QUALITY-OF-LIFE IMPACT OF CARE, EDUCATION & TRAINING

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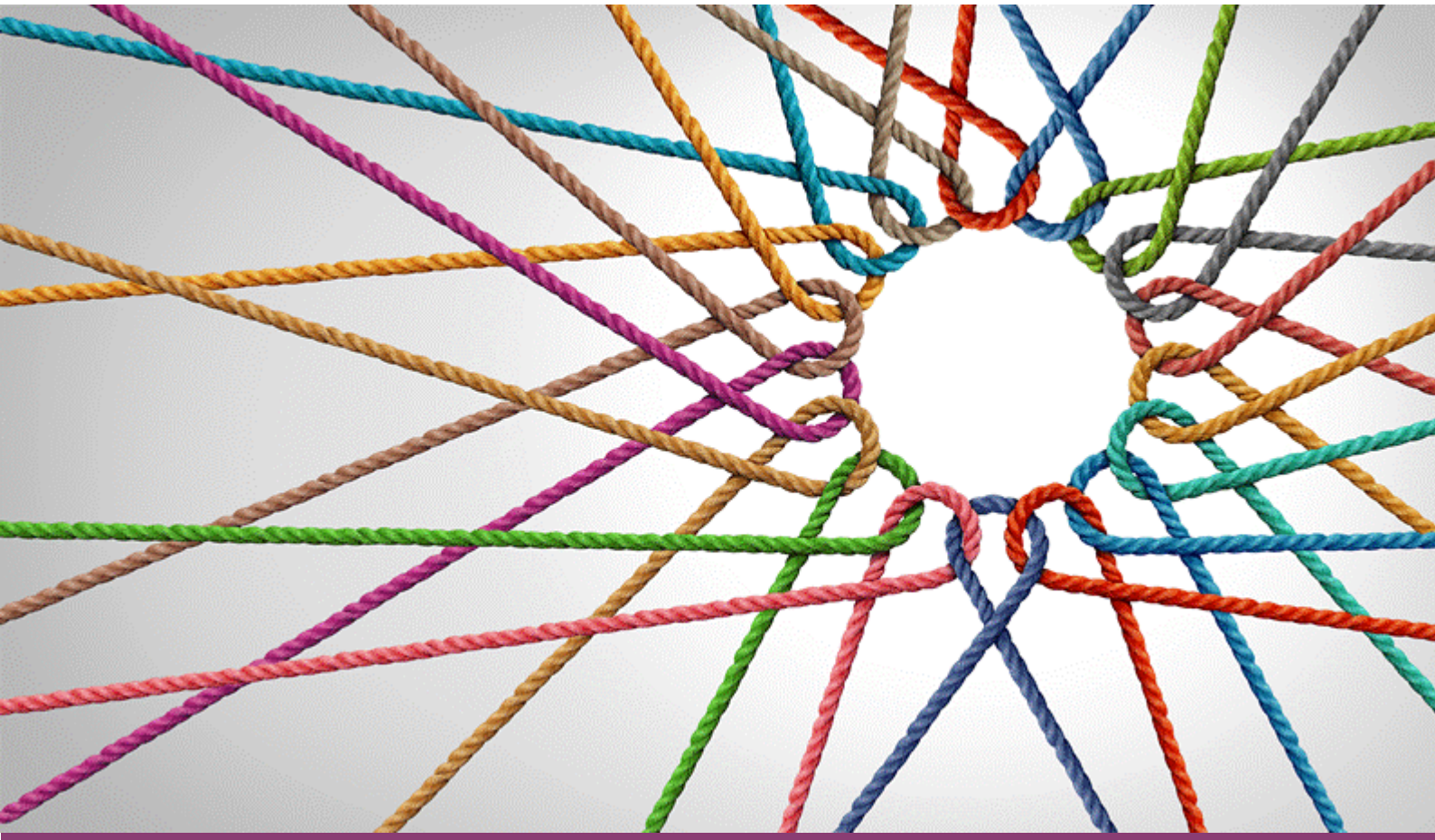

Inclusive Learning Strategies and the Quality of Life Impact of Services

QOLIVET European and National Review Summary

March 2022.

QUALITY-OF-LIFE IMPACT OF CARE, EDUCATION & TRAINING

ACKNOWLEDGEMENTS

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QOLIVET is an Erasmus + funded project aimed at improving the quality of vocational education and training (VET) and community care provision across Europe and raising its impact on the Quality of Life (QOL) of participants.

QOLIVET Partnership: The project partnership is led by the European Platform for Rehabilitation - EPR (Belgium).

The QOLIVET partners are:

- European Vocational Training Association - EVTA (Belgium)
- EWORX S.A. (Greece)
- FUNDACION ONCE (Spain)
- REHAB GROUP (Ireland)
- Vocational Rehabilitation Centre of Gaia - CPRG (Portugal)
- University Rehabilitation Institute (Slovenia)

Content Expert: Donal McAnaney Ph.D.

More info on the project is available here: www.qoliserv.eu, www.epr.eu/qolivet/?page_id=4072

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Contents

1. Introduction

The QOLIVET project (Enhancing the Quality of Life Impact of Inclusive Vocational Education and Training and Community Care) set out to develop a set of tools to support and empower more effective service responses to learners with additional needs or disabilities focused upon enhancing their quality of life QoL. A cross-sectoral perspective has been adopted which explores QoL as a service impact in community care services, specialised vocational and Training (VET) and mainstream VET. The rationale for including these three sectors within the scope of the project reflects the view that transition processes are essential to promoting greater inclusion, empowerment and participation in major life areas and that the application of the same framework across the three sectors has the potential to reveal continuities and gaps in the transition from dependency to interdependence.

The project outputs are designed to create a community of policy informers, leaders, facilitators and professionals from each of the sectors who can come together to work towards sustainable system, organisational and frontline responses specifically targeted at enhancing the QoL impact on participants regardless of the service they are accessing. Two primary themes inform the activities of the project partners. QoL impact is an overarching theme and is addressed in terms of mechanism designed to enhance the QoL experiences of participants. Inclusive learning strategies is an intersecting theme which explores how the effective responses to the additional learning needs of persons with disabilities can be integrated into programme design and delivery methodologies or accommodated through person-centred interventions and supports. An aspiration of the project is that person with addition learning needs can progress through a continuum of service types and maintain their access to the supports and intervention that have proved effective for them throughout the process.

The outputs of the project reflect these themes and aspirations. A good practice guide will provide easy access to the principles and practices that have been demonstrated as being central to the achievement of inclusive learning and positive QoL impacts. An online training course will allow those working in the three sectors to upgrade their knowledge and skills in the areas of inclusive learning strategies and the facilitation of improved QoL. An online portal will provide interested parties with access to a wide range of evidence-informed resources to support inclusive learning and promote better QoL service outcomes. An interactive measurement tool will offer both staff and participants a means to assess the extent to which they believe current service activities and interventions are impacting positively on QoL. The tool is designed to provide programme developers and leader with the information they need to engage in a continuous improvement process in the pursuit of more inclusive and effective services.

The starting point for the project was a review of current thinking and research in the areas of inclusive learning and QoL and a stakeholder consultation and document review at European level and in the four participating Member States, Ireland, Portugal, Slovenia and Spain.

This report summarises the findings of the European and national consultation and reviews. Section 1 presents the findings of the European review, Section 2 provides an overview of national reports in the status of inclusive learning strategies considers the driving and restraining forces that have the potential to intervene to enhance or inhibit progress towards more inclusive and QoL promoting systems and services and the final section draws together the main conclusions of the European and national rapporteurs.

This report summarises the findings of the European and national consultation and reviews. Section 1 presents the findings of the European review; Section 2 provides an overview of the national reviews of inclusive learning strategies and QoL; Section 3 summarises the findings of a consultation with national stakeholders; Section 4 explores the potential challenges in raising the priority of QoL as a service outcome at European and national levels; and Section 5 discusses the main conclusions of the European and national rapporteurs. A copy of the national report template is included in Annex 1 and Annex 2 provides additional details on the perceptions of stakeholders on the status of QoL and its components in mainstream and specialised VET and community care.

2. European Perspectives on Inclusive Learning Strategies and QoL

The imperative to strengthen inclusive education and promote quality education for all learners in Europe is set out in the Council Recommendation on promoting common values, inclusive education, and the European dimension of teaching (2018a) and the Paris Declaration on promoting citizenship and the common values of freedom, tolerance and non-discrimination through education (Informal Meeting of European Union Education Ministers, 2015). This reflects the onus placed on States to create inclusive education for learners with disabilities by Article 24 of the CRPD (UN Enable, 2006). The inclusive education agenda is supported through a number of EU instruments including Erasmus+, the European Structural and Investment Funds, Creative Europe, Europe for Citizens, the Rights, Equality and Citizenship Programme, the European Solidarity Corps and Horizon 2020. Guidance and good practice in developing inclusive learning strategies is available from the European Agency for Special Needs and Inclusive Education.

An important milestone in creating a more inclusive Europe is the proposal of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Members States as regards the accessibility requirements for products and services (European Commission, 2015). This addresses greater accessibility for persons with disabilities to products and infrastructure and services such as e-commerce, consumer banking, air, bus, rail and waterborne transport. It remains to be seen whether accessible VET will be included in its remit.

Although there are a number of examples of support programmes in the area of health & social care and for older people including the Horizon 2020 strands 'Health, demographic change and wellbeing' and 'Europe in a changing world' and the Assistive and Assisted Living program, no specific programs have been established at European level focused on inclusive learning strategies for learners with additional needs. Nevertheless, there are many examples of position papers and studies on the theme (e.g. Bacca-Acosta, J., et. al., 2015). One promising area of exploration is ICT-enabled services as a means to support the participation of persons with disabilities in society and enhance their QoL. There is a view that enhanced use of technology can allow staff in the care sector to provide better quality services to those who need them most. In this regard, the potential impact of assistive technologies (AT) and person-centred technologies (PCT) to improve cost-effective service provision is acknowledged.

Despite the prevalence of references to the needs to ensure the participation for persons with disabilities, there have been few initiatives that directly address the need for inclusive learning strategies and tools in the VET sector. One widely acknowledged strategy that has the potential to transform mainstream education and training at every level is effective person-centred planning. This is more developed in primary, secondary and higher education than in the VET sector. One initiative that addressed person-centred planning in secondary vocational education was supported

by Leonardo, the Lifelong Learning Programme of the European Union. Barriers to full and effective implementation of person-centred planning identified by the project included an 'implementation gap' between intended outcomes and practice within service-providers and a lack of effective support at regional and national levels (Isahi-Paloshi, et al., 2014).

The overall conclusions from the review of inclusive learning in the VET sector carried out by this project in 26 jurisdictions were:

- VET systems need to focus more strongly on strategies to enable persons with disabilities to benefit more fully from VET programmes in order to facilitate their progress towards employment
- Structural developments are required within VET systems to remove, reduce or mitigate current barriers to effective VET participation and to optimise learning opportunities for learners with additional needs.

Policy Imperatives for QoL at a Service Outcome

There is little doubt that good QoL for citizens is a high priority objective of the EU. QoL is of particular policy interest in the domain of regional and urban policy in relation to urban and city life (see European Commission, 2020a). In the domain of the environment, a Directorate of QoL has responsibility for EU policies for clean water, marine environment and water industry, clean air, and industrial emissions and safety. The European Parliament has established a policy department for economic, scientific and QoL policies. The European Foundation for the Improvement of Living and Working Conditions (Eurofound) has adopted living conditions and QoL as one of the main priorities in its 2021-2024 work programme. The focus is upon older people and their care needs, youth and their social inclusion and social mobility, and the gender implications of the pandemic crisis. QoL is regularly monitored by Eurostat. The indicators of QoL applied by Eurostat are:

- Overall experience of life
- Material living conditions
- Productivity or main activity
- Education
- Health
- Leisure and social interactions
- Economic and physical safety
- Governance and basic rights
- Natural and living environment (Eurostat, 2015).

What is less clear is the status of VET as a mechanism to promote QoL for European citizens. While QoL has been identified as a clear outcome benefit of successful completion of VET (Cedefop, 2011; 2013), this is not often reflected in the EU policies on VET. Cedefop (2013) proposed a number of outcomes for VET that extend beyond the narrow occupational knowledge and skills required for successful participation in the labour market including enhanced QoL and wellbeing in terms of health, participation in public life and life satisfaction. It emphasised the need to make certain that VET is a positive factor in a person's life not only in terms of being able to pursue a fulfilling career but also in terms of achieving a decent QoL (Cedefop, 2015; p. 4).

In considering the policy priority assigned to QoL outcomes of VET in the EU, it is important to keep in mind that education and vocational training are specified as being within the competence of Member States and thus, the European Union has no legislative power over the VET systems at national level. The approach the European institutions have taken is to introduce a number of policy

initiatives to support cooperation in the field of VET and support VET initiatives through financial support.

The Copenhagen process, launched in 2002, aims to improve the performance, quality and attractiveness of VET through enhanced cooperation at European level. The Copenhagen Declaration set the main priorities for European cooperation in VET up to 2010 (European Commission, 2004). The process emphasised reinforcing the European dimension in VET; increasing information, guidance and counselling on, as well as the transparency of, VET; developing tools for the mutual recognition and validation of competences and qualifications; and improving quality assurance in VET.

European cooperation on VET was further enhanced by the Bruges Communiqué (European Commission (2011), and the Riga Conclusions (Social Europe, 2015). These represented developments in the cooperation of EU institutions, Member States, candidate and European Economic Area countries, social partners and European VET and resulted in an agreed on a set of deliverables for the period 2015-2020 including to:

- Promote work-based learning in all its forms with special attention to apprenticeships
- Further develop quality assurance mechanisms in line with the Recommendation on the establishment of a European Quality assurance reference framework for vocational education and training (EQAVET) (European Parliament and Council, 2009)
- Establish continuous information and feedback loops in Initial and Continuing VET (I-VET & CVET) systems based on learning outcomes
- Enhance access to VET and qualifications for all through more flexible and permeable systems, efficient and integrated guidance services and the validation of non-formal and informal learning
- Strengthen key competences in VET curricula and provide more effective opportunities to acquire or develop those skills
- Introduce systematic approaches to, and opportunities for, initial and continuous professional development for VET teachers, trainers and mentors in both school- and work-based settings.

It is not easy to discern where the QoL impact of VET fits within these deliverables.

The Advisory Committee on Vocational training endorsed an opinion on the future of VET which will contribute to the European Commission's policy beyond 2020 (European Commission, 2018).

The VET policy actions adopted by EU currently can be summarised as:

- The European Credit system for Vocational Education and Training (ECVET) makes it easier for VET learners to receive validation and recognition of work-related skills and knowledge acquired in different systems and countries (European Parliament and Council, 2009a)
- The European Quality Assurance Reference Framework (EQAVET) is a reference instrument designed to help EU countries to promote and monitor the continuous improvement of their VET systems based on commonly agreed references (European Parliament and Council, 2009b)
- The Council Recommendation on a European Framework for Quality and Effective Apprenticeships identified 14 key criteria that EU countries and stakeholders should use to develop high-quality and effective apprenticeships (Council of the European Union, 2018)
- The European Alliance for Apprenticeships, established in 2013, has effectively mobilised EU Member States, European Free Trade Association and EU candidate countries and over 230

stakeholders to engage in enhancing the supply, quality and image of apprenticeships (European Commission, 2014)
- The European Apprentices Network was established to ensure that the voice of young apprentices is heard in discussions related to VET and apprenticeships (European Apprentices Network, 2019)
- The annual European Vocational Skills Week, launched in 2016, is a Europe-wide campaign with the aim to improve the attractiveness and image of VET (European Commission, 2016).

The most relevant recent publication to this project is the concise online compendium of good practices produced by the ET 2020 Working Group on Promoting Common Values and Inclusive Education (European Agency for Development in Special Needs Education, 2020). The main priority areas are:

- Promoting common values and intercultural competences, including citizenship education and digital citizenship
- Supporting inclusive education for all learners
- Fostering a European dimension of education and training
- Supporting education staff in encouraging diversity and creating an open learning environment.

The overall impression garnered from this review of the status of QoL in EU policies is that although QoL has a high priority in the policy domains of the environment; urban and regional development; economics and science; and living and working conditions, VET is not deemed to be an important mechanism in the endeavour to enhance the QoL of EU citizens. In general, there are references to various aspects of QoL in VET funding programmes and policy documentation but there is no direct reference to QoL as a term. The specific dimensions of QoL that are frequently specified are employability, social inclusion, citizenship, rights and skills leading to material wellbeing, and social inclusion in general.

In the current context, in which the COVID-19 pandemic has exacerbated existing inequalities in terms of access to connectivity and equipment for disadvantaged groups and minorities, it is timely to explore how access to critical learning resources by persons with disabilities or additional learning needs can be enhanced. In this regard, full participation of children and young persons with disabilities has been recognised as an essential component in the effort to achieve a green and digital transition through being particularly sensitive to supporting disadvantaged groups and such with persons with disabilities or additional needs (European Commission, 2020b). There is a strong case to be made that mainstream VET systems needed to be included in this initiative.

QoL as Outcome Indicator at European Level

At a European level, QoL as a term has low priority or no priority in VET program evaluation and key performance indicators, with the exception of social inclusion/well-being and specifically the terms employability and material wellbeing.

There is a European structure that overviews progress towards the implementation of strategic objectives in education in general and in VET, through benchmarks and indicators, from an overall perspective and from the perspective of Member States. The European policy on cooperation, the ET 2020 framework, provides opportunities to build best practices in education policy, gather and disseminate knowledge, and advance educational policy reforms at the national and regional levels. (European Agency for Development in Special Needs Education, 2020). It is based on a lifelong

learning approach which addresses outcomes from early childhood to adult vocational and higher education and learning in formal, non-formal and informal contexts.

ET 2020 has four common EU objectives:

- Make lifelong learning and mobility a reality
- Improve the quality and efficiency of education and training
- Promote equity, social cohesion, and active citizenship
- Enhance creativity and innovation, including entrepreneurship, at all levels of education and training

It also supported the achievement of the following benchmarks at European level by 2020:

- At least 95% of children should participate in early childhood education
- Fewer than 15% of 15-year-olds should be under-skilled in reading, mathematics and science
- The rate of early leavers from education and training aged 18-24 should be below 10%
- At least 40% of people aged 30-34 should have completed some form of higher education
- At least 15% of adults should participate in learning
- At least 20% of higher education graduates and 6% of 18-34 year-olds with an initial vocational qualification should have spent some time studying or training abroad
- The share of employed graduates (aged 20-34 with at least upper secondary education attainment and having left education 1-3 years ago) should be at least 82%.

Furthermore, Member States' progress towards achieving inclusive education is monitored through the European Semester process (Stevenson, et al., 2017) and the Education and Training Monitor (European Commission, 2020). The Monitor provides evidence on the role of education in combatting inequalities and promoting social inclusion. It presents an annual analytical report on progress towards the ET2020 benchmarks and core indicators, accompanied by 28 countries reports. While it is possible to envisage where inclusive learning and QoL impact may have relevance, it is clear that these are not being monitored.

Finally, Cedefop has selected a set of 36 indicators (Cedefop, 2019) to quantify some key aspects of VET and lifelong learning. The selection is based on the indicators' policy relevance and their importance in achieving the Europe 2020 objectives. Indicators account for the most recent challenges and opportunities arising from developments in the statistical infrastructure and includes evidence from the European Statistical System. The indicators that are most relevant to inclusive learning are:

- 11. Older adults participating in education and training
- 12. Low-educated adults participating in education and training
- 13. Unemployed adults participating in education and training
- 14. Adults who wanted to participate in lifelong learning but did not
- 28. Early leavers from education and training
- 30. The Not in Education or Training (NEET) rate for 18-24 years olds
- 31. Unemployment rate for 20-34 years olds
- 33. Adults with low level of education.

The main drawback with these indicators is that, although inclusive learning strategies have excellent potential to assist in achieving the targets, there is no explicit reference to them as an important mechanism in reducing exclusion and increasing participation in learning.

3. National Perspectives: Inclusive Learning Strategies and QoL

Ireland

A 'rights-based framework' underpins the ideology and practice of inclusion and inclusive education in Ireland. Inclusive education represents the valuing of diversity in the learning community and the contribution that every person has to make. Inclusive learning strategies are increasingly being addressed in staff training courses, organisational policies and support services. Inclusive learning tools such as universal design for learning and access to supports and technologies are increasingly available.

There is a view that a strengths-based approach is a particularly effective approach when combined with a focus on supports to address identified learning needs. Current practice in Ireland endeavours to tailor training opportunities to the diversity of learning styles of participants. However, better guidance is required on how this can be achieved in a group instructional setting. A possible limiting factor to the impact of these approaches on frontline practice is the lack of knowledge or expertise in staff teams beyond an awareness of how to complete mandatory paperwork. Although staff training would be beneficial, staff have little discretionary time to engage in what are effectively voluntary professional development activities.

There are clear guidelines on how services in Ireland should be structured in order to support a person-centred model. The Irish Health Service Executive has adopted a framework for day services for adults with disabilities, New Directions' which sets out 12 pillars of support for each individual accessing services (Health Service Executive, 2018). These are supported by an e-learning course on putting the framework into practice and a framework for person-centred planning. Nevertheless, greater clarification is required on how implementation needs to take place at the individual level. For example, two areas that need to be clarified are the frequency of planning and review meetings and the best way to measure the achievements of the person served.

The widespread adoption of evidence-based instructional practices and clear, comprehensive and research-informed curricula to guide instruction across skill domains, offer a significant opportunity for improving the QoL outcomes of service users across all QOL domain. These are currently rarely in evidence in social care services in Ireland.

Policy Imperatives for QoL as a Service Outcome

Although the National Disability Authority produced a report on quality framework for disability services which very much includes the measurement of QoL outcomes (2016), there are multiple accreditation programmes and national policies and guidelines that do not address it in any detail. QoL is clearly referenced in the New Directions policies of the Health Services Executive, the Health Information Quality Agency (HIQA), and the Person-Centred Planning National Framework. However, in general, QoL interventions and supports and the improvement of the QoL domains of a person's life are not always considered to be a priority.

Nevertheless, there is an implicit focus on quality of life in community care services in Ireland. Service providers typically commit in their vision and mission statements to improving social inclusion, independence, psychological and physical wellbeing. Internal policies on identifying barriers and addressing needs in individual action planning often include areas of QoL.

Such outcomes, however, are not routinely evaluated in any systematic way at the level of individual service users or service providers. As a result, there is an unbalanced focus of time, expertise and resources on aspects of service provision that are valued by commissioning and quality assurance agencies, such as risk metrics; safeguarding metrics; process (not outcome) measures of service quality; regulatory standards etc., and an underinvestment in those QoL outcomes most valued by service users, e.g. improvements in independence, choice and relationships.

This creates an imperative to develop and deploy systematic and verifiable QoL measures as basic minimum indicators of service quality, which are readily available to both service users and service funders, in order to strengthen the case more responsive and relevant services of high quality.

There is an acceptance that a number of underlying assumptions are critical for understanding QoL (Martindale & Phillips, 2009). The authors cited Keith (2007, p.145) who proposed that the principles that need to be kept in mind when assessing QoL are:

- Individual personal contexts are central to QoL
- Life experiences differ for different people
- Life is experienced differently by the same person at different stages of life
- Different domains of QoL interact with each other and must be viewed holistically
- Choice, control and empowerment are significant QoL experiences
- Subjective perceptions of QoL must be valued.

An organisation's intention to improve QoL for participants can be discerned in its policy commitment to person-centred planning. However, other policies could also be elaborated in terms of increased QoL programme content.

Overall, QoL is often included in policies and guidelines but rarely specified in terms of outcome measurements, KPIs or satisfaction surveys. Although it can best be observed through first-hand accounts and lived experiences, this does not appear to be a priority. This is the case even in the context where QOL measures currently are available, including Outcomes Star (MacKeith, 2011), the ASQOL for people on the Autism Spectrum (McConachie, et al., 2018) and the Quality of Life Impact of Service Scale (QOLIS) (McAnaney, & Wynne, 2016).

QoL as a Programme Component

There is wide acceptance of QoL impact as a desirable service outcome in Ireland. The main barrier to implementation is limited expertise and experience relating to good practice and accepted measurement tools. One respondent to the stakeholder consultation expressed the view that while some organisations were progressing well in terms of addressing QoL impact, a regulatory compliance framework which prioritised other aspects of service delivery was inhibiting the move towards more progressive services with a focus on QoL impact.

There was a view that staff needed clarity on the key areas of life in which QoL goals should be promoted and supported. This required to be underpinned by tangible investment in mechanisms and processes to achieve QoL impact in both disability and mainstream services.

Although some current programme outcomes and specific skill sets could be viewed as evidence of an awareness, on the part of providers and commissioners, of QoL as an important service impact, the lack of resources represents a substantial constraining factor in creating services with more explicit QoL objectives.

Although QoL has been an area of focus in Ireland, other areas can be given precedence including Health and Safety, Medication, Manual handling etc which are all part of mandatory training. Person-centeredness and facilitating positive QoL impact are not considered to be part of mandatory/induction training.

While person-centeredness is a rarely assigned priority, teachers tend to be very much learner-centred and recognise the priority of special education. However, this focus becomes less clear as learners progress from secondary to further education, where little priority is assigned to the area. QoL impact tends to be referenced in training programme specifications, especially those aimed at people with mental health issues. There are tools which emphasise QoL as an important programme component include Outcomes Star and for those on the autism spectrum (ASD) the ASQoL (McConachie, et al., 2018).

It is acknowledged that QoL is an important programme component by the majority of community care organisations. However, there is an acknowledgement that is not adequately addressed and insufficient effort and resources are invested in identifying and applying evidence-based strategies systematically to enhance QoL in key life domains.

The Health Service Executive of Ireland (HSE) commissions and funds community care services in Ireland. There is wide variation across Community Healthcare Organisation (CHO) areas in terms of the focus on QoL. Most commissioners place emphasis on service quality in the service tendering and service user placement process. However, the level of funding being provided does not always reflect this emphasis or expectation and this limits the extent to services can deliver more individualised supports and approaches. The tender is typically judged on service reputation and a cursory knowledge of service delivery rather than an objective evaluation of service user outcomes. Service commissioners rarely, if ever, seek objective QoL outcome measures from service providers.

Various reports and quality tools have been commissioned by the Government to look at QoL. For example, NDA Quality Tools report (National Disability Authority, 2019) and the HSE New Directions Policy and Person-Centred Planning Framework (Health Service Executive, 2018). These have been disseminated and the HSE has commenced their implementation. However, many challenges remain, in terms of adequate resources and a cohesive approach using recommended tools. An enhanced emphasis by funding agencies is required backed up by support for services to implement the principles.

In VET, quality frequently means accreditation and awards. The standardisation implicit in the accreditation procedures can be at variance with a person-centred approach and can limit efforts to improve other areas of impact other than training for work. The requirement to reach a certain level of achievement in order to gain an award can have a potentially negative effect on other areas in a learner's life. The main focus of evaluation appears to be on certification accredited by Quality and Qualifications Ireland (QQI) and on progression to higher education or further training. These are high priorities in programme, departmental and institutional evaluations are supported by internal policies and supports. The QoL impact of services are more commonly referred to as 'student experience'.

One major gap in the Irish system of provision is the absence of a meaningful case management system which facilitates individuals to access the supports they need across a range of sectors. Where case management is provided, such as in the National Learning Network, it does not have a cross-sectoral or inter-agency scope and is not the subject of measurement by the VET funding

bodies. These tend to focus primarily on accreditation (major and minor awards), labour market outcomes and the labour market needs of learners in assessing the quality of a service.

Existing external quality systems (e.g. HIQA, New Directions, EQUASS, POMS etc.) and internal program evaluation measures for community care services typically focus on the process and not on service outcome metrics. The emphasis in on service standards rather than service user outcomes. Both HIQA and New Directions propose indicators that reflect QoL, although these are open to interpretation and are not well measured either externally or internally. There is room for improvement in the measures and key performance indicators (KPIs) to specifically monitor QoL outcomes for people, particularly within an enhanced performance improvement system.

In the case where external programme evaluation measures do focus explicitly on QoL, they primarily attempt to measure these outcomes using rating anchors which are not objectively verifiable. The skills and knowledge that a learner acquires may or may not contribute directly to a person's QoL. While new skills may contribute positively to an individual's underlying emotional growth, the learning process itself, the social interaction, the respect demonstrated, building of trust and esteem can contribute more strongly to the learner's perception of QoL than the actual learning itself.

Consequently, the construct that is measured is key and needs to reflect both a client-centred perspective and the program being evaluated. For example, a respondent to the stakeholder consultation who had expertise in sports programming considered it to promote emotional and physical wellness, social inclusion and develop interpersonal relationships. However, this may reflect the view of the instructor rather than the experience of the learners. Another respondent's programmes emphasised active and experiential learning opportunities as well as classroom-based instruction.

The Independent Living Movement Ireland (ILMI) and the National Federation of Voluntary Bodies, two Irish disability representative organisations, are very aware of the importance of QoL. They place an emphasis on 'lived experiences' as an indicator of success. QoL is not something that can be measured through numbers or closed questions.

There is evidence that disability representative organisations favour person-centred services led by well-informed staff with depth and breadth knowledge. However, these do not appear to be a priority at present. There appears to be a large chasm between policy recommendations such as New Directions, and what is delivered in frontline services. Although there are pockets of quality services and supports, this is not consistent throughout all services. Uniform Policies, documents and paperwork are no guarantee quality of services or indeed a positive QoL impact. It is also challenging to estimate the quality of service by reviewing participant complaints as people are often reluctant to complain or criticise services in case they are penalised or excluded in some way. This is one reason underpinning the Irish National Disability Authority's proposal that QoL impact be measured as an outcome indicator.

Portugal

In Portugal, there are number of regulatory measures that are relevant to interventions aimed at persons with disabilities in the areas of VET and Social/ Community Care. The National Catalogue for Qualification refers to accessibility and adapted methods for persons with disability. The Organization Guide: Vocational Training and Certification of People with Disabilities provides for a degree of customization of the duration and contents of courses and the development of specific tailor-made courses aimed at learners with disabilities. The National Program for Employment and

Support to Qualification of People with Disabilities addresses individual needs including autonomy and wellbeing. The Manuals for Social Responses present guidelines for the design, implementation and evaluation of interventions within the social/ community care and support.

The forthcoming National Strategy for the Inclusion of People with Disabilities 2021 – 2025 establishes a set of strands, priorities and indicators for monitoring and evaluation relevant to disability and inclusion. The third strand addresses Qualification and Education. This stresses the role of inclusive access to education and vocational training as being crucial to the achievement of full citizenship for persons with disabilities. Its two primary goals are: reinforcing mechanisms to support learning and consolidate an inclusive educational system; and promoting access to higher levels of qualifications for learners with disabilities.

The stakeholder consultation provided an insight into the extent to which inclusive learning strategies are being implemented in Portugal. Community care and specialised VET were considered to address inclusive learning in program specifications, evaluations and staff training to a greater extent than mainstream VET. A similar view applied to the extent to which the individual learning needs of participants were taken into account. Nevertheless, there was a view that mainstream VET had some capacity to customise interventions to respond to specific learning needs.

Inclusive learning strategies and responding to learning needs were considered to be more developed in community care and specialised VET. The learning needs best catered for in community care were social, interpersonal and emotional needs. The provision of personal support and person-centred planning were the best developed strategies. Specialised VET was considered to respond most effectively to learning, cognition, social and interpersonal needs. Competence-based assessment procedures and compensatory education were considered to be strengths. Learning and cognition were the needs most effectively addressed in mainstream VET. Competence-based assessment procedures and universal design for learning were the most developed learning strategies in this sector.

Vision and hearing needs were least well catered for in community care and specialised VET, whereas mainstream VET was considered least effective in meeting mobility needs. None of the three service types were considered to address communication needs adequately and to be least effective in terms of personal assistance and reasonable accommodation.

Policy Imperatives for QoL as a Service Outcome

Relevant policies, guidelines and instruments, in Portugal, do at times make reference to some of the life domains related to QoL. However, these are not integrated into an intentional QoL framework and only rarely are these dimensions considered as measurable outcomes to be achieved by services. Although the regulatory frameworks, referred to above, highlight topics such as employment, social inclusion, citizenship, rights and wellbeing as intended impact to be achieved, these are formulated in generic terms.

The Instituto da Segurança Social, I.P. (ISS IP) is the regulatory institution and both a provider and funder of Community Care responses. Both its strategy and the design of its services and evaluation processes are evidence that the ISS IP is fully aware of the concept of QoL and its scope. Its documentation cites the CRPG's 2004 publication in which a theoretical model of QoL is presented.

In community care services, QOL outcomes are explicitly assumed particularly in terms of interpersonal relations, self-determination, social inclusion and rights. There is less emphasis on employment and material wellbeing. In mainstream VET and specialized VET less priority is placed on QoL as an intended service outcome. In both cases, the employment dimension is assigned the

highest priority. Specialised VET services also specify rights and social inclusion as valued outcomes, whereas a lower priority is assigned to material well-being and self-determination. In mainstream VET the lowest priority is assigned to physical and emotional well-being, self-determination and interpersonal relations.

QoL as a Programme Component

Overall, QoL in Portugal is a construct with diverse interpretations across different services and different target groups. While there may be a general common perception that QoL is a significant indicator of effective services, what QoL means in terms of its components can vary significantly.

The stakeholder consultation provided an indication that QoL impact was accepted as an outcome in all three sectors covered by this report. Nevertheless, there were a number of differences, which are worth noting. The dimensions of QoL that were regarded as most widely accepted in community care were interpersonal relations, rights and social inclusion. Unsurprisingly, employment and material wellbeing had the least acceptance. In specialised VET, there was wide acceptance of employment, social inclusion and rights and a less frequent acceptance of self-determination and material wellbeing. Mainstream VET prioritised employment with little priority assigned to any of the other QoL domains explored.

While it is accepted that both specialised and mainstream VET and community care by their very nature impact positively on the QoL of participants, there is a lack of visibility and intentionality in the design and delivery of programmes in Portugal. References to QoL or related are infrequently found on providers' websites, annual reports or activity plans.

Nevertheless, a number of organisations do embed QoL, social inclusion or other dimensions of QoL (e.g. autonomy or employment) in their Vision or Mission statements. These organisations tend to be in the specialised VET or community care sectors rather than mainstream VET. In general, however, there is little evidence that these organisations intentionally implement a systematic approach to delivering on these commitments either through the specification of a model of QoL or providing explicit details of the approach to be adopted in programme specifications and how results will be monitored.

In Portugal, there is a vast array of policy, regulatory and guidance documents and systems that apply to interventions for persons with disabilities in the areas of VET and community care. The National Strategy for the Inclusion of People with Disabilities 2021 – 2025 establishes a set of axes and priorities related to the inclusion of persons with disabilities, including the level of qualification and education. It stresses the importance of inclusive access for persons with disabilities to education and vocational training as a means of to achieving full citizenship. At this time, the Strategy stresses the need for monitoring, gathering results and evaluation but little detail is provided on specific QoL impact indicators.

In the community care sector, the Instituto da Segurança Social (ISS) is the regulatory institution responsible for community care provision and is also a provider and funder of services. The main framework is set by the ISS Manuals for Social Responses policy which establish the guidelines for the design, implementation and evaluation of interventions within community care and support services. While relying strongly on a QoL approach, the framework is short on detail when it comes to service evaluation. The objectives of improving QoL, social inclusion, interpersonal relations or employability can be found in its programme specifications. Thus, ISS demonstrates an awareness of the concept of QoL and its scope, not only within its strategy but also in the design of its services and evaluation processes.

Other than ISS, there is a lack of clarity in how organisations, both regulators and providers, operationalise and achieve the QoL impacts they claim. Even ISS is less than systematic in its approach to measuring the impact on QoL, only presenting two parameters to be measured in terms of compliance but providing little detail. Specifically, Criteria 7 (Society Results - Social Performance) refers to the impact of social response on improving the quality of life of community; and degree of satisfaction and Criteria 8 (key performance results) specifies the impact of services in promoting customer autonomy.

In VET, an analysis of the main documentation and frameworks leads to the conclusion that although QoL or some of its dimensions (citizenship, participation, employment) clearly form part of the context, it is rarely specified into explicit measurable outcomes to be achieved and evaluated. Further, major funding programmes for VET emphasise qualification/certification and, to a lesser extent, employment/employability at the expense of other relevant dimensions of QoL.

There is a lack of clarity on how best to operationalise and achieve the QoL impacts that many providers, regulators and commissioning agencies claim. Nevertheless, some organisations have adopted a QoL model or measure QoL outcomes. There are also examples of providers or representative organisations that contribute to the dissemination of experiences in evaluating QoL of people with disabilities or specific aspects of quality of life, such as autonomy and self-determination. A few organisations providing specialised VET also implement measurements of the impact of services on the QoL of participants.

While QoL impact can be deemed to be inherent in the very nature of a service, even when it is not clearly specified or elaborated, it is rarely evaluated in a systematic manner and it is not often required by commissioning agencies. The regulatory and funding organisations or systems do not include QoL or societal impact in their program evaluation requirements. Many organizations use measures of customer/user satisfaction in their quality assessment processes. While these provide an indication of the extent to which a learner's expectations were met and how satisfied they were with the service experience satisfaction, they only correspond to a beginning in '*the life cycle of developments*' that are essential in an impact assessment (Esteves, et al., 2012). External evaluation criteria applied in the community care sector included rights, physical wellbeing, emotional wellbeing, social inclusion and self-determination. In specialized and mainstream VET employment is the primary QoL indicator. Social inclusion and material wellbeing are also emphasised in mainstream VET.

The information collected through the stakeholder consultation provides a deeper insight into how organisations address the QoL impact of service delivery which is considered to be an overarching concern and a desirable result even though this may not be supported by measurement and monitoring. The consultation revealed that QoL impact indicators were more likely to be applied in internal evaluation measures rather than externally. This was more intensive within community care services in comparison to specialised and mainstream VET.

Community care services tended to focus on interpersonal relations, personal development, self-determination, social inclusion and rights rather than employment and material wellbeing. Specialised VET providers tended to emphasise employment, personal development, social inclusion, rights, citizenship and emotional well-being rather than material wellbeing, physical wellbeing, social inclusion and self-determination. Mainstream VET providers stressed employment, personal development and self-determination rather than material wellbeing, physical wellbeing, emotional wellbeing, citizenship and rights.

The perception of respondents to the Portuguese stakeholder consultation was that the overall impact of service provision on the QoL of participants was satisfactory. Inclusive learning was considered to be addressed to a great extent in the development and specification of programmes. Further, it was accepted that individual learning needs of participants were taken into account in designing service responses and that inclusive learning strategies were employed in supporting individual participants with additional learning needs.

However, there was a view that service contracts with the participants only partially addressed these aspects of service delivery. This view is supported by the fact that evaluation procedures rarely include concrete measurable indicators of such mechanisms. The existing regulation on VET was not considered to be capable of facilitating an optimal response to specific learning needs of individuals or groups of individuals. The scope for change in this regard was limited as a result of dependence on funding from the European Social Fund (ESF) which allows little flexibility and requires a massive amount of bureaucracy for service providers.

There was a strong view that people with disabilities are involved in programme design and that service providers and their staff possess, to a great extent, the knowledge in the domain of QoL required to enable them to create, develop and implement programmes that promote a positive impact on that regard. Providers were considered to have a positive attitude towards programme change. The tools and resources to assist providers to develop and implement QoL focused interventions were considered to be readily available.

There was a degree of consensus that the commissioning/funding/regulatory agencies, in Portugal, do not explicitly value the results achieved by providers/participants in the domain of QoL. In addition, it was acknowledged that national evaluation procedures for current programmes do not include items related to the performance of the sectors in terms of QoL impact for participants. Nevertheless, there was a perception that national policies and regulations consider QoL or at least some aspects of it, as a moderate priority.

Limited funding directed towards the development and improvement of programmes was considered to be a major area for improvement in the system. It was stressed that associations of service providers or people with disabilities have a crucial role in promoting system change especially by lobbying positively at the level of the funding/regulatory agencies and also at the level of the service provision itself.

Slovenia

In Slovenia, inclusive education is best developed for children with special needs. Special needs education is publicly co-funded by the state and local communities and is provided in both in mainstream or specialised units including kindergarten, schools, special schools, centres for training, work, and care services. The primary legislation regulating education for children with disabilities is the Placement of Children with Special Needs Act (2011). A wide range of functional impairments are covered by the law.

The most common specialised services available include educational programmes with adapted delivery and additional profession supports delivered within mainstream settings and adapted programmes at an equivalent level delivered in both mainstream settings and in specialised institutions for learners with visual or physical impairments. Apart from technical adaptations for the place of learning and adjustments to course organisation, these adapted programmes offer flexibility in timetabling, programme duration, and teaching and assessment procedures, Adapted education programmes are of equal standing with mainstream programmes. Additional supports are available

up to a maximum of five hours per week which include assistance in overcoming barriers, counselling service and learning assistance in an individual or group setting. Learners with visual impairments or multiple disabilities can benefit from an additional three hours of support primarily during early education.

The majority of children with special educational needs (90%) are enrolled in mainstream programmes. Lower-level educational programmes are delivered in special schools and a special educational programme targeted at learners with moderate to profound general learning disabilities is offered in centres for training, work and care or in local primary schools.

It was generally accepted by the stakeholders consulted that inclusive learning strategies are more available in the specialised VET and community care sectors than in mainstream VET. Critical areas for improvement that need to be addressed are access to reasonable accommodations in certification exams; universal design for learning; and improved access to personal assistance. Person-centred planning and compensatory education were viewed as particular strengths of the system.

Policy Imperatives for QoL as a Service Outcome

In Slovenia, the Centre for Vocational Education is the national institution responsible for VET. It is required by law to prepare reports on quality in the vocational and professional education. It is also the designated national reference point in Slovenia as part of European network EQAVET. One of the national indicators for quality in vocational education addresses the participation of vulnerable groups in education with specific reference to preventing exclusion of persons with special needs.

While, to date, QoL has not been systematically addressed in Slovenia, there is a recognition among rehabilitation specialists that QoL is an important issue. A conference held in 2019 addressed the theme of '*Quality of Life of Persons with Special Needs – about them, with them and for them*'. A number themes were particularly relevant to QoL as a service outcome. One question raised was when one looks beyond the fulfilment of basic material needs, what is QoL and who determines it? The importance of state actions for persons with disabilities was emphasised and a question was raised about the value for money obtained by investments in social and community care in terms of the quality, content, and range of services. The meaning of QoL both for persons with special needs and the general population was explored with specific reference to the importance of the participation/autonomy to service participants; the difference between 'being' and 'having' and the impact of the media on perceptions of happiness; the need to find a means to live in harmony with yourself; and the importance of helping children to learn how to express their feelings, desires and needs, recognise what is truly of value and to be able to take a critical perspective on values.

QoL as a Programme Component

QoL impact is more widely accepted as a service outcome, in Slovenia, in disability-specific services such as vocational rehabilitation. It has been closely monitored for approximately five years by the Development Centre for Vocational Rehabilitation. Data from 14 national providers of vocational rehabilitation have been collected and analysed on an annual basis using a QoL questionnaire. Little evidence was found to support the view that QoL impact was accepted to any great extent by Slovenian mainstream services.

Most of the stakeholders consulted considered that QoL impact as a concept, or its components were generally assigned a high priority, in Slovenian specialised VET and community care program specifications. A review of documentation from Slovenian commissioning and funding agencies suggested that, in general, only a moderate emphasis in place on the relevance of QOL impact of

services. They mainly emphasised the relevance of three aspects of QoL: employment, social inclusion, and rights. The weakest emphasis was upon personal development, self-determination, citizenship, and material wellbeing. In this regard, there is little difference between the views of designated commissioning and funding agencies' in the specialised VET and community care sectors on the relevance of QOL. Agencies responsible for commissioning mainstream VET place significantly less importance on QoL impact than in the other sectors.

As has previously been emphasised QoL is not addressed in a systematic, unified manner in Slovenia. Social inclusion, citizenship, and rights are the main components of QoL that are used as indicators of service outcomes in evaluating participant progress and service impact in VET and CC. In contrast, material wellbeing is seen as the least important QOL aspect evaluation measure.

A number of evaluation measures can be found primarily in the domain of education research. For example, Sunčič (2018) addressed the question of QoL from the perspective of persons with intellectual disabilities living at home and living in an institution. One main difference that emerged was that networks and activities were wider for those living in an institution. This was viewed as an indication that this aspect of QoL was more positive for these individuals. It is important to note that living at home in this case was living with parents or carers rather than living in a supported community setting.

Overall, national representative organisations, in Slovenia, were moderately satisfied with QoL as a VET and community care outcome. The dimensions of QoL with which they were most satisfied with were rights, social inclusion, citizenship and emotional wellbeing. However, this varied across sectors with the highest satisfaction expressed for community care services, and specialised VET being rated higher than mainstream VET.

Spain

A particular characteristic of the Spanish system of inclusive learning is the extensive experience, history and commitment of disability organizations (DPOs) which offer specialised VET programs. Ensuring accessibility and offering adapted learning opportunities is the norm in specialized VET. In addition, DPOs engage in joint projects with Universities and collaborate with both mainstream and specialised VET programs to facilitate inclusive learning through the provision of technical aids. Over recent years, substantial progress has been made in deploying inclusive learning strategies in the University sector. Support units for students with disabilities offer guidance for students, awareness raising and training for staff and offer access to assistive technology, personal support (volunteers), personal assistance, sign language interpretation and reasonable accommodation in exams and assessment.

Nevertheless, a stronger commitment to implementing inclusive learning strategies and resources in mainstream VET is necessary where commitment to inclusive learning is weaker than that found in primary and secondary education. This can be partially attributed to the fact that VET is not considered compulsory in Spain. Further, funding for mainstream VET does not provide for the flexibility to provide adapted materials or personal inclusive learning interventions. As a result, mainstream support for an inclusive learning approach is relatively low and awareness raising and training for teachers with regard to inclusive learning is limited.

Mainstream VET teachers are usually more focused on professional skills rather than flexible learning opportunities and diversity. The lack of inclusive learning adaptations results in limited options of learners with additional needs. For example, laboratory and technical practice areas have the lowest accessibility for learners with visual or physical needs. The low level of participants with

disabilities in mainstream VET results in a lack of disability awareness on the part of staff and misconceptions at leadership level of the implications and costs of diversity. These social prejudices hinder the adoption of inclusive learning adaptations in mainstream VET.

It is possible to identify a few exceptions. In some VET centres and local Training and Employment Agencies, teaching staff have adopted good inclusive learning approaches. In addition, accessibility of facilities and the availability of adapted material resources, content and methodologies can be specified as requirements in some public calls for tender for mainstream VET and, particularly, for non-formal VET provided by Training and Employment Agencies.

Policy Imperatives for QoL as a Service Outcome

VET is recognised in the explanatory statements and declarations of principles of laws, plans and calls for tenders as having an important role in promoting QoL. For example, the Organic Law 5/2002 on Qualifications and Vocational Training and the First VET Strategic Plan of the Ministry of Education and Vocational Training (2020) both specify that professional qualifications serve the purpose of '*improving people's level and* QoL a*s well as social and economic cohesion and employment promotion*…'.

However, in practice, QoL is assigned a low or no priority in VET funding or actions. The exception to this is the priority assigned to labour inclusion in terms of employment and material wellbeing. To a lesser extent, self-determination, as it relates to creativity and innovation, is also stressed. Effectively, labour integration through professional qualification has a very high priority, within a labour market context characterised by high rates of unemployment, particularly among youth and persons with disabilities.

QoL is more clearly prioritised in the community care sector and is more frequently addressed in terms of the principles and rationale for service delivery. This is most strongly the case in independent living and personal assistance services. QoL is also elaborated in the definition of measures and, to some extent, in the evaluation of services. For example, Law 39/2006 on Promotion of Personal Autonomy and Assistance for People in Situation of Dependency specifies that the care system for dependent people is a primary mechanism to respond to their needs and *'to promote personal autonomy, quality of life and equal opportunities'.*

Further, the Madrid Care Strategy for Dependent People (2018-2022) is described as mechanism to plan and coordinate all initiatives and resources *'to improve the quality of life of people with disabilities and their families'.* The principles guiding the design and development of its different action lines are based on the Convention on the Rights of Persons with Disabilities (CRPD) with particular reference to individual autonomy, self-determination, independence, social inclusion and QoL.

QoL as a Programme Component

Although there are general references to QoL as a service outcome in explanatory statements of Laws and the rationale of Spanish mainstream VET Programs, the acceptance of QoL impact as a service outcome in mainstream VET is quite narrow. QoL impact is mainly interpreted as being synonymous with employability and labour integration. To a lesser extent QoL dimensions such as autonomy, self-determination or initiative and material wellbeing or social inclusion, are also referenced. There are general references to QoL in Spanish Laws and VET plans, but detailed descriptions of its meaning or its components in program specifications are rare. The primary focus is upon the acquisition of skills and competences for labour inclusion and employability

improvement, which can perceive as including material wellbeing and values such as self-determination and social inclusion.

Labour market integration is the main focus of professional education and vocational training in Spain and, except for general statements, little emphasis is placed on QoL as an expected result. The exception to this is the priority assigned to employability. There is a consensus amongst commissioning and funding agencies, public administrations and third sector organisation about the relevance of QoL which is reflected in general statements of principle in explanatory statements of Laws and VET plans and on institutional web portals. However, there is a substantial gap between these generic references to QoL and effective implementation in front line services. With the exception of employment and material wellbeing, and to a lesser extent, autonomy and initiative, QoL impact is not reflected in VET program specifications. Similarly, QoL impact and its dimensions, with the exception of employability, are rarely monitored in VET program evaluation.

The lack of emphasis on inclusive learning strategies in mainstream VET can discourage and exclude persons with disabilities from participating which results in a 'vicious circle' in which the low numbers of students with disabilities participating in VET reduces the level of disability awareness among staff and leaders and weakens the demand for implementing adaptations. Nevertheless, there are some good practices in mainstream VET in some exceptional centres and projects and this needs to be recognized and the good practices need to be disseminated.

Although specialised VET providers claim that they promote several components and dimensions of QoL such as employment, social inclusion and rights, the acceptance of QoL as a service outcome can be regarded as relatively narrow. Nevertheless, there is a greater awareness of the social and labour inclusion challenges facing persons with disabilities in the specialised VET sector. Consequently, there is a wider acceptance and focus upon certain QoL dimensions. For example, specialised VET providers often offer training to prospective employers on how the rights of persons with disabilities can be taken into account in HR processes to avoid discrimination in relation to recruitment procedures and workplace adaptations. It could also be argued that physical wellbeing is addressed by specialised VET providers through the implementation of adapted learning techniques, accessibility and safety of facilities and materials. However, it is difficult to identify any systematic approach to promoting or monitoring positive QoL outcomes for participants. Within the context of the COVID'19 pandemic, the implementation of prevention measures is more relevant to the dimension of physical wellbeing. However, this is the case for all participants and workers with and without disabilities.

In general, program evaluation is carried out rarely and infrequently in the educational field, and particularly in VET. Any evaluation that is carried out in VET programs, usually focuses on the effectiveness of those programs in relation to employment. QoL rarely appears in evaluations or in assessment indicators for plans and services, other than as they relate to labour market inclusion.

The views of Spanish national disability representative organisations on QoL as an outcome in VET were diverse. There was a perception that there is currently a process of regression in terms of inclusive education for learners with additional needs. Integrated approaches to QoL were considered to be rare and the commitment at the level of principles and values was reduced compared to previous years. In recent years, the main approach to education has become increasingly more academic. The priorities in the VET sector focus upon results in work-oriented skills, and excellence in terms of competitiveness.

Inclusive learning and QoL are considered to be secondary outcomes. This view is supported by a recent OECD Program for International Student Assessment (PISA) Report. This is particularly the case for mainstream education in the design and evaluation of programs despite explanatory statements and declarations of principle in legislation. There was a strong perception that VET mainly addresses labour integration, and that this is the primary dimension taken into account when designing training programs. A proactive approach to enhancing the QoL of participants is lacking in practice apart from some general statements included at organisational and system level.

In the view of disability representative organisations, higher education and specialised VET providers were considered to have performed better in terms of developing and implementing specific supports systems for learners with disabilities, introducing a systematic approach to inclusive learning strategies and adapting methods to different ability profiles of participants. There is little doubt that mainstream VET providers could usefully look to these sectors when designing more inclusive learning approaches.

In the community care sector, QoL impact is accepted as an important service outcome in both Laws and public policies. It is explicitly specified in both legislation and community care strategic plans. The commissioning and funding agencies responsible for community care consider QoL impact as an important outcome. A review of service specifications for independent living or personal assistance programs in Madrid, revealed that QoL and its components are implicit in references to different dimensions or priority objectives to be reached. From the perspective of the agencies responsible for independent living and personal assistance programmes, the relevance of QoL impact as an outcome is strong. They contribute significantly to the QoL of persons with disabilities by enabling them to participate in diverse normalised social, education and work environments. For example, enabling a person with a disability to live in their own home and make their own decisions, with the support of a personal assistant, are clearly QoL enhancing interventions. However, an explicit or systematic approach is not always evident in the community care sector. At national level, there is a great disparity in the quality and availability of independent living programs.

Although they are not always made explicit, prioritised dimensions include self-determination, personal development, social inclusion, employment and citizenship. Other dimensions such as material wellbeing are also developed through these programs, as they provide personal assistance time and facilitate employment. These aspects are taken into account in program specifications and in programme evaluation. Less priority is assigned to physical wellbeing which is often not considered as a direct program objective. While it is possible to identify processes and mechanisms that are likely to enhance QoL, at least in the Madrid Independent Living Program, these are mainly addressed implicitly in terms of service requirements and are not systematically implemented with reference to a theoretical framework for QoL and its components.

Internal and external programme evaluations in community care sector, particularly in independent living and personal assistance services, are more likely to include measures of QoL impact. It is also more explicit in programme specifications. It is important to note that the evaluations which include aspects of QoL, such as those in the Region of Madrid, where such programmes have a longer history, service evaluations take into consideration different dimensions of QoL. While not explicitly based on the IASSID Framework, the dimensions that are assessed include self-determination, personal development and participation, as reflected in the goals of social inclusion, employment and citizenship. Other aspects, such as physical wellbeing, are not directly targeted. Evaluations utilise both objective indicators such as enabling employment through personal assistance and, more often, subjective indicators such as participants' perception of QoL improvements across

different life areas. However, it is important to acknowledge that such services are implemented inconsistently across Regions in Spain and that many are at an early stage of development.

Independent living programs can be viewed as giving effect to the UN Convention on the Rights of Persons with Disabilities. However, their impact is limited by the restrictive eligibility criteria applied, which include having a job or being involved in a training or education activity. There are also age requirements. These criteria represent major barriers for a substantial number of persons with disabilities who could benefit from participating in such services. In addition, there is an inherent contradiction in that, although these programmes are regarded as promoting labour participation, having a job is a requirement to be eligible for participation.

4. National Stakeholder Consultation Findings

The QOLIVET stakeholder consultation gathered their views and opinions on the deployment of inclusive learning strategies in each jurisdiction, the extent to which QoL and its components were addressed in community care, mainstream and specialised VET sectors and the potential barriers and facilitators to achieving a wider acceptance of QoL as a key program component. A summary of the findings of the stakeholder consultation is presented below.

Inclusive Learning Strategies

Stakeholder perceptions in each of the participating jurisdictions were collected on a number of themes relating to inclusive learning including the extent to which:

- Inclusive learning strategies were integrated into program design, evaluation and staff training in each of the sectors
- Individual learning needs of participants were taken into account in designing programs
- Participants with a variety of additional learning needs were catered for effectively, and,
- Different types of inclusive learning strategies were effectively deployed.

There was a consensus across all jurisdictions that community care services addressed inclusive learning at both a program and an individual level to a great extent and that mainstream VET only moderately addressed inclusive learning at a program level. There was a view in Ireland and Portugal that mainstream VET took individual learning needs in account to a great extent. This view was not shared by stakeholders in Slovenia and Spain.

Addressing Inclusive Learning Needs

The learning needs explored with stakeholders were:

- Communication
- Emotional Functioning
- Hearing
- Learning and Cognition
- Mobility
- Motor Functioning
- Social and Interpersonal Functions
- Vision

Mainstream VET

Only learning and cognitive needs were viewed as being effectively addressed in mainstream VET according to stakeholders in all jurisdictions. Irish stakeholders perceived that all learning needs

were addressed to a great extent in mainstream VET. In contrast, stakeholders in Portugal viewed that the majority of learning needs were only moderately addressed in the mainstream VET sector and that communication and mobility were only addressed to a small extent. Mainstream VET in Slovenia was considered to be most effective in addressing hearing, communication and social and interpersonal learning needs. Visual, mobility, motor and emotional needs were viewed by stakeholders as being addressed to a moderate extent. In Spain, the view of stakeholders was that visual learning needs were addressed effectively across all three sectors. Learners with hearing, mobility and social and interpersonal needs were also considered to the addressed in mainstream VET. The learning needs least well addressed were communication, emotional and motor learning needs.

Specialised VET

Learning and cognitive needs and mobility needs were viewed by stakeholders as being catered for to a great extent in specialised VET programs in all jurisdictions. Irish and Slovenian stakeholders had the most positive opinions of the capacity for specialised VET to meet learning needs of all types completely or to a great extent. In Portugal, stakeholders considered that the majority of learning needs were met to a great extent in the specialised VET sector with the exception of visual and hearing needs which were addressed to a moderate extent. While stakeholders in Spain considered that specialised VET addressed some types of learning needs to a great extent, hearing, communication, motor, social and interpersonal and emotional needs were considered to be catered for only to a moderate extent.

Community Care

Community care services were viewed by stakeholders in all jurisdictions as addressing the majority of learning needs of participants completely or to a great extent. The view of Spanish and Portuguese stakeholders was that community care services addressed all learning needs either completely or to a great extent. In Ireland, community care services were considered to address most learning needs to a great extent. The exceptions were visual, social and interpersonal and emotional needs. Slovenian stakeholders considered that most learning needs were catered for to great extent in the community care sector apart from visual, hearing and emotional needs which were catered for to a moderate extent.

Mechanisms to Support Inclusive Learning

The stakeholder consultation explored their opinions about the extent to which a number of inclusive learning mechanisms were available to participants in each of the three sectors. The mechanisms explored with stakeholders were:

- Access to Reasonable Accommodations in Certification Exams
- Additional Instruction/Compensatory Education
- Competence-based Assessment or Evaluation Procedures
- Personal Assistance
- Personal Support
- Person-centred Planning
- Program Adaptions
- Technical Aids
- Universal Design for Learning (UDL)

Mainstream VET

Access to inclusive learning mechanisms was considered by stakeholders to be most restricted in mainstream VET. None of the mechanisms were considered to be deployed to a great extent in any jurisdiction. Apart from Ireland, where it was considered to be moderately deployed in mainstream VET, personal assistance was viewed as only being available to a small extent in this sector. Irish stakeholders held the view that all mechanisms were available to a moderate extent in the mainstream VET sector. In Portugal, the view was that while personal support, person centred planning, additional instruction and UDL were moderately deployed in mainstream VET, there was little access to personal assistance, program adaptations, reasonable accommodations. The only mechanism that was viewed as being widely available was competence-based assessment. Slovenian stakeholders considered that the majority of mechanisms were moderately deployed in the mainstream VET apart from access to personal assistance, which was considered to be only available to a small extent. The view of Spanish stakeholders was more positive. They considered that technical aids, program adaptations, person centred planning and competence-based assessment were available to a great extent in the mainstream VET sector. With the exception of personal assistance, which was considered to be only deployed to a small extent, they viewed other mechanisms to be moderately available.

Specialised VET

Inclusive learning mechanisms were considered, by stakeholders in all jurisdictions, to be much more accessible in the specialised VET sector. In the opinion of stakeholders, the most readily available inclusive learning mechanisms in the sector were person centred planning, additional instruction, and competence-based assessment. Reasonable accommodation and personal assistance were considered to be the least well deployed. Specialised VET was considered to provide access to the majority of inclusive learning mechanisms to a great extent by Irish stakeholders. The exception to this was program adaptations which were considered to be available only to a small extent. In the view of Portuguese stakeholders, the specialised VET sector offers access to program adaptations, person centred planning, additional instruction and competence based to a great extent. Other inclusive learning strategies were viewed as being deployed to a moderate extent, with the exception of personal assistance to which there was a small degree of access. n Slovenia, stakeholders viewed access to many inclusive learning mechanisms in the specialised VET relatively positively. The mechanisms considered to be deployed to a greatest extent included technical aids, program adaptation, person centred planning, additional instruction and competence-based assessment. Personal assistance and access to reasonable accommodation were only available to participants in specialised VET to a small extent. UDL was viewed as being deployed to a moderate extent. Apart from personal assistance, to which there was little access, Spanish stakeholders viewed the specialised VET sector as deploying all other mechanisms to a moderate extent.

Community Care

Stakeholders in all jurisdictions rated the availability of the majority of relevant inclusive learning mechanisms in the community care sector very positively with one or two exceptions. In Ireland, stakeholders rated access to reasonable accommodation in certification exams as being absent. This makes sense given that participant in these types of services rarely engaged in such activities. In Portugal, stakeholders rated access to personal assistance as being relatively across low across all sectors, reflecting the level of development of these services in the jurisdiction. All other mechanisms were as being availability to a great extent. Apart from competence-based assessment and reasonable accommodation in Certificate exams, Slovenian stakeholders considered access to all other inclusive learning mechanisms to be complete or to a great extent. Stakeholders' views in

Spain were universally positive about access to all inclusive learning mechanisms in the community care sector.

QoL as a Service Outcome

The stakeholder consultation included a focus on the ways in which QoL and its components were addressed as intended outcomes in assessing participants' learning needs and progress, evaluating service impacts, service commissioning and contracts and staff training. Their views were gathered on approaches to total QoL and to each of the domains and dimensions of the IASSID model in order to account for the possibility that while QoL was not addressed as a primary construct, some of the components of the model may well have been specified.

The stakeholders were asked to provide their opinions on the extent to which the following concepts were addressed in community care, specialised and mainstream VET:

- Total Quality of Life
- Personal Development
- Interpersonal Relations,
- Self-determination
- Social Inclusion
- Citizenship
- Rights
- Employment
- Material Wellbeing
- Physical Wellbeing
- Emotional Wellbeing

The consultation focused on the extent to which QoL and its components were:

- Monitored as individual and programme outcomes
- Specified in service contracts
- Covered in staff training
- Reflected in service commissioning processes
- Measured in evaluating the effectiveness of services and service improvement.

While the views of stakeholders diverged widely depending on their jurisdiction and sector they were considering, there was a strong indication that the community care sector was considered to address QoL and each of its components to a greater extent than either specialised or mainstream VET in all jurisdictions. The only component that was considered to be addressed to a great extent in all three sectors was employability. Specialised VET was also viewed as addressing rights to a greater extent than mainstream VET in all jurisdictions. However, it is important to interpret these conclusions in the context of the wide variation in stakeholder views.

A brief summary of the findings of the stakeholder survey is presented below for each sector. A more detailed description is included in Annex 3 of this report.

Mainstream VET

According to Spanish and Irish stakeholders, the only component of QoL addressed to any great extent in mainstream VET was employability. Other QoL components were covered only to a small or moderate extent. The mainstream VET sector in Slovenia was viewed as addressing the majority of components of QoL only to a small or moderate extent. More positive views were expressed about

the extent to which service contracts and staff training reflected personal development; staff training covered interpersonal relations; and service improvement processes reflected rights. In Portugal, stakeholders held more positive opinions about the aspects of QoL addressed to a great extent in both the specialised and mainstream VET sectors. Individual and programme outcomes and staff training in the mainstream VET sector were considered to reflect total QoL, personal development, interpersonal relations, self-determination and social inclusion to a great extent. Employability was addressed to a great extent in terms of outcomes but not in staff training. Portuguese mainstream VET programme improvement processes were viewed as taking into account most components of QoL apart from citizenship and rights to a great extent.

Specialised VET

Service contracts in the specialised VET sector in Spain were judged to reflect to a great extent a number of QoL components, specifically, citizenship, employment, rights, material, physical and emotional wellbeing. Other QoL components were viewed as being addressed to a small to moderate extent. In the specialised VET in Portugal, individual and programme outcomes and staff training were considered to reflect a number of QoL components to a great extent including total QoL, personal development, interpersonal relations, social inclusion, citizenship, rights, employment and emotional wellbeing. Programme improvement processes in this sector were considered to take into consideration to a great extent interpersonal relations, citizenship and employment. Slovenian stakeholders judged that the majority of QoL components were addressed to a great extent in the specialised VET although a number were only reflected to a moderate extent in the service commissioning process. These included total quality of life, personal development, self-determination, material and emotional wellbeing. In Ireland, a number of QoL components were judged to be focused on to a great extent in the specialised VET sector. In particular, total quality of life, personal development, employment and emotional wellbeing were judged to covered to a great extent as individual and programme outcomes, in service commissioning and improvement processes and in staff training. Staff training was also viewed as addressing interpersonal relations, social inclusion and rights to a great extent. Self-determination was viewed to be a strong focus of service improvement processes and individual and programme outcomes. Components of QoL that were only addressed to a small or moderate extent in the specialised VET sector in Ireland included material and physical wellbeing, citizenship and rights.

Community Care

Stakeholders in Spain judged that service contracts in all sectors addressed all components of QoL to a great extent They also considered that all aspects of the community care delivery system took into account the majority of QoL components apart from emotional wellbeing. An overview of the views of stakeholders in Portugal revealed a similar positive view of the community care sector. Slovenian stakeholders also held positive opinions about the extent to which community care services addressed the components of QoL in most respects apart from the extent to which interpersonal relations and all aspects of wellbeing were reflected in individual and programme outcomes. Citizenship was also judged to be considered only to a moderate extent in service contracts, commissioning processes and staff training in this sector. The overall view of Irish stakeholders was that the community care sector took account of the majority of QoL components to a great extent. There were some exceptions. Specifically, interpersonal relations, citizenship, rights, employment and material wellbeing were viewed as being monitored only to a moderate extent as individual and programme outcomes. Service commissioning processes were judged to place less of an emphasis

on interpersonal relations, citizenship and employment. Employment was also viewed as being reflected only to a moderate extent in service improvement processes.

Promoting QoL as a Service Outcome: Barriers and Facilitators

The opinions of stakeholders were also sought about the extent to which certain system factors may enhance or inhibit the wider acceptance and deployment of QoL as a service priority and outcome indicator in their jurisdictions. They were asked to rate the following system factors as facilitators or barriers to the acceptance of QoL.

- The extent to which national or regional policies address QoL as a priority
- The emphasis placed on QoL in service contracts
- The awareness of funding and commissioning agencies of the potential impact of services on QoL
- Attitudes of providers to program change
- Compliance with external programme evaluation outcome indicators
- The attitudes of frontline staff
- Administrative program processes and procedures
- The availability of QoL focused tools and resources
- The approach to coproduction in program improvement
- The knowledge of QoL on the part of actors and stakeholders
- Funding available for program development and improvement
- The involvement of people with disabilities in program evaluation

Opinions varied widely between jurisdictions and across sectors in each jurisdiction. Only the attitudes of frontline staff emerged as a strong positive change facilitator in all jurisdictions in each of the sectors. The awareness of funding and commissioning agencies of the potential impact of service on QoL was considered a facilitator in the community sector in all jurisdictions. No single factor was seen to act as a barrier consistently across jurisdictions or sectors. A summary of the views of stakeholders in each jurisdiction are presented below.

Ireland

In Ireland, no major facilitators of system change were identified in any sector. A number of barriers were identified in all sectors. Specifically, service provider attitudes to program change, administrative program processes and procedures, the lack of availability of QoL focused tools and resources, the level of knowledge that actors and stakeholders have of QoL and the low level of funding available for program development and improvement were viewed as barriers. In the specialised VET and community care sectors, the main facilitators identified were the emphasis placed on QoL outcomes in service contracts, the level of awareness of funding and commissioning agencies of QoL and the attitudes of frontline staff. The involvement of people with disabilities in programs evaluation was only seen as a facilitator in the specialised VET sector.

Portugal

The Portuguese stakeholders considered that the attitudes of frontline staff could facilitate the acceptance of QoL as a key programme component and intended outcome of services in all sectors. A number of change facilitators were also identified in the mainstream VET system including the awareness of commissioning and funding agencies, service provider attitudes to programme change, compliance with external evaluation criteria and administrative program processes and procedures. Barriers to change in the mainstream VET sector were considered to be the absence of a

coproduction approach to programme improvement, a lack of involvement of people with disabilities in program evaluation and the level of knowledge of QoL possessed by actors and stakeholders. They held a very pessimistic view of the potential for change in the specialised VET sector in which the majority of factors were viewed as barriers to change. In contrast, the majority of factors in the community care sector were viewed as facilitators. The main barriers in this sector were viewed as compliance with external outcome indicators and the lack of funding available for programmes development and improvement.

Slovenia

Slovenian stakeholders identified few barriers and a number facilitators in the mainstream VET sector. Facilitators included attitudes to program change among service providers, attitudes of frontline staff, the availability of QoL focused tools and resources and the involvement of people with disabilities in programme evaluation. The main barrier was the lack of emphasis on QoL in service contracts. There was a very optimistic view of the potential for positive change in the specialised VET sector with all factors apart from the availability of QoL focused tools and resources considered to be facilitators. Facilitators in the community care sector included the emphasis on QoL in service contracts, awareness of QoL among funding and commissioning agencies, compliance with external evaluation criteria, attitudes of frontline staff and the level of knowledge of QoL on the part of actors and stakeholders. The only barrier to positive change in this sector was administrative programme processes and procedures.

Spain

In the opinion of Spanish stakeholders, the funding available for program development and improvement was a potential facilitator of system change in all sectors. Other than this, there were very few facilitating factors in the mainstream and specialised VET sectors apart from the awareness of commissioning agencies and the attitudes of frontline staff in the mainstream VET sector. The need to comply with external programme evaluation criteria was seen as a barrier to change in both sectors. The lack of involvement of people with disabilities in program evaluation was considered a barrier to change in the specialised VET system. In contrast, there was an optimistic view that the majority of system factors in the community care sector were likely to facilitate the acceptance QoL as a key component of programmes and an intended outcome. No barriers to change were identified in this sector.

5. Raising the Priority of Inclusive Learning and QoL: Challenges

European Perspectives on Challenges

In spite of explicit support for inclusive learning and frequent references to many dimensions QoL in the European discourse on VET, there have been relatively few targeted actions to move the agenda forward. For example, the impact of the Council Recommendation on the validation of non-formal and informal learning (2012) is not considered to have achieved its intended impact on disadvantaged groups, mainly due to inadequate inclusive outreach (European Commission, 2020d).

The European Agency for Special Needs and Inclusive Education analysed VET policies and practices in 26 countries between 2010 and 2012 from a learner perspective. It published a policy brief reflecting the implications of the project for VET (European Agency for Special Needs and Inclusive Education, n. d.). These can provide an indication of what is required to promote inclusive learning strategies and QoL impacts in the sector.

- Tailor learning methods, materials, assessment methods and goals to individual needs

- Design learning processes to be learner-centred in terms of planning, goal setting and curriculum design
- Create a framework to support the development and implementation of individual plans for learning, education, training and transition
- Put in place systems to monitor the efficiency of inclusive learning measures being implemented
- Encourage a focus on developing and implementing efficient educational measures to prevent or reduce dropouts and on finding new educational alternatives for disengaged learners.

The achievement of an inclusive VET system requires a system-wide process of planning and implementation that addresses programme content, admission procedures, funding and tools. Given that education within the European Union is a national competence, this means that the European Union has no power to take a legislative approach to VET systems in Member States. Instead, the European institutions have introduced a number of supporting policy initiatives to support Member States efforts to upgrade and modernise VET. In this regard, an enhanced and explicit focus on collaborative actions to create more inclusive VET systems could be a major facilitating factor

National Perspectives on Challenges

Ireland

Achieving a more inclusive approach to service delivery across all sectors requires a culture of inclusiveness that promotes and enables solution focused responses. Key features of an inclusive culture include:

- A constructive response to perceived challenges
- A creative approach to individual needs
- The celebration of inclusive learning achievements
- Avoidance of negative language to describe seemingly intractable issues
- A positive problem-solving approach that breaks down complex challenges into more manageable components

The commitment of staff to the aspiration of an inclusive systems is a critical success factor. This requires a coordinated and multi-faceted approach that includes:

- Providing multiple opportunities to participate in optional training events on inclusive learning
- Raising awareness of staff that it is more effective to create organisation wide inclusive solutions rather than responding to the specific needs of one learner
- Ensuring that practice-based learning, such as field trips and internships, are accessible through universal design and reasonable accommodation
- Rating QoL outcomes as having an equal priority to stated academic outcomes
- Addressing the workload of staff by intervening to reduce the impact of lack of training, time constraints, curriculum overload and other challenges
- Enhancing the understanding and skills of staff in facilitation though training and ongoing mentoring
- Collaborating with organisation in other sectors to support access to learning in mainstream services
- Recruiting and retaining suitably qualified and experienced staff with the competences to facilitate QoL outcomes.

Effective, inspiring and passionate leadership, governance and management can be fundamental facilitating factors. In particular, QoL impact and person-centeredness must be a focus at all levels of management. These principles must be addressed in both staff induction and annual mandatory training.

It is essential that the ongoing challenge of less than adequate resources and funding is addressed as a prerequisite for service delivery on a more individualised basis. Although awards, labour market outcomes and enhancing job skills are important in combatting social exclusion, these need to be complemented by appropriate tools to promote and metrics to measure QoL impacts.

The most authentic indicators of QoL impact are narratives and stories about personal experiences. Making certain that there is time to gather this type of information, interpret it and act upon it, represents a challenge for service providers.

Portugal

The challenges to introducing inclusive learning and QoL mechanisms in mainstream services in Portugal are multiple and complex. The evidence to date supports the view that the extent to which national or regional policies address QoL as a priority is neither a facilitator nor a barrier. The key drivers for a more inclusive system-wide response are more practical and action oriented. Effective strategies for promoting inclusive learning strategies in mainstream VET include:

- The involvement of people with disabilities in program evaluation
- A coproduction approach to program improvement
- Enhanced knowledge of QoL promoting mechanisms on the part of actors and stakeholders
- Adequate funding and resources for program development and improvement
- Measuring QoL outcome indicators in external programme evaluation and ensuring compliance
- Positive attitudes of frontline staff to the goal of enhanced QoL
- Change-positive attitudes on the part of providers
- Administrative program processes and procedures that prioritise QoL interventions.

There is little doubt that the mainstream VET sector struggles with the deployment of effective inclusive learning strategies. Service providers and networks of providers seem to lack the capability to respond to the needs of potential participants who require a customised response. Key areas in which capacity needs to be enhanced include the provision of:

- Reasonable Accommodations in Certification Exams
- Personal Assistance
- Program Adaptions
- Technical Aids.

In the absence of such mechanisms, it is likely to be very difficult to respond to the additional learning needs of potential participants, especially for those with mobility limitations or communication needs.

Slovenia

Impractical norms required by decision-makers or financiers for individual programs are viewed as significant limiting factors in the community care sector in Slovenia. Effectively, high staff to participant ratios and caseloads for community care workers reduce service quality and impact negatively on the QoL of participants.

Other restraining factors identified were a chronic lack of tenders for programs to raise the QoL of persons with disabilities and a lack of investment in developing appropriate programmes. The tenders that do exist tend to be over-burdened with bureaucracy and are solely focused on exploratory studies, analysis or documentary research.

In contrast, the attitudes of the frontline staff are perceived to be a facilitating factor.

Spain

Within the Spanish mainstream VET sector, a potentially effective facilitator is the valuable experience in inclusive learning strategies that has been accrued in the specialised VET and higher education systems. It would be important to put in place mechanisms for the transfer of knowledge and experience between these sectors. A significant restraining factor is that, in the absence of inclusive learning adaptations and accessibility in the mainstream VET system, the default decision is to refer learners with additional needs to disability-specific alternatives. Another restraining factor is the overly academic approach which only values professional knowledge, skills, certification and labour market integration.

The specialised VET sector is better equipped to respond to the additional needs of learners with disabilities. Some important facilitators include:

- An emphasis on learning accessibility in terms of service requirements
- Commissioning or funding entities are aware of the need for inclusive learning strategies and the importance of at least some of the dimensions of QoL dimensions
- Service providers have favourable attitudes to the promotion of QoL impact for participants
- Program evaluations measure QoL relevant outcome indicators.
- The qualifications, skills and attitudes of frontline staff are appropriate to promoting QoL impact
- Resources and funding for implementing inclusive learning strategies are available.

In contrast, a number of barriers to positive developments can be identified in terms of administrative procedures, the level of knowledge of main actors and stakeholders and the wide variance of attitude and willingness of employers to contribute to the labour inclusion of persons with disabilities. While some employers are committed to and support labour inclusion, many only consider recruiting a person with a disability in order to comply with the law.

Positive change in the mainstream VET attitudes and approach to inclusive learning environments can be achieved by:

- Learning from the experience and know-how of specialized VET in inclusive learning, and attempting to introduce these into their own systems
- Improving the capacity and qualifications of mainstream VET teaching staff to support learners with different abilities
- Allocating resources for inclusive learning and adaptations to mainstream VET providers
- Disseminating and sharing good practices to promote learning in the sector.

The Spanish community care sector is in a strong position to enhance its impact on learners with additional needs. The provision of personal assistance, as evidenced in Independent Living Programs, has the potential to be a very powerful mechanism to improve the QoL impact of services. This is supported by the awareness and commitment of frontline staff and personal assistants. The lessons learned from evaluations of independent living and personal assistance programs about how to

empower the participation of persons with disabilities offer a really valuable source of information on good practice for the rest of the sector.

On the other hand, it is possible to identify a number of restraining factors that limit the sector's impact on the QoL of participants. Specifically, in some cases, the eligibility criteria for participating in independent living programs can limit access for persons with disabilities who are not working or studying or who do not meet the age criterion. Further, in order to be eligible for an independent living program, a person must meet a minimum standard of material wellbeing such as owning a house or being financially self-sufficient in order to be able to afford daily expenses. Unfortunately, the funds allocated to Madrid Independent Living and Personal Assistance programs are not sufficient to allow new participants to enter the programs or for those already in the service to access increased service hours if needed.

Finally, collaboration between public administration, disability organisations and persons with disabilities needs to be significantly strengthened, if the aspiration of enhanced QOL and wider access to independent living supports is to be achieved for a higher number of persons with disabilities.

6. Conclusions

The review of national contexts adopted dual perspectives on QoL. The first focused QoL and its components as it applies across three different service types i.e. community care, specialised VET and mainstream VET. The second perspective explored inclusive learning environments and strategies. The reasoning behind the latter perspective was that while mainstream VET might not address QoL explicitly, effective strategies to ensure equal access and learning opportunities in the mainstream could serve to ensure that persons with disabilities could benefit an equal basis from the documented QoL benefits that accrue from successfully completing VET or further education. As such, inclusive learning opportunities have a substantial, though indirect, impact on QoL for persons with disabilities who gain skills and qualifications.

Inclusive Learning Strategies

At a European level high quality and inclusive VET was viewed as having significant potential benefits to society. It was considered to have a key role in enhancing resilience in times of crisis and harnessing digital and green challenges as drivers for sustained recovery, environmental sustainability. Against this background, inclusive VET was recognised as an important mechanism to ensure that all citizens benefit equally from the benefits of growth. This represented a central imperative towards creating a VET system that can offer lifelong learning opportunities to all and equip individuals to overcome the challenges they face.

At European level, the emphasis on inclusive learning in the design and specification of VET programmes was considered to be weak. While the concept of inclusion was found to be gaining traction in the discourse about general education and VET in all participating jurisdictions, this had not, in the main, resulted in a consistent and coherent approach for individual participants or service contracts in the mainstream sector. In contrast, there was greater acknowledgement of the importance of responding to additional individual learning needs and inclusive learning strategies the community care and specialised VET sectors.

In Ireland, the impact of the newly updated European Skills Agenda and the Commission's proposal for a Council Recommendation on VET was gaining traction and had the potential to empower the right to high quality and inclusive VET. In Spain, important priorities for VET included the

reconciliation of sustained recovery and environmental sustainability. However, the implementation of effective inclusive learning strategies represented a challenge for systems and providers. Responding to individual learning needs, in terms of accommodations, personal assistance, program adaptions and technical aids, were areas considered to require significantly increased effort and resource.

In Ireland, Spain and Portugal, the higher education sector was viewed as having made the most progress in support for inclusive education and the implementation of inclusive learning strategies, such as awareness raising for teaching staff, adapted learning supports, assistive technology, sign language interpretation (SLI), personal assistance services and reasonable accommodations. In Portugal, accessibility, at least in terms of facilities, had recently been addressed in terms of compliance. In Spain, universal design for learning had been adopted by a few training centres and local training and employment agencies but this was not widely implemented.

QoL Outcomes and Indicators

There was evidence to support the view that QoL as an outcome was gaining acceptance in Europe across the three sectors of focus, although this was clearer in the community care and specialised VET sectors. Across Member States, the majority of regulatory frameworks specify goals and objectives in relation to some of the dimensions of QoL, such as employment, social inclusion, citizenship, rights, participation and well-being. These are often formulated in a generic way and are not always transformed into explicit, measurable intended outcomes to be achieved that could be subject to measurement and evaluation. Nevertheless, organizations tended to believe that their services were having a positive impact on the QoL of participants.

In Portugal, the vast majority of service providers, funding organisations and umbrella bodies were aware of QoL as an important service outcome. Many vision and mission statements of both providers and regulators or commissioning agencies emphasised ‘slogans’ about QoL or referenced some specific QoL dimensions such as social inclusion, autonomy or employment. However, while QoL was clearly ‘on the agenda’ and was the subject of substantial discussion, there was little consensus on what constituted positive QoL outcomes. Each organisation had different perceptions of what constituted QoL, different definitions of QoL, different approaches to how QoL was actually enhanced by a programme and how it could be measured. For example, from an educational perspective, QoL was deemed to be addressed through educational achievement rather than by any specific interventions or programme supports. Occasionally, QoL was specified in calls for tenders and service contract specifications but this did not always lead to effective implementation nor was it systematically measured and evaluated.

In Spain, QoL was specified in the explanatory statements of laws, regulations and strategic plans. However, this was not always reflected explicitly in the design, development and delivery of services and particularly not in specialised or mainstream VET. Mainstream VET was not as developed as compulsory education which terminates at age 16 years. As a result, there was no legal obligation to apply inclusive learning measures in VET and there was little consolidation of practice. In contrast, support in compulsory education had greater availability including support teachers, content adaptation and evaluation tests, sign language interpreters (SLI). Specialised VET, on the other hand, has had a long history of catering for the specific needs of learners with disabilities and had developed adapted education curricula and approaches customised to the additional needs of a learner. In some cases, specialized VET courses were developed and delivered by disability-specific organisations. Among the inclusive learning strategies applied in the specialised sector were teacher training, support products, SLI and personal assistance. The Spanish report described an

independent living and personal assistance programme in the region of Madrid which was explicitly aimed at enhancing QoL outcomes. The restrictions that eligibility criteria placed on participation in this programme for many who could benefit was noted. It was also emphasised that the development of such programmes was inconsistent across the Regions of Spain.

In Ireland, there was a strong emphasis on social inclusion in the mainstream VET sector with little explicit reference to QoL outcomes or to inclusive learning strategies. This was in contrast to the approach adopted in higher education and the strong focus, at least at a policy level, in the community care sector on the importance of QoL. Despite the strong emphasis on QoL at policy level, there were gaps in how these aspirations were being addressed in frontline services and the event to which they were valued in programme outcome indicators.

In Slovenia, few reliable sources were identified that described the role of specialised and mainstream VET or community services and in promoting QoL impact for participants. The specification of QoL or any meaningful reference of the term QOL were lacking in Slovenian laws relevant to the three sectors. Nevertheless, QoL outcomes had been systematically monitored in vocational rehabilitation services since 2015. Prior to this, such services had been documented to have a significant impact on service participants with mental health problems (Ponikvar, 2008). Other studies were carried out by the Development Centre for Vocational Rehabilitation (2014; 2016) which documented that inclusion in employment centres resulted in more positive QoL for both participants and their case workers. Another development that increased the emphasis on QoL outcomes in Slovenia was the adoption of the European Quality in Social Services (EQUASS) which required that QoL was one of the quality indicators that must be systematically monitored and measured.

Areas for Improvement

Across Member States, regulatory, commissioning and funding orientations and agencies for mainstream VET rarely addressed its QoL impact on participants or its wider QoL impact on society. The main priority in terms of outcomes specified in funding programs for mainstream VET related to qualifications and certification and to a lesser degree employment or employability. Little consideration was given to other relevant dimensions of QoL.

QoL outcomes seemed to be assumed to be intrinsically present in the very fact of delivering a service but were not addressed in a structured and systematic manner. While there is little doubt that quality services in each of the three sectors have the potential, by their very nature, to impact on the QoL of participants, it was not always easy to identify any intentionality in the program elements or the approach adopted in programme design, programme specifications, programme development and improvement or the way in which results were collected and analysed. It was rare that distinct programme components were specified as having a direct QoL impact or designated as addressing a particular dimension of QoL. In addition, there was a lack of standard and consistent measurement of progress towards an improved QoL and there were no requirements for this to be documented and reported. Even where funding organisations specified QoL outcomes in contracts, there was little follow-up, a lack of adequate resources and no requirement to provide evidence of implementation and achievement.

QoL had greater acceptance as a service outcome in the community care sector, and particularly in independent living and personal assistance services. Community care services generally specified QoL as a purpose and put in place interventions and supports to assist participants to achieve their QoL goals.

No consistent approaches or definitions were identified in any participating jurisdiction. In Portugal, the QoL outcomes for these types of services were monitored using both objective and subjective criteria but measures of the impact of service on the person's QoL were limited. In Spain, independent living programs prioritised the dimensions of self-determination, personal development and participation (comprising inclusion, employment and citizenship). However, these types of services had only recently been introduced and there was great variability in the approaches adopted and resources allocated in different regions.

The degree to which learners with disabilities were integrated into compulsory education varied across jurisdictions. In the VET sector, both specialised and mainstream options were available. The primary goal of both strands of VET was transition to the labour market and the core activities focused on vocational knowledge, work skills and qualifications. As a result, employability, social skills, material wellbeing and self-determination were implicit in the intended outcomes and performance indicators. Many specialized VET services were developed and delivered by organisations with a specific disability-focused mission. Many of the methods for supporting learning in specialised VET could be regarded as inclusive or adapted learning strategies to support learners with additional needs in mainstream settings.

On the other hand, there was an acknowledgment by stakeholders in each of the participating jurisdictions that there was a need for greater effort to be invested in promoting the awareness and acceptance of QoL as an important service impact and to prioritise it as an essential evaluation and outcome measure for different programs and services. There was also a view that the involvement of people with disabilities in program specification and evaluation, a coproduction approach to program improvement and enhancing the knowledge, skills and attitudes of key actors would be effective mechanisms to redress the area for improvement identified.

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Annex 1: National Report Template

Context

QOLIVET aims to improve the quality of VET and Community Care Services provision across Europe and improve its impact on the quality of life (QOL) of students/end users. Community care services (CC) can include health nursing, home help, physiotherapy, occupational therapy, chiropody, day care and respite care. The Service Impacts on Quality of Life (SIQOL), theoretical approach and practical benchmarking tool, are the basis upon which the QOLIVET project is built.

Quality of life (QOL) is intuitively attractive as an outcome measurement for VET and Community Care Services and is widely discussed in the social and political sciences.[1] However, from a measurement perspective it can be ambiguous and difficult to define and measure.[2]

QOL has been defined in the disability field in many ways, but there tends to be a shared assumption that it is best viewed as a subjective perception of individuals. Chubon described 10 different dimensions of QOL for people with a range of health conditions and impairments i.e. work; leisure; nutrition; sleep; social support and network; income; health; love/affection; environment; and self-esteem.[3] Pain et al. identified 4 domains: emotional health; interpersonal relations; maximisation of one's potential; and a meaningful and gratifying life project.[4] The WHOQOL Group identified six domains: physical health; psychological wellbeing; level of independence; social relations; environment; and spirituality/religion /personal beliefs.[5]

The QOL framework adopted for the QOLIVET project has been adapted from the work of Schalock.[6] He identified eight critical components of quality of life: emotional well-being; interpersonal relations; material well-being; personal development; physical well-being; self-determination; social inclusion; and rights. This model informed the work of a research working group of the International

[1] Guillemin F (1995) Cross-cultural adaptation and validation of health status measures. *Scandinavian Journal of Rheumatology* 24: 61-63.

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[3] Chubon RA, (1985) Career-related needs of school children with several physical disabilities. *Journal of Counselling and Development* 64: 47-51.

[4] Pain K, Dunn M, Anderson G, Darrah J and Kratochvil M. (1998) Quality of life: What does it mean in rehabilitation? *Journal of Rehabilitation* 64(2): 5-11.

[5] WHOQOL Group (1998) The World Health Organization Quality of Life Assessment (WHOQOL): Development and General Psychometric Properties. *Social Science & Medicine* 46(12): 1569-1585.

[6] Schalock RL (1996) Reconsidering the conceptualization and measurement of quality of life. In Schalock RL (Ed.), *Quality of life. Volume I: Conceptualization and measurement*. Washington: American Association on Mental Retardation, pp.123–139.

Association for the Scientific Study of Intellectual Disabilities (IASSID).[7] which developed a multi-element framework of quality of life relevant to public policy, evaluation of services, innovation and the identification of support need of individuals. A set of principles and guidelines were also generated targeted at researchers and professionals interested in implementing QOL studies and initiatives.

The IASSID group specified two meanings or perspectives on QOL.

1. The first was based on generally accepted elements representative of QOL and includes objective measures such as material possessions, social connectedness and participation.
2. The second meaning was based on the perceptions and values of an individual about how important key domains of life are to him or her such as family life, friendships, work, housing, health, education and standard of living and how satisfied he or she is each domain.

From the perspective of this second meaning, QOL measurement needs to take account of both an objective and a subjective component.

The IASSID approach respects the principle that each individual knows what the important things are in his or her own life. The enabling dimension is the extent to which he or she has choice and control over activities, interventions and the environment. It is important to acknowledge that perceptions of QOL cannot be right or wrong. QOL perceptions arise from how one feels at a specific moment in life.

Verdugo et al. mapped the IASSID framework onto the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and found a strong association between the eight core domains of the QOL model and the Convention.[8]

The domains and dimensions of quality of life

Domain 1 - Personal development: The extent to which participants perceive that the service they receive impacts on their competences in managing relationships and life challenges effectively and in making decisions and solving problems. This domain has two dimensions:

- **Interpersonal Relations,**
- **Self-determination.**

Domain 2 - Social inclusion: The extent to which participants perceive that the service they receive enhances their opportunities to participate fully in major life activities, to take control of one's interaction with the environment and to influence the decisions which have an impact on one's life projects. This domain is comprised of 3 dimensions:

- **Employability**,
- **Citizenship**,
- **Rights**.

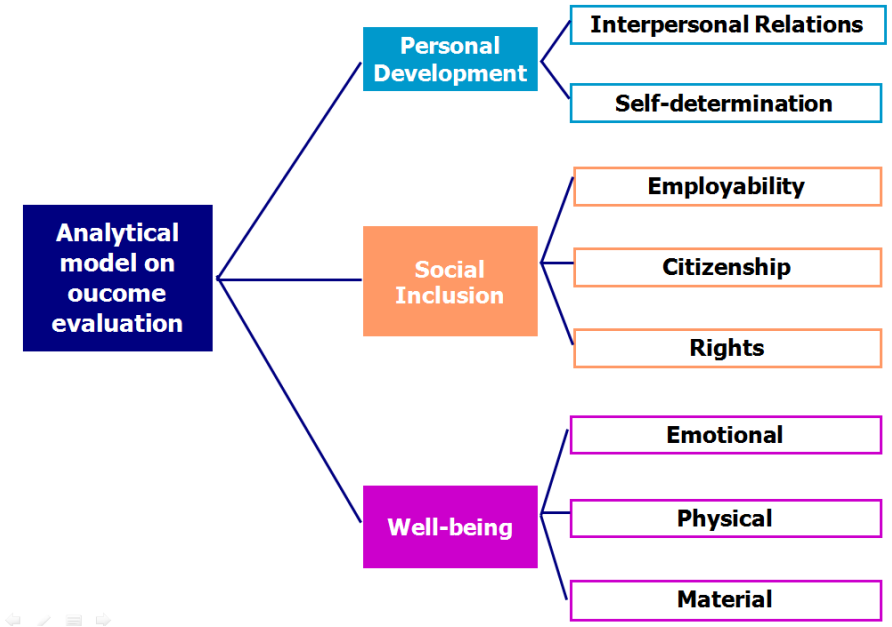
[7] Schalock, RL, Brown I, Brown R, Cummins RA, Felce D, Matikka L, Keith KD and Parmenter, T. (2002). Conceptualization, measurement and application of quality of life for persons with intellectual disabilities: report of an international panel of experts. *Mental Retardation* 40(6): 457–470.

[8] Verdugo MA, Navas P, Gómez LE and Schalock RL (2012) The concept of quality of life and its role in enhancing human rights in the field of intellectual disability. *Journal of Intellectual Disability Research* 56(11): 1036–1045.

1. **Domain 3 – Wellbeing**: The extent to which participants perceive that the service they receive that enhances their abilities and disabilities, life satisfaction, mobility, leisure, daily life activities, property, and income. This domain is sub-divided in three dimensions:

- **Emotional Wellbeing**,
- **Physical Wellbeing,**
- **Material Wellbeing.**

Figure 1: The Domains and Dimensions of the Quality of Life Impact of Services (QOLIS) Tool



The objectives of Activity #1 Research and Analysis

The themes addressed in Activity #1 Research & Analysis relate to key issues and challenges in creating inclusive strategies in VET and community care services. Consequently, important topics include:

- The impact of VET on QOL
- QOL and community services
- QOL and disability
- Inclusive learning practice and strategies
- Empowerment in service delivery
- Assessment of QOL and disability.

The results of Activity #1 will inform all subsequent activities in the QOLIVET project. Therefore, it is critical that it provides a broad review of the state of the art at international and national levels in relation to the extent to which the domains and dimensions of the QOL model are addressed in the service context for both mainstream and specialised VET and community care.

A systematic review of the international academic and grey literature is being carried out in order to map out current policy and evidence of good practice. To complement this, it is important to identify the extent to which the QOL domains and dimensions inform VET and community care provision at national level in the participating jurisdictions.

This National Report Template provides a standardised format to summarise the results of a scan of national policy and practice on a range of elements that can impact on QOL in the fields of VET and community care across jurisdictions. The findings of both activity strands will:

- Be summarised in a Synthesis Report
- Form the basis for an initial draft of *Good Practice Guidelines for QOL Enhancing Services* (Activity #2)
- Inform the subject matter and themes to be addressed in *Online Training Course on Quality of Life Impact of inclusive VET and Community Care* (Activity #3)
- Identify useful resources and links for uploading to the *QOLIVET Good Practice Portal* (Activity #4)
- Provide a context for evaluating the current SIQOL assessment tool and generating additional potential items for the *QOL Impact Assessment Tool* (Activity #5)

The next section presents directions for carrying out the national review and the final section provides the reporting template, summary tables and a suggested interview schedule for key informants.

Directions

Timeframe for completion of the National Report Template:

The QOLIVET project spans 30 months from November 2020 to April 2023. The majority of this time is allocated to Activities #2 to #5. Consequently, the time available for Activity #1 is relatively short (5 months from November 2020 to May 2021).

The project plan allows 4 weeks for the production of, and agreement on, the National Reporting Template and a further 4 weeks for the template to be completed. This means that completed national reports need to be submitted to EPR by project partners in early January 2021. While there may be some flexibility in this, failure to conclude Activity #1 on time could have substantial implications for downstream activities and in meeting the milestones set for the rest of the project.

In this regard, it would be wise for national partners to use the month of November to:

- Begin to gather documentation and other relevant information
- Identify possible key informants who would be willing to respond to interview questions by email, phone or video link.

Scope and content of the National Report

The national report needs to cover three service provision contexts.

1. Mainstream vocational training and further education
2. Specialised vocation training and further education
3. Community care and independent living services

Level of Detail in the National Report

The guideline for the overall word count for a national report is between 4,000 and 5,000 words. This is a very short for a national report but it is important to remember that the Synthesis Report will integrate the findings of the national reports into a general overview highlighting particularly interesting findings from specific jurisdictions. Therefore, the tone and perspective of the text should be evaluative and present a personal appraisal on the extent to which the various themes of

inclusive learning and QOL are addressed rather than a detailed description of specific topics. If an outstanding example of good practice is identified, it can be added as an appendix to the national report.

To assist in keeping the text of national reports within the recommended limit, three summary tables have been included in the report template:

1. Inclusive Learning Strategies,
2. Quality of Life as a Program Outcome
3. Facilitators and Barriers to the Acceptance of QOL as a Key Service Outcome.

Meaning of Disability

The brief of the QOLIVET project relates to *people with disabilities*. This term encompasses a diverse range of learning needs arising from a wide variety of capacity limitations. In some cases, inclusive learning and teaching strategies are categorised with reference to diagnosis, for example, autism, intellectual impairment, specific learning disabilities, seizure disorders, mental health disorders, physical conditions etc. In other cases, they can be classified in terms of the capacity limitations which they are designed to address. This would include blindness/visual impairment, deafness/hearing impairment, communication impairment, motor impairment, mobility impairment, learning/cognitive impairment, emotional or psychological distress.

In order to create a consistent set of reports across jurisdiction, the latter approach is adopted in this template. The list of headings under which inclusive learning strategies are to be described in the national report are presented below with examples. They reflect the terminology of the International Classification of Functioning, Health and Disability (ICF) and consequently exact translations to other languages can be access through the ICF Browser (https://apps.who.int/classifications/icfbrowser/).

- **Vision:** Visual acuity functions; visual field functions; quality of vision; functions of sensing light and colour, visual acuity of distant and near vision, monocular and binocular vision; visual picture quality; Impairments such as myopia, hypermetropia, astigmatism, hemianopia, colour-blindness, tunnel vision, central and peripheral scotoma, diplopia, night blindness and impaired adaptability to light.
- **Hearing:** Functions of hearing, auditory discrimination, localization of sound source, lateralization of sound, speech discrimination; impairments such as deafness, hearing impairment and hearing loss
- **Communication:** Receiving and producing simple and complex spoken messages, body gestures, general signs and symbols, drawings and photographs, messages in formal sign language with literal and implied meaning, messages that are conveyed through written language (including Braille).
- **Mobility:** Moving by changing body position or location or by transferring from one place to another, by carrying, moving or manipulating objects, by walking, running or climbing, and by using various forms of transportation.
- **Motor Functions:** Motor functions of joints, bones, reflexes and muscles including stability and mobility of bones and joints, muscle power, tone and endurance, motor reflexes such as involuntary contraction of muscles automatically induced by specific stimuli, voluntary and involuntary movement reactions.
- **Learning and Cognition:** Mental functions required to understand and constructively integrate the various mental functions including all cognitive functions such as knowing and

ascertaining one's relation to time, to place, to self, to others, to objects and to space, attention. memory, thinking and functions of abstraction and organization of ideas; time management, insight and judgement; concept formation, categorization and cognitive flexibility. Applying the knowledge that is learned, thinking, solving problems, and making decisions including watching, listening, learning through action with objects, acquiring language, concepts and information, learning to read, write and calculate, acquiring and applying knowledge and skills.

- **Social and Interpersonal Functions:** Interacting with people in a contextually and socially appropriate manner, such as by showing consideration and esteem when appropriate, or responding to the feelings of others; maintaining and managing interactions with other people, in a contextually and socially appropriate manner, such as by regulating emotions and impulses, controlling verbal and physical aggression, acting independently in social interactions, and acting in accordance with social rules and conventions, when for example playing, studying or working with others; forming and terminating relationship; regulating behaviours within interactions; interacting according to social rules; and maintaining social space, relating to strangers, interacting in informal, formal and family relationships
- **Emotional Functions:** Functions of appropriateness of emotion, regulation and range of emotion; affect, sadness, happiness, love, fear, anger, hate, tension, anxiety, joy, sorrow; lability of emotion; flattening of affect; extraversion, introversion, agreeableness, conscientiousness, psychic and emotional stability, and openness to experience; optimism; novelty seeking; confidence; trustworthiness; handling stress and other psychological demands

Meaning of Inclusive Learning Strategies

The themes addressed by the national report are broader in scope than simply direct references to QOL. This is necessary in view of the fact that, in some jurisdictions, specific references to QOL may be rare. Consequently, the national review also needs to explore the extent to which inclusive learning strategies are emphasised in documentation and prioritised by key informants.

The exploration of inclusive learning strategies can include:

- **Technical Aids:** Assistive devices and technologies are those whose primary purpose is to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearings aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities.
- **Personal Support:** Personal supports are those provided to individuals on a needs basis to compensate for, or overcome, barriers to participation. They can include sign language interpreters, readers and special needs assistants who are available to any person who requires assistance in a particular setting.
- **Personal Assistance:** A personal assistant is an individual who works with an individual with a disability to provide them with support in different aspects of daily life such as personal care, household tasks, assistance at school, university or the workplace, driving, interpretation and so on. These tasks are customised to the individual needs of the user and assigned by the user.
- **Program Adaptions:** A program can be adapted to the individual needs of a learner by changing the duration, pace and modes of delivery of the program; presenting the content

using multiple formats including visual, auditory and kinaesthetic channels; creating accessible materials and individualising instruction.

- **Person-centred Planning:** Person-centred planning supports and enables a person to make informed choices about how they want to live their life, now and in the future. It supports the person to identify their dreams, wishes and goals, and what is required to make those possible. It is vital that the entire person-centred planning process is accessible to the person, and that all information provided is in a format that is meaningful to them. Person-centred planning can be used in designing and implementing learning experiences adapted to the needs of an individual and is based on a holistic needs and strengths assessment.
- **Additional Instruction/Compensatory Education:** Compensatory education can also be known as developmental education, basic skills education, remedial education, preparatory education, academic upgrading and special pedagogy. It is delivered on an individual or small group basis to assist learners to achieve competencies in core academic skills such as literacy and numeracy and social skills.
- **Competence-based Assessment or Evaluation Procedures:** Competency based assessment is a process where an assessor works with a learner to collect evidence of competence, using the benchmarks provided by the standards that comprise national qualifications frameworks.
- **Access to Reasonable Accommodations in Certification Exams:** Reasonable Accommodations in certified examinations refers to modifications in how a test is administered while not compromising the integrity of the examination system. Accommodations may include changes to presentation format, response format, test setting or test timing. In general terms, the provision aims to remove the impact of a disability so that candidates can demonstrate their full level of attainment, while not given any advantage.
- **Universal Design for Learning:** Universal Design for Learning (UDL) is a set of principles for curriculum development that give all individuals equal opportunities to learn, including learners with disabilities. UDL aims to improve the educational experience of all students by introducing more flexible methods of teaching, assessment and service provision to cater for the diversity of learners in our classrooms.

Meaning of Quality of Life

As explained earlier, the QOLIVET project has adopted the IASSID model of QOL as its framework. Therefore, the search for references to QOL in documentation and the topics for key informant interviews needs to be structured to cover all the domains and dimensions of the framework. Consequently, the key terms to be addressed are:

- Quality of Life
- Personal Development
- Interpersonal Relations,
- Self-determination
- Social Inclusion
- Citizenship
- Rights
- Employment
- Material Wellbeing
- Physical Wellbeing

- Emotional Wellbeing

It may well be the case that none of these terms are used in a particular jurisdiction and so it could be necessary to search for synonyms or near synonyms. Nevertheless, the above terms are the ones that need to be used in the final national report.

Documents to be reviewed

The documentary evidence available will differ between jurisdictions and so it is important to include an appendix to the national report that lists the documents that have been reviewed in compiling the report. Possible sources can include:

- Websites of statutory agencies, service providers and disability representative organisations
- Policy documents and guidelines
- External service outcomes specified in service contracts
- Key performance indicators used to evaluate service outcomes internally and externally
- Program or service specifications, content and objectives
- Staff training manuals or course outlines.

Key Informant Interviews

A minimum of 5 interviews is recommended in order to cover the areas of interest for the national review. One of these needs to be an informant from a disability representative organisation. The role of informants is not defined but it would be important that they have some experience in their field and have a broad view of developments. In this regard, middle management, functional experts or administrators would be preferrable to front line workers.

If you are an expert or have a depth of knowledge and experience in a particular area, it is appropriate for you to complete the key informant interview form in that area. In other words, it is only in areas with which you are not familiar that informants are required.

The key areas from which informants can be recruited:

- Mainstream Vocational Education or Training Provide
- Specialised Vocational Education or Training Provider
- Community Care or Independent Living Service Provider
- Statutory Commissioning or Funding Agency for mainstream VET
- Statutory Commissioning or Funding Agency for specialised VET
- Statutory Commissioning or Funding Agency for community care services
- Disability Representative Organisations

National Report Template

Headings for Summary Report

The National Report Template is designed to present information on the main concepts to be addressed in the Synthesis Report. The aim is to highlight key learning points arising from the documentary review and interviews with informants. Each section should be between 500 and 600 words.

Brief Summary of the Conclusions of the National Review:
The current status and practice of inclusive learning strategies designed to address individual learning needs – Areas of Strength and Area for Improvement
The priority explicitly assigned to QOL as VET and CC outcome in relevant policies and guidelines – Areas of High and Low or No Priority
The extent to which current external and internal program evaluation measures address aspects of QOL in VET and CC – Reference to IASSID Framework
The priority assigned to QOL as a concept and its components in VET and CC program specifications – Frequently and Rarely referenced
The views of designated commissioning or funding agencies on the relevance of QOL as a VET or CC outcome – Strong or Weak Emphasis
The acceptance of QOL as a service outcome in disability specific and mainstream services – Wide or Narrow acceptance
The perceptions of challenges to introducing inclusive learning and QOL in mainstream services – Facilitating and Restraining factors
The views of national disability representative organisations on QOL as a VET and CC outcome – High or Low satisfaction

Summary Tables

Inclusive Learning Strategies

Status of Inclusive Learning Strategies								
For each of the inclusive learning strategies listed, please indicate the strengths and areas for improvement, where 5=A Significant Strength; 4=A Strength; 3=Neither a Strength or Area for Improvement; 2=An Area for Improvement; and 1=An Area for Significant Improvement. If you cannot find information on a particular strategy for a particular learning need indicate this by inserting the letters 'NA' (not available)								
Mainstream VET								
	Vision	Hearing	Communication	Mobility	Motor Functions	Learning and Cognition	Social and Interpersonal	Emotional Functions
Technical Aids								
Personal Support								
Personal Assistance								
Program Adaptions								
Person-centred Planning								
Additional Instruction/Compensatory Education								
Competence-based Assessment or Evaluation Procedures								
Access to Reasonable Accommodations in Certification Exams								
Universal Design for Learning								
Specialised VET								
	Vision	Hearing	Communication	Mobility	Motor Functions	Learning and Cognition	Social and Interpersonal	Emotional Functions
Technical Aids								
Personal Support								
Personal Assistance								
Program Adaptions								
Person-centred Planning								
Additional Instruction/Compensatory Education								
Competence-based Assessment or Evaluation Procedures								
Access to Reasonable Accommodations in Certification Exams								
Universal Design for Learning								

Community Care								
	Vision	Hearing	Communication	Mobility	Motor Functions	Learning and Cognition	Social and Interpersonal	Emotional Functions
Technical Aids								
Personal Support								
Personal Assistance								
Program Adaptions								
Person-centred Planning								
Additional Instruction/Compensatory Education								
Competence-based Assessment or Evaluation Procedures								
Access to Reasonable Accommodations in Certification Exams								
Universal Design for Learning								

Quality of Life as a Program Outcome

Based on documentary review and key informant interviews, complete the table below.

Please indicate the level priority explicitly assigned to QOL as a service outcome for each of the sectors listed, on a scale of 1 to 5, in which 5= High Priority; 4= Priority; 3= Moderate Priority; 2= Low Priority; and 1= No Priority.			
	Mainstream VET	Specialised VET	Community Care
Explicit Priority Assigned to QOL			
Personal Development			
Interpersonal Relations,			
Self-determination			
Social Inclusion			
Citizenship			
Rights			
Employment			
Material Wellbeing			
Physical Wellbeing			
Emotional Wellbeing			
Please indicate the importance placed by external and internal programme evaluation measures on QOL as key performance indicator of service effectiveness for each of the sectors listed, on a scale of 1 to 5, in which 5= Highly Important; 4= Important; 3= Somewhat Important; 2= Unimportant; and 1= Very Unimportant.			
External Evaluation Measures			
Total Quality of Life			

Personal Development			
Interpersonal Relations,			
Self-determination			
Social Inclusion			
Citizenship			
Rights			
Employment			
Material Wellbeing			
Physical Wellbeing			
Emotional Wellbeing			
Internal Evaluation Measures			
Total Quality of Life			
Personal Development			
Interpersonal Relations,			
Self-determination			
Social Inclusion			
Citizenship			
Rights			
Employment			
Material Wellbeing			
Physical Wellbeing			
Emotional Wellbeing			
Please indicate the extent to QOL is accepted as key service outcome in each of the sectors listed, on a scale of 1 to 5, in which 5= Very Widely Accepted; 4= Accepted; 3= Somewhat Accepted; 2= Little Acceptance; and 1= Not Accepted.			
Total Quality of Life			
Personal Development			
Interpersonal Relations,			
Self-determination			
Social Inclusion			
Citizenship			
Rights			
Employment			
Material Wellbeing			
Physical Wellbeing			
Emotional Wellbeing			
Please indicate the extent to which disability representative organisations are satisfied with the way in which QOL is addressed in each of the sectors listed, on a scale of 1 to 5, in which 5= Very Satisfied; 4= Satisfied; 3= Neither Satisfied nor Dissatisfied; 2= Dissatisfied; and 1= Very Dissatisfied			
Total Quality of Life			
Personal Development			
Interpersonal Relations,			
Self-determination			
Social Inclusion			
Citizenship			
Rights			
Employment			
Material Wellbeing			
Physical Wellbeing			

Emotional Wellbeing			

Facilitators and Barriers to the Acceptance of QOL as a Key Service Outcome

Please indicate the extent to which the factors listed act as facilitators or barriers to the acceptance of Quality of Life as a key programme component and intended outcome on a scale from 1 to 5 where 5= Major Facilitator; 4= Facilitator; 3= Neither a Facilitator nor Barrier; 2= Barrier; and 1= Major Barrier. Please add any additional factors that were suggested by the key informants.			
	Mainstream VET	Specialised VET	Community Care
The extent to which national or regional policies address QOL as a priority			
The emphasis placed on QOL in service contracts			
The awareness of funding and commissioning agencies of the potential impact of service on QOL			
Attitudes of providers to program change			
Compliance with external programme evaluation outcome indicators			
The attitudes of frontline staff			
Administrative program processes and procedures			
The availability of QOL focused tools and resources			
The approach to coproduction in program improvement			
The knowledge of QOL on the part of actors and stakeholders			
Funding available for program development and improvement			
The involvement of people with disabilities in program evaluation			
Add additional factors suggested below			

Topics to be addressed in Key Informant Interviews

Sector of Reference:	Mainstream VET		Specialised VET		Community Care	
Please rate each of the items below on a scale of 1 to 5, where 5= Completely; 4= To a great extent; 3= To a moderate extent; 2= To a small extent; and 1= Not at all						
1. To what extent are inclusive learning strategies addressed in program specifications, program evaluation and staff training?						
2. To what extent are the individual learning needs of participants taken into account in designing service responses?						
3. To what extent are the following learning needs addressed in service delivery?						
a. Vision						
b. Hearing						
c. Communication						
d. Mobility						
e. Motor Functions						
f. Learning and Cognition						
g. Social and Interpersonal Functions						
h. Emotional Functions						
4. To what extent are the following inclusive learning strategies employed in supporting the participants with additional learning needs?						
a. Technical Aids						
b. Personal Support						
c. Personal Assistance						
d. Program Adaptions						
e. Person-centred Planning						
f. Additional Instruction/Compensatory Education						
g. Competence-based Assessment or Evaluation Procedures						
h. Access to Reasonable Accommodations in Certification Exams						
i. Universal Design for Learning						
5. To what extent are the following intended service outcomes measured in evaluating participant progress and service impact?						
a. Total Quality of Life						
b. Personal Development						
c. Interpersonal Relations,						
d. Self-determination						
e. Social Inclusion						
f. Citizenship						
g. Rights						
h. Employment						
i. Material Wellbeing						
j. Physical Wellbeing						
k. Emotional Wellbeing						
6. To what extent are the following service outcomes specified in service contracts?						
a. Total Quality of Life						
b. Personal Development						
c. Interpersonal Relations,						
d. Self-determination						
e. Social Inclusion						
f. Citizenship						
g. Rights						

h. Employment	
i. Material Wellbeing	
j. Physical Wellbeing	
k. Emotional Wellbeing	
7. To what extent is quality of life addressed in staff training?	
a. Total Quality of Life	
b. Personal Development	
c. Interpersonal Relations,	
d. Self-determination	
e. Social Inclusion	
f. Citizenship	
g. Rights	
h. Employment	
i. Material Wellbeing	
j. Physical Wellbeing	
k. Emotional Wellbeing	
8. To what extent do commissioning or funding agencies emphasise the following service outcomes?	
a. Total Quality of Life	
b. Personal Development	
c. Interpersonal Relations,	
d. Self-determination	
e. Social Inclusion	
f. Citizenship	
g. Rights	
h. Employment	
i. Material Wellbeing	
j. Physical Wellbeing	
k. Emotional Wellbeing	
9. To what extent are you satisfied that the following learning needs are effectively addressed by services?	
a. Total Quality of Life	
b. Personal Development	
c. Interpersonal Relations,	
d. Self-determination	
e. Social Inclusion	
f. Citizenship	
g. Rights	
h. Employment	
i. Material Wellbeing	
j. Physical Wellbeing	
k. Emotional Wellbeing	
10. Please rate the extent to which the factors listed act as facilitators or Barrier to the acceptance of Quality of Life as a key programme component and intended outcome on a scale from 1 to 5 where 5= Major Facilitator; 4= Facilitator; 3= Neither a Facilitator nor Barrier; 2= Barrier; and 1= Major Barrier. Please add any additional factors that you think might be relevant.	
The extent to which national or regional policies address QOL as a priority	
The emphasis placed on QOL in service contracts	

The awareness of funding and commissioning agencies of the potential impact of service on QOL	
Attitudes of providers to program change	
Compliance with external programme evaluation outcome indicators	
The attitudes of frontline staff	
Administrative program processes and procedures	
The availability of QOL focused tools and resources	
The approach to coproduction in program improvement	
The knowledge of QOL on the part of actors and stakeholders	
Funding available for program development and improvement	
The involvement of people with disabilities in program evaluation	
Add additional factors suggested below	

Annex 2: Stakeholder Perceptions of the Status of QoL and its Components across Sectors

Total QoL as a Service Priority and Key Indicator

The perceptions of stakeholders across all jurisdictions support the view that QoL as a global concept in mainstream VET is specified to small or moderate extent in service commissioning and service contracts. The exceptions to this were Spain where service contracts were considered to acknowledge total QoL to a great extent across all sectors and Portugal where stakeholders expressed the view that staff training addressed total QoL completely or to a great across all sectors.

In Ireland, stakeholders were of the view that mainstream VET did not address total QoL at all or only to a small extent in monitoring individual progress, service impacts, effectiveness and in staff training. Total QoL was viewed as being addressed to a great extent in mainstream VET by stakeholders in Portugal in assessing individual progress, service outcomes and staff training. The effectiveness of mainstream VET in enhancing VET was also considered positive. This was the case even in a context in which it was only moderately addressed in commissioning and service contracts. While mainstream VET was considered to address total QoL to a moderate extent, by Slovenian stakeholders, in commissioning services and to have a moderate impact on QoL, this was only reflected to a small event in assessing individual progress, program outcomes, service contracts and staff training. Spanish stakeholders held the view that mainstream VET contracts addressed total QoL to a great extent. This was not considered to be reflected in other components of the service delivery system.

Irish specialised VET services were viewed as addressing total QoL to a great extent in all aspects of service delivery and evaluation. The view of Portuguese stakeholders was that specialised VET addressed total QoL to a moderate extent except in staff training which was considered to address total QoL relatively well. Slovenian stakeholders had the most positive view of specialised VET. It was considered to address total QoL to a great extent in all aspects of the system delivery process apart from in service commissioning. In Spain, although total QoL was viewed as being addressed in service contracts for specialised VET to a great extent, this was only reflected in other aspects of service delivery to a moderate extent.

Stakeholders across all jurisdictions generally held the view that total QoL was addressed to a great extent in community care systems of service delivery. Slovenian stakeholders considered that it was only moderately addressed in assessing participant progress and service impacts.

Personal Development as a Service Priority and Key Indicator

All stakeholders rated the mainstream VET sector as addressing personal development to a moderate extent. More positive opinions were expressed by Portuguese stakeholders about the extent to which mainstream VET services assessed individual personal development and service outcomes and the extent to which it was addressed in staff training. Stakeholders in Slovenia also believed that staff training in mainstream VET addressed personal development relatively well. In Spain, there was a view that service contracts in the mainstream VET sector addressed personal development to a great extent.

Views on the extent to which specialised VET systems of delivery addressed personal development were more diverse. Relative strengths were identified by stakeholders in Portugal and Slovenia in terms of assessing personal development in individuals and as a service outcome and addressing it in

staff training. Slovenian stakeholders also rated the extent to which service contracts addressed personal development and the impact of specialised VET on participants' personal development relatively positively. In Spain, there was a view that service contracts addressed personal to a great extent. In Ireland, the perception of stakeholders was that personal development was only addressed to a moderate extent by the specialised VET delivery system. Spanish stakeholders also rated personal development as being rarely assessed in individuals and programs in this sector.

There was an overall consensus across all jurisdictions that community care systems of delivery addressed personal development needs very effectively in most respects apart from service commissioning which was viewed as addressing it to a moderate extent in Slovenia and Portugal.

Interpersonal Relations as a Service Priority and Key Indicator

The effectiveness of Mainstream VET systems of delivery in addressing interpersonal relationship skills was viewed most positively by Portuguese stakeholders. Apart from service commissioning, all other aspects were rated positively in this regard. In fact, stakeholders in Portugal held similarly positive views of the extent to which both specialised VET and community care systems addressed this learning need. In Spain, there was a view that service contracts in all sectors addressed interpersonal relations to a great extent. Staff training in Slovenia was viewed as addressing this area relatively effectively. While, Irish stakeholders held the view that mainstream VET addressed interpersonal relations to a moderate extent as an individual and program, this was not reflected in service commissioning, staff training or service improvement processes which were rated as addressed interpersonal relations to a small extent or not at all. In Spain, there was a perception that interpersonal relations were rarely assessed at individual and service levels and were addressed to a small extent in staff training the mainstream sector. Service contracts for mainstream VET provision in Portugal were considered to address this aspect of QoL rarely. Slovenian stakeholders rated the approach to interpersonal relations in this sector as moderate in all respects.

Views on the extent to which specialised VET systems of delivery addressed interpersonal relations were generally positive in Slovenia and Portugal with the exception of service contracts in Portugal which were considered not to address the area particularly well. In contrast, stakeholders in Spain rated the response of the specialised VET sector to interpersonal relationship as an area in need of substantial improvement. Spanish stakeholders viewed the sector as being moderately effective in enhancing this aspect of QoL. Irish stakeholders considered that while staff training addressed interpersonal relations to a great extent, this was not reflected in other aspects of the system. The approach of service commissioning agencies to interpersonal skills development was considered an area for improvement in all jurisdictions.

Community care systems of service delivery were considered to be particularly effective in developing interpersonal development skills in all jurisdictions. There was a view in Ireland that the assessment of service impact on interpersonal relations at individual and service level and the service commissioning process addressed interpersonal relations to a moderate extent. Slovenian stakeholders also held the view that assessment of outcomes at individual and service levels could be improved. In Portugal, there was a perception that service commissioners needed to focus more clearly on this aspect of QoL.

Self Determination as a Service Priority and Key Indicator

The most positive view of the impact of mainstream VET on self-determination was held by stakeholders in Portugal. Although, not specified clearly in service contracts nor clearly a focus for service commissioners, stakeholders rated all other aspects of the delivery system very positively. In

contrast, Irish stakeholders considered that staff training addressed self-determination to a moderate extent but that this was not reflected in service commissioning, monitoring progress or service improvement processes. Stakeholders in Slovenia rated the approach of mainstream VET delivery to self-determination as being moderate. The view in Spain was that although self-determination was specified in service contracts, this was reflected only to a small to moderate degree in the way in which mainstream VET was delivered.

The extent to which the specialised VET system of delivery addressed self-determination was rated most positively in most respects by Slovenian stakeholder, despite only a moderate focus by service commissioners. The view of stakeholders in Ireland was that all aspect of the specialised VET addressed self-determination to a moderate or great extent. In Portugal, it was considered that while self-determination was a moderate focus of specialised VET, this was not reflected in commission and contracting processes. While service contracts in Spain were considered to address self-determination to a great extent, this was not reflected in other aspects of the delivery system for specialised VET which were rated as doing so to a small to moderate degree.

Stakeholders in all jurisdictions were particularly positive about the way which the community care sector in all respects.

Social Inclusion as a Service Priority and Key Indicator

Apart from Portugal, mainstream VET systems of delivery were considered to address social inclusion to small or moderate extent. Portuguese stakeholders considered that mainstream VET assessed social inclusion at individual and service levels, was effective in enhancing social inclusion outcomes and was focused upon by service commissioners. Staff training and service contracts were rated less favourably. Conversely, Irish stakeholders held the opinion that all aspects of the mainstream VET system of delivery addressed social inclusion to a small extent or not at all. Both Spanish and Slovenian stakeholders considered that the mainstream VET systems in their jurisdictions addressed social inclusion to a moderate extent. This is surprising given the emphasis placed on social inclusion as an priority impact of Mainstream VET in European policy.

The most positive opinions on the extent to which social inclusion was addressed by the specialised VET system of delivery were expressed by Slovenian stakeholders, who considered that all aspects of the system were relatively effective. In the view of stakeholders in Ireland, social inclusion was addressed to a great extent in staff training, although this was addressed only to a moderate extent in monitoring individual or programme outcomes, service commissioning and service improvement processes. While the focus on social inclusion was considered to require improvement in terms of service commissioning, contracting and service effectiveness in Portugal, staff training and the assessment of social inclusion outcomes at individual and service level were viewed as relative strengths of specialised VET. In Spain, stakeholders regarded the specialised VET approach to social inclusion to require substantial improvement despite the strong focus on it in service contracts in the sector.

In all jurisdictions, stakeholder perceptions were universally positive about the way in which social inclusion was addressed in the community care sector.

Citizenship as a Service Priority and Key Indicator

The general view of stakeholders across jurisdictions, apart from Ireland, was that mainstream VET systems of delivery addressed citizenship in most respects to a moderate degree. Irish stakeholders considered that substantial improvement was required in all aspect of the mainstream VET delivery

system. In Spain, stakeholders expressed the view that assessment of outcomes at individual and service levels only addressed citizenship to a small extent.

The most positive views on the approach to enhancing citizenship adopted in specialised VET systems of delivery were expressed by stakeholders in Slovenia and Portugal. Slovenian stakeholders were positive about all aspects of the specialised VET sector's approach to citizenship. In Portugal, views were positive about most aspects except for service contracting and commissioning which need substantial improvement. In Ireland, stakeholders viewed the specialised VET sector as addressing citizenship to a moderate extent in all respects. The view of Spanish stakeholders was that despite the fact that service contracts in the specialised VET sector addressed citizenship to a great extent, this was not reflected in the assessment of outcomes at individual and service level, staff training, service commissioning and the effectiveness of services in enhancing citizenship.

While community care services were considered in all jurisdictions to be effective in promoting citizenship, some areas for improvement were identified. Specifically, in Ireland there was a view that it needed addressed to a greater degree in the assessment of individual and service outcome and in service commissioning. Similar views were expressed by Slovenian stakeholders about service commissioning and contracting and staff training in the sector. Service commissioning was also view as an area for some improvement in Portugal. In Spain, stakeholder perceptions were positive about all aspects of the community care system of delivery in relation to citizenship.

Rights as a Service Priority and Key Indicator

Mainstream VET systems of delivery were viewed consistently across all jurisdictions and in most respects as addressing rights only to a small or moderate extent or not all. The exceptions were service contracts in Spain, the effectiveness of services in enhancing rights in Slovenia and staff training and service improvement processes in Ireland which were rated more positively.

The most positive views on specialised VET systems of delivery were expressed by Slovenian stakeholders who rated all aspects as addressing rights to a great extent. Similar positive views were expressed by stakeholders in Portugal about the assessment of individual and service outcome and staff training. Other aspects of the systems were viewed as being moderately effective. In the view of Irish stakeholders, specialised VET addressed right to a moderate extent apart from staff training which was considered to do so to a great extent. Spanish stakeholders viewed specialised VET as addressing rights to a small extent in most respect, apart from service contracting in Spain which was viewed relatively positively.

Apart from Ireland, where stakeholders regarded community care as addressing rights to a moderate degree in the assessment of individual and service outcomes, stakeholders rated the approach to rights in all aspects of community care systems of delivery relatively positively.

Employability as a Service Priority and Key Indicator

Spanish stakeholders rated the extent to which mainstream VET addressed employability as being very high in all respects. Similar views were expressed by Portuguese stakeholders with the exception of staff training which was considered to address employability only to a small extent. While mainstream VET in Ireland was considered to address employability to a great extent in staff training service commission and service improvement processes, it was viewed as only addressed to a moderate extent in terms of individual and programme outcomes. In contrast, mainstream VET in Slovenia was consider to address employability only to a moderate or small extent in all respects.

Portuguese, Slovenian and Irish stakeholders rated specialised VET as addressing employability to a great extent or completely in all respects. In contrast, in the view of Spanish stakeholders this sector only addressed employability to a moderate extent in terms of individual and programmes outcome, staff training and service effectiveness, despite the fact that service contracts and commissioning procedures focused in this to a great extent.

In Spain and Slovenia, stakeholders viewed the community care sector as addressing employability very effectively in all respects. In the opinion of Irish stakeholders, community care services addressed employability in staff training to a great extent but this was only reflected in service commissioning and improvement processes to a moderate extent and to a very small extent in term of individual and programme outcomes. Similar views were expressed by stakeholders in Portugal where employability was also addressed in staff training to a great extent but only to a moderate or small extent in all other respects.

Material Wellbeing as a Service Priority and Key Indicator

In Spain, the view was that while material wellbeing was addressed in service contracts for mainstream VET, this was only reflected to a moderate or small extent in other aspects of delivery. Irish stakeholders consider material wellbeing as only being addressed to a small extent or not at all in this sector. In Slovenia, it was considered to be focused on to a moderate extent in all aspects of the mainstream system. Portuguese's stakeholders were more positive about the extent to which mainstream VET addressed material wellbeing which was considered to be addressed completely by service improvement processes and to a great degree in service commissioning. It was also viewed as being reflected in other aspects of the mainstream VET system to a moderate extent.

Spanish stakeholders held similar views about specialised VET as they did in relation to mainstream VET, i.e., although service contracts emphasised it, it was not addressed to any great extent in other respects in terms of delivery. Specialised VET in Ireland was rated as addressing material wellbeing to a small extent with the exception of service improvement processes which focused on it to a moderate extent. In Portugal, the view was that specialised VET focused on material wellbeing to a moderate or small extent in most respect and not at all in the service commissioning process. Slovenian stakeholders were very positive about the extent to which the specialised VET system addressed material wellbeing with the exception of service commissioning which was considered to address it to a moderate extent.

Spanish stakeholders viewed community care as addressing materials wellbeing to a great extent in all respects. In Portugal, stakeholder considered that community care addressed material wellbeing to a great extent in terms of individual and programme outcomes, service contracts and staff training and to a moderate extent in service commissioning and Improvement processes. Similar views were expressed by stakeholders in Ireland and Slovenia with the exception of monitoring individual and programme outcomes which were considered to address this aspect of wellbeing only to a moderate or small extent.

Physical Wellbeing as a Service Priority and Key Indicator

Physical wellbeing was not considered to be addressed to any great extent in the Irish mainstream VET system. In Spain, service contracts were viewed as reflecting physical wellbeing to a great extent but this was not considered to be reflected in other aspects of the mainstream system. Portuguese stakeholders were more positive about the extent to which physical wellbeing was reflected in staff training and service improvement processes in the mainstream sector although they viewed other

aspects of the systems as only addressing this to a small extent. The Slovenian mainstream sector was considered to address physical wellbeing to a moderate extent in all respects.

Stakeholders in Slovenia were very positive about the extent which the specialised VET sector addressed physical wellbeing in all aspects of the system. In Portugal, the specialised sector was considered to address physical wellbeing to a moderate extent despite that fact that it was not addressed at all in the service commissioning process. In contrast, the specialised VET sector in Spain was not considered to address physical wellbeing to any great extent apart from the focus of service contracts. Similar views were expressed by Irish stakeholders with the exception of service improvement processes which were considered to address physical wellbeing to a moderate extent.

Stakeholders in all jurisdictions viewed the community care sector as addressing physical wellbeing to a great extent in all respects, apart from as an individual and programme outcome in Slovenia.

Emotional Wellbeing as a Service Priority and Key Indicator

In Spain, emotional welling was considered to be emphasised to a great extent in service contracts but this was not reflected in other aspects of the mainstream VET sector. The Irish, Portuguese and Slovenian stakeholders considered that it was addressed to a moderate or small extent in the mainstream VET sector in most respects, although in Portugal emotional wellbeing was viewed as being the focus of service improvement processes to a great extent.

In Ireland and Slovenia, the view was that specialised VET addressed emotional wellbeing to a great extent in most aspects of the delivery system. In contrast, the Spanish specialised VET was viewed as addressing emotional wellbeing to a small extent although it was implied to a great extent in service contracts. The Portuguese specialised VET system was considered to address emotional wellbeing to a great extent as an individual and programme outcome and in staff training. There was no focus on emotional wellbeing in the service commissioning process at all and only to a moderate extent in service contracts and improvement processes.

In the Community Care sector, emotional wellbeing was considered to be addressed to some or a great extent in Spain. From an Irish, Portuguese and Slovenian perspective, all aspects of the community care system addressed emotional wellbeing to a great extent, although it was only considered to be monitored as an individual and programme outcome to a moderate extent by Slovenian stakeholders.