Inclusive Learning Strategies and the Quality of Life Impact of Services

QOLIVET National Report – Portugal

2021

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

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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.

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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)

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

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Brief Summary of the Conclusions of the National Review: Portugal

In Portugal, Vocational Training and Education reply to different ministries (Employment and Education, respectively, being Vocational Training under regulation of IEFP IP[1] - the national Institute for Employment and Vocational Training). In the school year of 2017/2018, compulsory education shows that almost 99 percent of the students with disabilities were integrated into mainstream pathways[2]. In training, mainstream and disability specific offers are evenly distributed[34]. Community Care responses are mainly under regulation and funding of ISS, IP[5] (the national Institute for Social Security, under the Ministry of Labour, Solidarity and Social Security).

Some of the most relevant regulation covering the areas of Vocational Education and Training and Community Care (further detail later on this report) are:

- The National Catalogue for Qualifications,
- The Organization Guide – Vocational Training and Certification of People with Disabilities,
- The national Program for Employment and Support to Qualification of People with Disabilities,
- The Manuals for Social Responses.
- The foreseen National Strategy for the Inclusion of People with Disabilities 2021 - 2025.

While it's undeniable that VET, either mainstream or specialized, and Community Care intervene, because of their nature and mission, at a level that is indissociable from quality of life aspects, there seems to be some lack of intentionality and visibility regarding this purpose. One can find multiple examples of Vision and Mission statements (both from providers and regulators or commissioning agencies) that embed the slogans of quality of life or some specific dimensions of it (such as social inclusion, autonomy, employment) but in general, however, there is little evidence that the organizations intentionally implement a drop down approach to these commitments, be it at the level of specifying the model of quality of life they adopt, the way the approach is reflected in programme design, specification, adaptation and improvement, or the way results are collected and analysed. Whereas quality of life seems to be intrinsically present in service delivery, it doesn't seem to be completely structured and systematically intentional. Furthermore, its evaluation tends to be mostly non-parameterized, non-systematic and non-mandatory. Nevertheless, organizations tend to consider satisfactory the results of service provision when it comes to the impact in the quality of life of participants.

In general, regulatory, commissioning and funding orientations and agencies, or systems in place, do not include in program evaluation aspects related to the quality of life of participants or impact in society. Regulatory frameworks, such as the mentioned above, do refer to dimensions of quality of life - e.g.: employment, social inclusion, citizenship, rights, participation, well-being - as goals to be achieved, but formulated in a generic way, without establishing concrete translation into explicit measurable outcomes to be achieved and to be evaluated. Some major funding programmes for VET, on the other hand, such as POISE[6] and POCH[7] emphasise outcomes such as qualification/ certification, and, in less degree, employment/ employability, without considering other relevant dimensions of quality of life.

The research shows that there is a satisfactory level of acceptance of quality of life as an outcome across the 3 sectors covered by this study, especially in the Community Care and Specialized VET. The research also shows that, although there are some constraints, the conception and specification of programmes do include aspects related to inclusive learning. It is considered that individual learning needs of participants are taken into account in designing service responses and that inclusive learning strategies are employed in supporting specific/ individual participants with

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[1] https://www.iefp.pt/

[2] about 1 percent were in special education institutions - ODDH - Disability and Human Rights Observatory, 2020: 20

[3] vocational training distribution of PwD in mainstream and disability specific offerings calculated from data presented by ODDH (2020: 52-53): 2017: 53,3% and 46,7%; 2018: 51,6% and 48,4%, respectively.

[4] one should keep in mind that while education data does not distinguish between regular and professional education, training data provided by IEFP, IP is already framed into vocational training.

[5] http://www.seg-social.pt/inicio

[6] https://poise.portugal2020.pt/inicio

[7] https://www.poch.portugal2020.pt/pt-pt/Paginas/default.aspx

additional learning needs – especially in Community Care and Specialized VET (in Mainstream VET they are present at only a small/ moderate extent). When it comes to specification in service contracts with the participants, it is considered that further development is needed.

To these regards, mainstream VET faces specific challenges that include the involvement of people with disabilities in program specification and evaluation, the approach to coproduction in program improvement and the knowledge of quality of life concepts on the part of actors and stakeholders. This sector also struggles with the implementation of effective inclusive learning strategies – it is considered to exist insufficient capability to respond to specific needs of potential participants especially when it comes to access to accommodations, personal assistance, program adaptions and technical aids.

The current status and practice of inclusive learning strategies designed to address individual learning needs – Areas of Strength and Area for Improvement

In Portugal, there are some regulation, systems and instruments that apply to the intervention with People with Disabilities in the areas of Vocational Education and Training and also Social/ Community Care, namely:

- The National Catalogue for Qualifications[8], which is a dynamic instrument for the management of the non-superior qualifications and regulates vocational training. It contemplates general training referential (which is accessible for PwD as well) and specifically adapted referential for PwD.
- The Organization Guide – Vocational Training and Certification of People with Disabilities[9], from IEFP, IP, which introduces further possibility of some customization (durations, contents) of the general referential of The National Catalogue for Qualifications and also the possibility to create specific *made-to-taylor* courses directed to PwD.
- The national Program for Employment and Support to Qualification of People with Disabilities[10], which emphasises the objective of raising the employability levels of this group, but also, to some extent, contemplates the issues of individual needs, autonomy and well-being.
- The Manuals for Social Responses[11], from ISS IP, establish the guidelines for the design, implementation and evaluation of interventions within the social/ community care and support.

In addition, the foreseen National Strategy for the Inclusion of People with Disabilities 2021 – 2025[12]is in line with other national and international frameworks in this field and establishes a set of axis and priorities related to the inclusion of PwD, in its multiple aspects, but also emphasises the need for monitoring, gathering results and evaluating the implementation of the strategy, in order to enhance the best informed decision-making. In its third strategic axis of intervention – Qualification and Education, it stresses the importance of inclusive access to education and vocational training as crucial to PwD to achieve full citizenship. This axis comprises two main goals, one addressed to the reinforcement of the mechanisms to support learning and consolidate an inclusive educational system, the other to promote the access of PwD to the higher levels of qualification.

This research shows that inclusive learning strategies are present – at the levels of program specifications, program evaluation and staff training - in different intensity throughout the 3 sectors in study. Whereas in Community Care and Specialized VET learning strategies are present to a great

[8] http://www.catalogo.anqep.gov.pt/Qualificacoes

[9] https://www.iefp.pt/formacao-para-pessoas-com-deficiencia-e-incapacidades

[10] https://dre.pt/pesquisa/-/search/491685/details/maximized

[11] http://www.seg-social.pt/publicacoes?p_p_id=101_INSTANCE_W8Dh&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&p_p_col_id=column-1&p_p_col_count=1&_101_INSTANCE_W8Dh_delta=10&_101_INSTANCE_W8Dh_keywords=&_101_INSTANCE_W8Dh_advancedSearch=false&_101_INSTANCE_W8Dh_andOperator=true&p_r_p_564233524_resetCur=false&_101_INSTANCE_W8Dh_cur=1&kw=&bundleId=281601

[12] https://www.inr.pt/documents/11309/284924/ENIPD.pdf/5bce7969-0918-4013-b95d-2a5a35a870c5

extent (Results of inquiry: CC = 4, Specialized VET = 4), in Mainstream VET they are present at only a small/ moderate extent (Results of inquiry: Regular VET = 2,5). In line with these results, also in the design of service responses there are differences in the extent to which individual learning needs of participants are taken into account. Again, in Community Care and Specialized VET there is higher evidence of the embodiment of these needs – to a great extent (Results of inquiry: CC = 4, Specialized VET = 4,5), while in Mainstream VET it is present at only a moderate extent (Results of inquiry: Regular VET = 3,5). It is interesting to notice, in Mainstream VET, that, despite the result at the level of program specifications, program evaluation and staff training, there seems to be an ability to, even in that context, to "customize" to some extent the interventions, in order to respond to specific learning needs of the participants.

In general, there seems to be higher difficulty in addressing, in service delivery, the learning needs of the participants in Mainstream VET, as compared to Community Care and Specialized VET (Overall Results of inquiry: CC = 4,3; Specialized VET = 3,8; Mainstream VET = 2,8). There seems to be higher difficulties, regarding this aspect, in:

- In Community Care: Vision. Hearing, Communication
- In Specialized VET: Vision. Hearing, Communication
- In Mainstream VET: Communication, Mobility

On the other hand, the best results seem to be achieved in:

- In Community Care: Social and Interpersonal Functions, Emotional Functions
- In Specialized VET: Learning and Cognition, Social and Interpersonal Functions
- In Mainstream VET: Learning and Cognition

Regarding the implementation of inclusive learning strategies in supporting the participants with additional learning needs, again it seems to be more effective in Community Care and Specialized VET, as compared to Mainstream VET (Overall Results of inquiry: CC = 4,2; Specialized VET = 3,3; Mainstream VET = 2,4). Not surprisingly, there seems to be higher difficulties across all the 3 sectors in study, regarding this aspect, in:

- Personal Assistance
- Access to Reasonable Accommodations

On the other hand, there seems to be best results in the implementation of strategies related to:

- In Community Care: Personal Support, Person-Centred Planning
- In Specialized VET: Competence-based Assessment or Evaluation Procedures, Additional Instruction/Compensatory Education
- In Mainstream VET: Competence-based Assessment or Evaluation Procedures, Universal Design for Learning

The priority explicitly assigned to QOL as VET and CC outcome in relevant policies and guidelines – Areas of High and Low or No Priority

Quality of life is a construct that may have diverse interpretation across different services and different target-groups. While there may be a general common perception of what quality of life means, the common perception of its components may vary significantly.

Applicable policies, guidelines and instruments do sometimes refer to dimensions related to quality of life, even if not integrated in an intentional quality of life framework, but rarely consider these dimensions as measurable outcomes to be achieved.

Regulatory frameworks, such as for example the mentioned national Program for Employment and Support to Qualification of People with Disabilities, the Organization Guide – Vocational Training and Certification of People with Disabilities the National Strategy for the Inclusion of People with Disabilities, highlight topics as employment, social inclusion, citizenship, rights and well-being as goals to be achieved, but formulated in a generic way.

ISS IP is the regulatory institution - also provider and funder of relevant Community Care responses - demonstrates greater awareness of the concept of QoL and its scope, not only within

its strategy but also into the design of its services and evaluation processes, quoting CRPG's 2004 publication[13] in which the theoretical model of QoL is presented.

The research shows that it is in Community Care services that the QOL outcomes are more explicitly assumed (Result of inquiry = 5 – High priority), especially in the following dimensions:

- Interpersonal relations, Self-determination, Social inclusion, Rights.

The dimensions of quality of life with less priority are Employment and Material well-being.

In Mainstream VET and Specialized VET there seems to be less priority given to quality of life (Overall results of inquiry: Mainstream VET = 2,5, Specialized VET = 3,3). In both cases Employment is the dimension that receives higher priority (Specialized VET = 4,3, Mainstream VET = 4). Other than that, in Specialized VET Rights and Social inclusion are the most valued dimensions.

In Specialized VET there seems to be given lower priority to Material well-being and Self-determination, whereas in Mainstream VET the lowest priority is related to Physical and Emotional well-being, Self-determination and Interpersonal relations.

The extent to which current external and internal program evaluation measures address aspects of QOL in VET and CC

While quality of life seems to be intrinsically present in service delivery (because of the very nature of these services), even if not completely explicated or rationalized, its evaluation tends to be mostly non-systematic and non-mandatory.

In general, the regulatory and funding orientations and agencies, or systems in place, do not include in program evaluation any aspects related to quality of life or impact in society.

Many organizations go as far as resorting from customer satisfaction assessment for their quality assessment processes, allowing to measure expectations fulfilment and service experience satisfaction but, as crossing "the life cycle of developments"[14] expected in an impact assessment, it only corresponds to a beginning.

There are a few cases, within Specialized VET, of effective implementation of a measurement of the impacts of services in the quality of life of participants (e.g.: CRPG, CERCIAG[15]).

ISS – Instituto da Segurança Social is the regulatory institution - also provider and funder of relevant Community Care responses - demonstrates greater awareness of the concept of QoL and its scope, not only within its strategy but also into the design of its services and evaluation processes. Besides ISS, findings denote a lack of clarification on how organizations – either regulators or providers - operationalize and achieve the QoL they stated.

When it turns to services evaluation, even ISS methodological orientation is scarce on how to measure the impact on QoL, only presenting the following two parameters to be classified in terms of compliance, with no further details.

The research show that internal evaluation measures are more likely to be adopted than the external ones.

We may observe some differences, regarding this aspect, within the 3 sectors in this study.

Internal evaluation measures seem to be conducted more intensively within Community Care services and appear to have an equivalent degree of implementation within Specialized and mainstream VET (Overall Results of inquiry: CC = 5; Specialized VET = 3,3; Mainstream VET = 3,5). The dimensions on which these evaluations focus more are:

- In Community Care: Interpersonal relations, Personal development, Self-determination, Social inclusion, Rights

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[13] CRPG - Vocational Rehabilitation Center of Gaia. (2004). Contributions to a Model of the Impacts of European Social Fund Interventions in the Field of People with Disabilities in Portugal. Vila Nova de Gaia: Vocational Rehabilitation Center of Gaia.

[14] In: Esteves, A. M., Franks, D., & Vanclay, F. (2012). Social impact assessment: the state of the art. Impact Assessment and Project Appraisal, 30(1), 34–42. https://doi.org/10.1080/14615517.2012.660356

[15] www.cerciag.pt – although the results are not disseminated via website

- In Specialized VET: Employment, Personal Development, Social inclusion, Rights, Citizenship, Emotional well-being
- In Mainstream VET: Employment, Personal Development, Self-determination

On the other hand, there seems to be less focus in:

- In Community Care: Employment, Material well-being
- In Specialized VET: Material well-being, Physical well-being, Social inclusion, Self determination
- In Mainstream VET: Material well-being, Physical well-being, Emotional well-being, Citizenship, Rights

Regarding external evaluation, again it seems to be more present within Community Care services and not so important within Specialized and mainstream VET (Overall Results of inquiry: CC = 3,5; Specialized VET = 13; Mainstream VET = 2,5).

The dimensions on which these evaluations focus more are:

- In Community Care: Rights, Physical well-being, Emotional well-being, Social inclusion, Self determination
- In Specialized VET: Employment
- In Mainstream VET: Employment, Social inclusion, Material well-being

On the other hand, there seems to be less focus in:

- In Community Care: Employment, Material well-being
- In Specialized VET: Physical well-being, Emotional well-being, Material well-being, Personal Development, Self-determination, Social inclusion, Interpersonal relations
- In Mainstream VET: Emotional well-being, Citizenship, Rights, Personal Development, Self-determination, Social inclusion

The priority assigned to QOL as a concept and its components in VET and CC program specifications – Frequently and Rarely referenced

While it's obvious and undeniable that VET, either mainstream or specialized, and Community Care intervene, because of their very nature, at a level that is indissociable from quality of life aspects, there seems to be some lack of visibility and intentionality regarding to this purpose.

The references to quality of life or aspects related to this concept are not frequently found for example in providers websites, annual reports or activities plans.

It's true that a reasonable number of organizations do embed in their Vision or Mission statements the concepts of quality of life or social inclusion, or some other specific dimensions of quality of life (e.g.: autonomy, employment) – especially those in Specialized VET and Community care (less frequent in Regular VET).

In general, however, there is little evidence that the organizations intentionally implement a drop down approach to these commitments, be it at the level of specifying the model of quality of life they adopt, the specific ways that the approach is reflected in programme specification, adaptation and improvement, or in the way results are collected and analysed in this domain.

In summary, there's a lack of clarification on how organizations – providers, but also regulators and commissioning agencies - operationalize and achieve the QoL they stated.

Still, one can find some interesting examples of the way some organizations interpret or adopt the model of quality of life (e.g.: APPACDM[16], AFID[17]) or the way they measure results (e.g.: CRPG[18]).

There are also some examples of providers or representative organizations that contribute to the dissemination of experiences in evaluating quality of life of people with disabilities (e.g.:

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[16] http://www.appacdm-matosinhos.com/uploads/3/0/9/1/30917587/modelo_de_qualidade_de_vida_-_appacdm_de_matosinhos.pdf

[17] https://www.afid.pt/eventos-media/noticias-eventos/a-qualidade-de-vida-na-intervencao-das-pessoas-com-deficiencia/

[18] https://www.crpg.pt/o-crpg/documentos-institucionais/relatorio-das-avaliacoes-da-qualidade-2020/

FENACERCI[19], APPC[20]) or specific aspects of quality of life, such as autonomy and self determination (e.g.: FENACERCI[21]).

The objective of improving quality of life, social inclusion, interpersonal relations or employability can also be found in programme specification, as for instance in ISS's Social Responses[22]. (Somehow, as an opposite to these findings, the information collected via key informers gives us a deeper degree of awareness around this issue within the organizations, both at the level they consider that quality of life is present as an overarch concern around service provision and also at the level it is considered to produce results – even if, in most cases, they cannot be supported by tangible measurement.

The views of designated commissioning or funding agencies on the relevance of QOL as a VET or CC outcome – Strong or Weak Emphasis

In Portugal there's a vast set of policy, regulatory and guidance documents and systems that apply to the intervention with People with Disabilities in the areas of Vocational Education and Training and also Social/ Community Care:

In VET, the main guidance is established by

- The National Catalogue for Qualifications[23], which is a dynamic instrument for the management of the non-superior qualifications and regulates vocational training. It contemplates general training referential (which is accessible for PwD as well) and specifically adapted referential for PwD.
- The Organization Guide – Vocational Training and Certification of People with Disabilities[24], which introduces further possibility of some customization (durations, contents) of the general referential of The National Catalogue for Qualifications and also the possibility to create specific *made-to-taylor* courses directed to PwD.
- The national Program for Employment and Support to Qualification of People with Disabilities[25], which emphasises the objective of raising the employability levels of this group, but also, to some extent, contemplates the issues of individual needs, autonomy and well-being.

The analysis of such documentation and frameworks allows to conclude that while often it is set a background related to quality of life, or aspects of quality of life (for example, citizenship, participation, employment), one can only rarely find concrete translation into explicit measurable outcomes to be achieved and to be evaluated.

The major funding programmes for VET, on the other hand, such as POISE[26] and POCH[27] emphasise outcomes such as qualification/ certification, and, in less degree, employment/ employability, without considering other relevant dimensions of quality of life.

In Social/ Community Care, the main framework is set by ISS's Manuals for Social Responses[28], establishing the guidelines for the design, implementation and evaluation of interventions within

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[19] https://fenacerci.pt/web/publicacoes/outras/Artigo-Qualidade_de_Vida_CERCIZIMBRA.pdf

[20] https://www.appc.pt/_pdf/eBook_FDUP_Dir_PessoasDeficiencia.pdf

[21] https://fenacerci.pt/pavi/pavi.html

[22] http://www.seg-social.pt/deficientes?p_p_id=56_INSTANCE_fKt2&p_p_lifecycle=1&p_p_state=exclusive&p_p_mode=view&p_p_col_id=column-1&p_p_col_count=1&_56_INSTANCE_fKt2_struts_action=%2Fjournal_content%2Fexport_article&_56_INSTANCE_fKt2_groupId=10152&_56_INSTANCE_fKt2_articleId=133625&_56_INSTANCE_fKt2_targetExtension=pdf

[23] http://www.catalogo.anqep.gov.pt/Qualificacoes

[24] https://www.iefp.pt/formacao-para-pessoas-com-deficiencia-e-incapacidades

[25] https://dre.pt/pesquisa/-/search/491685/details/maximized

[26] https://poise.portugal2020.pt/inicio

[27] https://www.poch.portugal2020.pt/pt-pt/Paginas/default.aspx

[28] http://www.seg-social.pt/publicacoes?p_p_id=101_INSTANCE_W8Dh&p_p_lifecycle=0&p_p_state=normal&p_p_mode=view&p_p_col_id=column-1&p_p_col_count=1&_101_INSTANCE_W8Dh_delta=10&_101_INSTANCE_W8Dh_keywords=&_101_INSTANCE_W8Dh_ad

the social/ community care and support. While relying strongly on a quality of life approach, this regulatory framework, when it turns to services evaluation, is scarce on how to measure the impact on QoL, only presenting two parameters to be classified in terms of compliance (3 levels), with no further details.

The National Strategy for the Inclusion of People with Disabilities 2021 – 2025[29] establishes a set of axis and priorities related to the inclusion of PwD, including the level of Qualification and Education - stressing the importance of inclusive access to education and vocational training as crucial to PwD to achieve full citizenship. For the moment, this Strategy, while emphasising the need for monitoring, gathering results and evaluating its implementation, does not include specific indicators related to the impact it may produce in terms of quality of life of the people it is addressed to.

The acceptance of QOL as a service outcome in disability specific and mainstream services – Wide or Narrow acceptance

The research show that there is a satisfactory level of acceptance of QOL as an outcome across the 3 sectors covered by this study. Nevertheless, we may observe some differences, regarding this aspect, within the 3 sectors.

There seems to be a higher level of acceptance in the Community Care sector as compared to Mainstream VET and Specialized VET (Overall Results of inquiry: CC = 5 – widely accepted; Specialized VET = 3,3 – somewhat accepted; Mainstream VET = 2,5 – little/ medium acceptance).

The dimensions of QOL that show higher level of acceptance are:

- In Community Care: Interpersonal relations, Rights, Social inclusion
- In Specialized VET: Employment, Social inclusion, Rights
- In Mainstream VET: Employment

On the other hand, there seems to be lower level of acceptance in:

- In Community Care: Employment, Material well-being
- In Specialized VET: Self-determination, Material well-being
- In Mainstream VET: Material well-being, Physical well-being, Emotional well-being, Interpersonal relations, Self determination

The perceptions of challenges to introducing inclusive learning and QOL in mainstream services – Facilitating and Restraining factors

The challenges to introducing inclusive learning and QOL in mainstream services are multiple and complex.

From a macro environmental point of view, it seems that the extent to which national or regional policies address QOL as a priority doesn't represent neither a facilitator nor a barrier.

In mainstream VET, the major barriers identified, in this regard, are:

- The involvement of people with disabilities in program evaluation
- 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

On the other hand, there are some aspects considered facilitators, for example:

- Compliance with external programme evaluation outcome indicators
- The attitudes of frontline staff
- Attitudes of providers to program change
- Administrative program processes and procedures

The sector also struggles with the effectiveness of inclusive learning strategies. In some domains, there seems to be insufficient capability (of the service provider or the network of providers on

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[29] https://www.inr.pt/documents/11309/284924/ENIPD.pdf/5bce7969-0918-4013-b95d-2a5a35a870c5

various domains) to respond to the needs of potential participants that require a customized response, namely:

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

These constraints result on higher difficulty to address specific learning needs of potential participants, especially for individuals with mobility limitations or communication needs.

The views of national disability representative organisations on QOL as a VET and CC outcome – High or Low satisfaction

The research show that to a great extent (4) the conception and specification of programmes include aspects related to inclusive learning. Also to a great extent (4) it is considered that individual learning needs of participants are taken into account in designing service responses and that inclusive learning strategies are employed in supporting specific/ individual participants with additional learning needs.

When it comes to specification in service contracts with the participants, it is considered that it is implemented only moderately (3), which is in line with the conclusion that in terms of evaluation, by reference to concrete measurable indicators, the general panorama shows that serious developments are needed.

The overall results of service prevision at the level of quality of life of participants are considered satisfactory.

It is considered that to a great extent (4) people with disabilities are involved in programme design. On the other hand, the intervenient (e.g.: providers, staff) are considered to possess, to a great extent (4), knowledge in the domain of quality of life that enables to create, develop and implement programmes that take into account that dimension. Providers are, thus, considered to have a positive attitude towards programme change. It is also considered that there are available tools and resources that can assist providers to develop and implement quality of life focused interventions.

There is some consensus around the idea that the commissioning/ funding/ regulatory agencies do not explicitly value the results achieved by providers/ participants in the domain of quality of life. Furthermore, the national evaluation of existing programmes does not include items related to the performance of the sectors in regard to the impact on quality of life of the participants. Nevertheless, it is considered that to a moderate extent the national policies and regulations do consider quality of life, or at least some aspects of quality of life, as a priority,

The limited existence of programmes/ funding directed to the development and improvement of services is considered a major limitation.

It is considered that the existing regulation on vocational training does not facilitate the best adaptation to specific learning needs of individuals or groups of individuals. Furthermore, the dependence on funding from programmes in the ESF scope leaves low flexibility and introduces a massive amount of bureaucracy for service providers.

It was stressed that associations of service providers or people with disabilities have a crucial role, especially by lobbying positively at the level of the funding/ regulatory agencies and also at the level of the service provision itself.

Summary Tables *(based on questionnaires)*

Inclusive Learning Strategies

Status of Inclusive Learning Strategies			
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. 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	Specialised VET	Community Care
To what extent are the following learning needs addressed in service delivery?			
Vision	3	3,0	3,5
Hearing	3	3,0	3,5
Communication	2	3,0	3,5
Mobility	2	4,0	4,5
Motor Functions	3	4,0	4,5
Learning and Cognition	3,5	4,7	4,5
Social and Interpersonal Functions	3	4,3	5,0
Emotional Functions	3	4,0	5,0
To what extent are the following inclusive learning strategies employed in supporting the participants with additional learning needs?			
Technical Aids	2	3,3	4,5
Personal Support	2,5	3,0	5,0
Personal Assistance	1,5	1,3	2,0
Program Adaptions	2	3,7	4,5
Person-centered Planning	3	3,7	5,0
Additional Instruction/Compensatory Education	2,5	4,0	4,5
Competence-based Assessment or Evaluation Procedures	4,5	4,3	4,5
Access to Reasonable Accommodations in Certification Exams	1	2,7	3,5
Universal Design for Learning	3	3,3	4,0

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	2,5	3,3	5,0
Personal Development	2,5	3,3	4,5
Interpersonal Relations,	2	3,3	5,0
Self-determination	2	3,0	5,0
Social Inclusion	2,5	4,0	5,0

Citizenship	2,5	3,7	4,5
Rights	2,5	4,0	5,0
Employment	4	4,3	2,5
Material Wellbeing	2,5	3,0	3,5
Physical Wellbeing	2	3,3	4,5
Emotional Wellbeing	2	3,3	4,5

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	2,5	1,3	3,5
Personal Development	2,5	1,3	3,0
Interpersonal Relations,	2,5	1,3	3,0
Self-determination	2,5	1,3	3,5
Social Inclusion	4	1,3	3,5
Citizenship	2,5	2,0	3,0
Rights	2,5	2,0	4,0
Employment	5	4,0	1,5
Material Wellbeing	3,5	1,3	2,5
Physical Wellbeing	3	1,3	3,5
Emotional Wellbeing	2	1,3	3,5
Internal Evaluation Measures			
Total Quality of Life	3,5	3,3	5,0
Personal Development	4	3,7	4,5
Interpersonal Relations,	3,5	3,7	5,0
Self-determination	4	3,3	4,5
Social Inclusion	3,5	3,7	4,5
Citizenship	3	3,7	4,0
Rights	3	3,7	4,5
Employment	5	4,3	2,5
Material Wellbeing	2,5	3,0	3,5
Physical Wellbeing	2	3,0	4,0
Emotional Wellbeing	2,5	3,7	4,0

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	2,5	3,3	5,0
Personal Development	2,5	3,3	4,5
Interpersonal Relations,	2	3,3	5,0
Self-determination	2	3,0	5,0
Social Inclusion	2,5	4,0	5,0
Citizenship	2,5	3,7	4,5
Rights	2,5	4,0	5,0
Employment	4	4,3	2,5
Material Wellbeing	2,5	3,0	3,5
Physical Wellbeing	2	3,3	4,5
Emotional Wellbeing	2	3,3	4,5

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	4	3,3	4,0
Personal Development	4	3,3	3,5
Interpersonal Relations,	3,5	3,7	4,0
Self-determination	3,5	3,3	4,0
Social Inclusion	4	3,3	3,5
Citizenship	3	4,0	3,5
Rights	3	3,3	4,0
Employment	4,5	4,0	2,0
Material Wellbeing	4,5	2,3	2,5
Physical Wellbeing	4,5	3,3	4,0
Emotional Wellbeing	4,5	3,3	4,0

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	3	2,7	4
The emphasis placed on QOL in service contracts	3	2,3	4
The awareness of funding and commissioning agencies of the potential impact of service on QOL	3,5	1,7	3
Attitudes of providers to program change	4	2,0	2,5
Compliance with external programme evaluation outcome indicators	4,5	1,7	2
The attitudes of frontline staff	4,5	4,3	4
Administrative program processes and procedures	4	2,0	4
The availability of QOL focused tools and resources	3	2,0	4
The approach to coproduction in program improvement	2	1,7	3,5
The knowledge of QOL on the part of actors and stakeholders	2	2,3	4
Funding available for program development and improvement	2,5	2,3	2
The involvement of people with disabilities in program evaluation	1,5	3,0	4

Add additional factors suggested below
- **Barrier**: excessive bureaucracy of funding agencies and low importance given to the results achieved for both the participants and the society
- **Facilitator**: associations of service providers that lobby positively at the level of the funding/ regulatory agencies and also at the level of the service providers