortillas, pouring drinks and serving desserts and coffee. Most of them were eating by themselves and the nurses were helping the ones who could not eat by themselves.



GRAPH 5. The dining table (permission given by Kristiina Huhtala 5 April 2013)

After the meal some of the residents wanted to dance a while and then we were thanking them for coming and telling that it had been fun to arrange this event for them. Finally we cleaned the place and interviewed the nurses that were taking part in the event.

5 EVALUATING THE OUTCOME OF THE EVENT

Information was collected from the staff of Kokkolan Hoitokoti to evaluate how we succeeded in implementing the event. It would have been ideal to interview the residents, but since they have varying capabilities in communication skills, the results would not have been reliable. Instead, we were asking their comments during the event and observing their facial expressions.

5.1 Selecting the research method type

There are two main types of research, qualitative and quantitative. In quantitative the focus is on gathering numerical data and making a statistical analysis. The quantitative research method is often used when studying large amounts of people. On the contrary, in qualitative research it is done to a small amount of people and is not focusing on numerical data. (Veal 2006, 40.)

The research type used in this work is qualitative and the information was gathered by using structured interview. According to Vilkka and Airaksinen when using qualitative research method as a tool in a practise-based thesis, it is not as important to analyse the research results as precisely as in a research-based thesis. (Vilkka & Airaksinen 2003, 57-58). Using structured interview is a method of quantitative research when wanting to have relevant information of certain issues. Each question has to be relevant to the subject. The positive thing about interviewing instead of giving a questionnaire to be filled, is that it is more flexible. Then the researcher can clarify ambiguities, get clearer answers and even more information than was planned. (Pitkäranta 2010, 104, 106.)

5.2 Analysing the feedback

In this work the structured interview (APPENDIX 3) included seven questions. The questions were both close- and open-ended and the researcher asked questions and ticked and wrote the answers. The questions were concerning the overall

success of the event, different aspects of the event, duration of the event, overall atmosphere, communication with the residents, if they gained something from the event and free comments. The challenge in this case was getting honest answers, since interviewee is answering to questions concerning the interviewer's work. Therefore it was important for the interviewer to show that honest answers were wanted. One important thing was that the answers should also be considered from the residents' point of view. The measurement scale used in the close-ended questions was 1 'extremely good', 2 'good', 3 'satisfactory', 4 'bad' and 5 'very bad'.

The first question was about the overall success of the event. All the interviewees rated the event success as extremely good. They stated that the event was versatile and functioning, when taking into consideration the residents' capability to function. In their opinion there was not much need for guidance and the event was well planned.

The next question was about the success of the different parts of the event. The parts were divided as follows: handicrafts, dining, piñata and decorations. Open comments about these areas were that much had been made with little resources. It was important that the venue was dashing. According to the staff members the residents were enjoying the event. Facial expressions and comments of the residents were observed during the event. Good comments about the food were heard many times. One of the residents said that the food was good, just like pizza. All the four staff members said that the handicrafts and decoration part was 'extremely good'. One said that the piñata part was 'good' and one said that the dining was 'good'. One of the staff members said that the organisers should have had more information about the residents.

The measurement scale used when evaluating the duration of the event was 'good', 'too long' or 'too short'. All of the interviewees thought that the duration of the event was 'good'. They stated that there could have been more programme. The parts were well connected and the parts did not last too long, since the residents do not like waiting.

There was a question concerning the overall atmosphere. Out of the four respondents three said that it was 'extremely good'. One stated that it was 'good'.

According to the interviewees the music was good, the colours were nice and the happy feeling was catching to the residents. It felt like a party immediately when entering the room. The organisers seemed confident.

The fifth question was about how the organisers did in communicating and being with the residents. Three out of four told that communication was working 'extremely good' and one told that it was 'bad'. According to them, the residents were treated as anybody. The organisers were communicating well with residents with different communication skills. They were eager to serve but did not know how to act with the residents.

The sixth question was concerning if they got something from the event. All the answers were positive. The event was a nice change to their everyday life. The theme was described as unique. They had had other country theme parties before. They told that they rarely have similar events because they do not have time to organise events like this. Food was a good and new thing compared to the previous parties.

Finally there was a possibility to give free comments about the event. They said that it was nice to have the party and in the future they are hoping to have more events like this. In overall the staff and residents of Kokkolan Hoitokoti seemed satisfied during and after the event.

6 DISCUSSION AND CONCLUSIONS

The main objectives for this work were to gain knowledge about the diversity of intellectual disabilities and through that knowledge to implement an event. The most important thing for this work was to create such an event that was suitable for the intellectually disabled residents of Kokkolan Hoitokoti.

in my opinion the event met the needs of our customers quite well. Since we had not met many of the residents beforehand, I was surprised on how varying their capabilities to function were. Some of the residents could speak and function on their own and some of them were in wheelchairs and fully depending on help. As someone said in the feedback, we should have had more information about the residents or should have had met them all. I agree to that, we underestimated some of the residents' capability to function, therefore we could have had more programme. On the other hand we managed well in keeping things together during the event and the event was well flowing.

When thinking about the whole process of this thesis, I am very satisfied with the outcome. It was easy to work together with Eveliina Laine and Ida Termonen. Quite quickly we found a commissioner for this work. We were able to keep to our time schedule and we did not have big setbacks along the way. The process from handing in the thesis proposal until the event day took only about half a year. The only thing that did not go according to our plan was that the first idea was to arrange a trip, but in the end this was a better solution for the customers. We managed to discover all the important areas of an event planning and employ them in the process.

What I have learned from this process is how to act with people with disabilities. At the beginning I was a bit unsure whether I could communicate with them or not. In the end, it was very easy once you got to know a bit about the person. I hope that in the future students are interested in implementing these kinds of events, since they are important both for the customers and the organisers.

REFERENCES

Allen, J. O'Toole, W. Harris, R. & McDonnell, I. 2011. Festival & Special Event Management. 5th ed. Milton: John Wiley & Sons Australia, Ltd

Arvio, M. & Aaltonen, S. 2011. Kehitysvammainen potilaana. 1st ed. Keuruu: Otavan Kirjapaino Oy.

American Association on Intellectual and Developmental Disabilities. 2012. Available: http://www.aamr.org/content_100.cfm?navID=21. Accessed 7 October 2012.

Cerebral Palsy; a Resource for Parents and Families. 2013. Available: <http://www.about-cerebral-palsy.org/definition/spastic-athetoid-ataxic.html>. Accessed: 12 February 2013.

Haughey, D. 2013. Project Planning a Step by Step Guide. Available: <http://www.projectsart.co.uk/project-planning-step-by-step.html>. Accessed: 22 January 2013.

Hämeenlinnan Seudun Kehitysvammaisten Tukiyhdistys. 2012. Available: <http://www.hmlseudunkehitysvammaistentuki.net/15>. Accessed 8 October 2012.

Kaski, M. Manninen, A. & Pihko, H. 2012. Kehitysvammaisuus. 5th ed. Helsinki: Sanoma Pro Oy.

Kehitysvammaisten Tukiliitto ry. 2013. Available: <http://www.kvtl.fi/>. Accessed: 15 January 2013.

Kokkolan Hoitokoti; perehdytyskansio 2013.

Leskelä-Ranta, A-E. & Seppälä, H. 2006. Mielenterveys ja kehitysvammaisuus. Available: <http://verneri.net/yleis/kehitysvammaisuus/mielenterveys-ja-kehitysvammaisuus.html>. Accessed: 3 March 2013.

MedLine Plus. 2013. Available: <http://www.nlm.nih.gov/medlineplus/downsyndrome.html>. Accessed: 11 February 2013.

Pitkäranta, A. 2010. Laadullisen tutkimuksen tekijälle; työkirja. Satakunnan amk.

Suomen CP-Liitto ry. 2013. Available: <http://www.cp-liitto.fi/vammaryhmat/cp-vamma>. Accessed: 12 February 2013.

Suomi kaikille; esteetöntä matkailua. Available: <http://www.suomikaikille.fi/>. Accessed: 14 October 2012.

Veal, A.J. 2006. Research Methods for Leisure and Tourism; a Practical Guide. 3th ed. Essex: Pearson Education Limited.

Vilka, H. & Airaksinen, T. 2003. Toiminnallinen opinnäytetyö. Jyväskylä: Gummerus Kirjapaino Oy.

World Health Organization. 2001. International Classification of Functioning, Disability and Health. Available: http://www.disabilitaincifre.it/documenti/ICF_18.pdf. Accessed 6 October 2012.

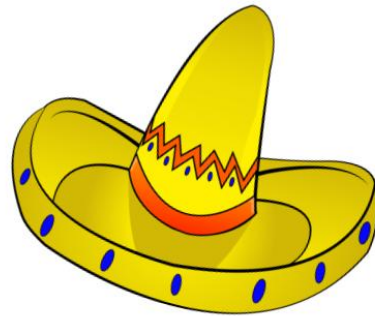
¡ME GUSTA

LA FIESTA!

Opiskelemme Centria Ammattikorkeakoulussa matkailua ja järjestämme Kokkolan Hoitokodin asukkaille Meksiko teemajuhlat. Toteutamme juhlat osana opinnäytetyötämme. Tapahtuma järjestetään keskiviikkona 6.3.2013 kello 14 alkaen.

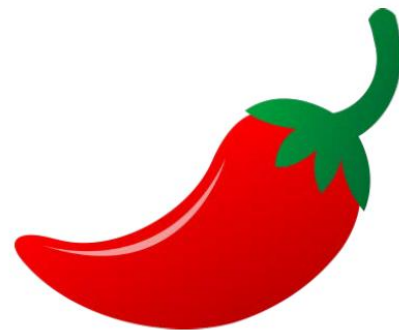
Piñata

Askartelua



Tex Mex ruokaa

Musiikkia



PROJECT PLAN

| TASK | TIME | DIVISION OF WORK |
|---|---------------------|------------------|
| Starting thesis/ thesis proposal | October 2012 | Individual |
| Contacting possible commissioners | November 2012 | Together |
| Preliminary agreement with Kokkolan Hoitokoti | November 2012 | Together |
| Planning the event | 12 December 2012 | Together |
| Making project plan | 22 January 2013 | Together |
| Meeting with commissioner <ul style="list-style-type: none"> - Thesis contract - Planning the event | 30 January 2013 | Together |
| Implementation plan return | January 2013 | Individual |
| Planning the event | 16 January 2013 | Together |
| Planning the event | 7 February 2013 | Together |
| Meeting with commissioner | 11 February 2013 | Together |
| Planning the event | 12 February 2013 | Together |
| Making questionnaire | 12 February 2013 | Together |
| Checking prices for supply | 15 February 2013 | Together |
| Interim report return | 21 February 2013 | Individual |
| Preparing the event in Kokkolan Hoitokoti | 25 February 2013 | Together |
| Interim report seminar | 4 March 2013 | All individually |
| Picking up decorations | 5 March 2013 | Together |
| Event day | 6 March 2013 | Together |
| Analysing the feedback | 13 March 2013 | Together |
| Finishing the theses | March-April 2013 | Individual |
| Review of the theses | 11 April 2013 | Individual |
| Theses presentation | May 2013 week 18 | Together |
| Corrections to theses | May 2013- June 2013 | Individual |
| Graduation | 18 June 2013 | Together |

MEKSIKOLAISET TEEMAJUHLAT

Tämän kyselyn tarkoituksena on saada palautetta Meksikolaisista teemajuhlista. Keräämme palautetta, jotta tiedämme mikä meni hyvin ja mitä olisi voinut parantaa. Tapahtuma järjestettiin osana opinnäytetyötämme. Toivomme, että mietit vastauksia myös asukkaan näkökulmasta. Vastauksesi on meille tärkeä ja tiedot ovat luottamuksellisia.

Ida Termonen

Eveliina Laine

Riia Finnilä

Matkailualan koulutus ohjelma

Centria ammattikorkeakoulu

★★

1. Kuinka arvioit tapahtuman onnistuneen kokonaisuudessaan? (1= erittäin hyvin, 5=erittäin huonosti)

1 2 3 4 5

2. Kuinka järjestäjät onnistuivat tapahtuman eri osa-alueiden suunnittelussa? (1= erittäin hyvin, 5=erittäin huonosti)

a) Askartelu 1 2 3 4 5

b) Ruokailu 1 2 3 4 5

c) Piñata 1 2 3 4 5

d) Koristelu 1 2 3 4 5

3. Oliko tapahtuman kesto

Liian lyhyt?

Liian pitkä?

Sopiva?

4. Millainen oli yleinen tunnelma? (1= erittäin hyvä, 5= erittäin huono)

1

2

3

4

5

Perustelut:

**5. Kuinka hyvin järjestäjät osasivat toimia ja kommunikoida asukkaiden kanssa?
(1= erittäin huonosti, 5=erittäin hyvin)**

1

2

3

4

5

Perustelut:

6. Voisitko arvioida tapahtuman antia?

7. Vapaat kommentit

Kiitos osallistumisesta!