



# Inclusive Learning Strategies and the Quality of Life Impact of Services

**QOLIVET National Report – Slovenia**

**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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## National Summary Report – Slovenia

### **Brief Summary of the Conclusions of the National Review:**

We looked into a different kind of mainly online literature and found out that there are just a few reliable sources available in Slovenia regarding specialised and mainstream VET and CC services and programs. There is also a lack of specifications and any meaningful mentioning of the term QOL in Slovenian laws and jurisdictions in the area of specialised and mainstream VET and CC services and programs. As of 2015 onward, however, QOL has been systematically monitored in people with disabilities who have been included in vocational rehabilitation services. Prior to that, there was a study made by Ponikvar in 2008 for her Master's degree, where she found out that vocational rehabilitation has a significant impact on users' QOL in people with mental health problems. Our department, i.e., Development centre for vocational rehabilitation, has also made some studies regarding users' QOL: in the context of programs of social inclusion in Slovenia (in 2014 we measured QOL of PwD enrolled in programs of social inclusion) and in the context of employment centres (in 2016 we found out that inclusion in employment centres means higher QOL for its users as well as also their professional workers).

After introducing the European quality system EQUASS in the daily care and work centres, QOL has become one of the quality indicators systematically monitored and measured.

Our, as well as informants' impression, is that more should be done in the (near) future to promote the importance of QOL and also prioritise it as an essential evaluation and outcome measure in different programs and services.

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

In Slovenia, children with special needs are provided services based on the concept of inclusive education. Special needs education, whether in mainstream or specialised units, is provided exclusively as a public service, starting from public kindergartens, schools, special schools to centres for training, work, and care (institutions). The education of SEN children is financed by public funding – state and local communities. The state provides resources for wages and material costs, while municipalities provide resources for investment costs and a higher standard of services. The Placement of Children with Special Needs Act (2011) constitutes that primary regulation of education of children with special needs is regulated. The law defines children with special needs as students with intellectual disabilities, sight, hearing, speech and language disorders, physical disabilities, long-term illnesses, deficits in specific learning areas, personal and behavioural disturbances, and ASD. Education for SEN children is provided in mainstream or special schools/institutions within primary and secondary education, with the following specialised services available:

- education programme with adapted implementation and additional professional support (provided in mainstream schools/kindergartens);

- adapted education programme with equivalent education standard (provided in mainstream primary schools and secondary schools; and in institutions for the hearing impaired, visually impaired, and physically disabled persons);
- adapted education programme with lower education standards (provided in special schools);
- a special education programme for children with moderate, severe, and profound intellectual disabilities, and other special programs (provided in Centres for training, work and care, under the Ministry of Education.

The same special education programme provides all primary schools with an adapted curriculum (children with SEN can go to these schools in their surroundings) and Centres for Education and Rehabilitation of Physically Handicapped Children and Adolescents. Besides programme adaptation (organisation and timetable of lessons, length of programmes, methods of teaching and testing, the certificate in the adapted education programme is of equal validity to that attained in mainstream schools), additional services like professional support are also provided to children with special needs (support in overcoming barriers, counselling service and learning assistance). These services can be provided individually or in a group, (also at home, on a weekly basis). The maximum hours of services are five hours per week, including at least one hour of counselling services. Pupils with visual impairments or multiple disabilities can benefit from up to three hours more of services, primarily at the start of the education process. Professional support is given on the basis of the placement decision. Technical adaptations for the place of learning and aids are provided in the education process. The majority of SEN children (90%) enrol in mainstream programmes (source: Factsheet Slovenia).

There is an impression from representatives of mainstream and specialised VET and CC that there are more inclusive learning strategies in specialised VET and CC than in mainstream VET. The critical areas for improvement which should be addressed in the future are access to reasonable accommodations in certification exams and universal design for learning. It would also be beneficial if there would be some improvement in the area of personal assistance. On the other hand, the two strategies designed to address individual learning needs' perceived strengths are person-centred planning strategy and additional instruction/compensatory education.

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

In Slovenia, Centre for vocational education is the national institution and prepares reports for quality in the vocational and professional education in accordance with the law, also encompassing National Reference Point in Slovenia as part of European network EQAVET. Within the national indicators for quality in vocational education, one also addresses the vulnerable groups in education, primarily referring to preventing exclusion to persons with special needs.

However, quality of life in Slovenia has so far not been addressed at the systemic level. Nevertheless, special rehabilitation pedagogues recognised the importance of quality of life issue and therefore prepared the conference in 2019 addressed as “Quality of Life of Persons with Special Needs – about them, with them and for them”. Kraljič and Šimnic in their conference article addressed the importance of the state actions for PwD, while Fifolt emphasises that “...when we are talking about the quality of life of people with special needs, it should not be different from

those without disabilities. Nevertheless, we have different views on the quality of life. The society in which we live, and the media often tell us what is good for us and what we must have to be happy. We are focused on “having”, not “being”. Every individual is supposed to create priorities in life to live in harmony with himself. If we want to have responsible citizens, we need to educate children and teach them to express their feelings, desires and needs to recognise themselves as adults, what is truly valuable, and be critical of things that are not in their value system. Probably we all want to have fulfilled basic material needs. The questions that arise are: How about other needs? What is the quality of life, and who determines it? What is the satisfaction of the individual?” In the Jelka Škerjanc article about QOL, she defines QOL in relation to the influence/impact of service users on the services they use (contents and the way). Instead of this, she notes that the state’s policy’s priority is directed towards individualised services. So she sees the participation/autonomy of service users are a crucial question. From the research in social community care, she summarises that the money put in social (community) services is not in accordance with the quality, content, and range of services.

**The extent to which current external and internal program evaluation measures address aspects of QOL in VET and CC – Reference to IASSID Framework**

In prior sections, we can see that quality of life is not addressed on a systemic, unified level. We can find some evaluation measures mainly in researches in the education area. For example, Sunčič addressed the question of QOL of persons with intellectual disabilities in relation to their viewpoint, from PwD living at home or in an institution, and suggesting that the difference is found in their network and activities which were higher in an institution, addressing this issue with recommendations for higher QOL.

Social inclusion, citizenship, and rights are the main components of QOL as service outcomes measured 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.

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

The priority assigned to QOL as a concept and its components in VET and CC program specifications is mainly recognised as a high from informants’ standpoint. This is especially true for specialised VET as well as CC program specifications.

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

Designated commissioning or funding agencies mainly emphasise the relevance of three aspects of QOL: employment, social inclusion, and rights, whereas the weakest emphasises are on four aspects of QOL: personal development, self-determination, citizenship, and material wellbeing. If we look more generally, we can say that emphasis of designated commissioning or funding agencies on the relevance of QOL is only to some/moderate extent. We can also conclude that there is no significant difference between designated commissioning or funding agencies’ views on the relevance of QOL as a specialised VET or CC outcome. However, this is not true if we compare mainstream VET to

specialised or CC; the relevance of QOL from the standpoint of designated commissioning or funding agencies seems to be of less importance for mainstream VET than other two types of sectors.

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

The QOL as a service outcome in disability-specific service (i.e., vocational rehabilitation service) has been more thoroughly monitored for roughly last five years by our Development Centre for Vocational Rehabilitation, where we have yearly collected QOL questionnaires from 14 national providers of vocational rehabilitation and analysed them. Regarding mainstream services, literature review did not give any vital result upon which we could draw any conclusion that QOL is widely accepted.

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

Representatives of CC are pinpointing impractical norms required by decision-makers or financiers for individual programs, which means that there are too few employees (i.e. community care workers) per user, which further on means that quality of the program is significantly impacted as well as users' QOL. Another restraining factor that they report of is on the one hand chronic lack of tenders for programs to raise the QOL of people with disabilities and development programs (including investment funds) and on the other hand exceptional bureaucracy of those rare public tenders that are not intended only for research, analysis or similar "paper content". On the contrary, the attitudes of the frontline staff are perceived as a facilitating factor.

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

Overall, national representative organisations are satisfied with QOL as a VET and CC outcome in a moderate degree. The component of a QOL that they are most satisfied with is rights as well as social inclusion, citizenship, and emotional wellbeing. However, if we compare, we see that representatives of specialised VET on an average report of a lower satisfaction than CC representatives but higher than mainstream VET representatives.

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**Appendix: Summary Table of Inclusive Learning Strategies, Quality of Life as a Program Outcome, and Facilitators and Barriers to the Acceptance of QOL as a Key Service Outcome in Three Different Service Provision Contexts.**

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?	3	4	4
2. To what extent are the individual learning needs of participants taken into account in designing service responses?	3	4.5	4
3. To what extent are the following learning needs addressed in service delivery?			
a. Vision	3	4	3
b. Hearing	4	4	3
c. Communication	4	4	4
d. Mobility	3	4.5	4.5
e. Motor Functions	3	4.5	5
f. Learning and Cognition	4	4	3.5
g. Social and Interpersonal Functions	4	4.5	4
h. Emotional Functions	3	4.5	3
4. To what extent are the following inclusive learning strategies employed in supporting the participants with additional learning needs?			
a. Technical Aids	3	4	4
b. Personal support	3	5	3.5
c. Personal assistance	2	2	4.5
d. Program adaptations	3	4.5	3.5
e. Person-centred planning	4	5	4.5

f. Additional instruction/compensatory education	4	4.5	4.5
g. Competence-based assessment or evaluation procedures	3	4.5	3.5
h. Access to reasonable accommodations in certification exams	3	2	3
i. Universal design for learning	2	2.5	3
5. To what extent are the following intended service outcomes measured in evaluating participant progress and service impact?			
a. Total quality of life	2	4.5	3.5
b. Personal development	3	4	4
c. Interpersonal relations,	3	4	3,5
d. Self-determination	3	4.5	3.5
e. Social inclusion	3	5	4
f. Citizenship	3	5	4
g. Rights	3	5	4
h. Employment	2	4	4
i. Material wellbeing	3	4	2.5
j. Physical wellbeing	3	4	3.5
k. Emotional wellbeing	2	4.5	3.5
6. To what extent are the following service outcomes specified in service contracts?			
a. Total Quality of Life	2	5	4
b. Personal Development	4	4	4
c. Interpersonal Relations,	3	4.5	4
d. Self-determination	3	4.5	5
e. Social Inclusion	3	5	5
f. Citizenship	3	5	2.5
g. Rights	3	5	4.5
h. Employment	3	4	4

i. Material Wellbeing	3	4	4
j. Physical Wellbeing	3	4	4
k. Emotional Wellbeing	3	4	4.5
7. To what extent is the quality of life addressed in staff training?			
a. Total Quality of Life	3	4	4
b. Personal Development	4	4	4.5
c. Interpersonal Relations,	4	4.5	4.5
d. Self-determination	3	4	4.5
e. Social Inclusion	3	4.5	5
f. Citizenship	3	4.5	3.5
g. Rights	3	4.5	4
h. Employment	2	4.5	4.5
i. Material Wellbeing	3	4	4
j. Physical Wellbeing	3	4	4
k. Emotional Wellbeing	3	4	4.5
8. To what extent do commissioning or funding agencies emphasise the following service outcomes?			
a. Total Quality of Life	3	3.5	4
b. Personal Development	3	3	3.5
c. Interpersonal Relations,	3	3.5	4
d. Self-determination	3	3	4
e. Social Inclusion	3	4	5
f. Citizenship	3	4	3
g. Rights	3	5	4
h. Employment	3	5	4.5
i. Material Wellbeing	3	3	4

j. Physical Wellbeing	3	3.5	4.5
k. Emotional Wellbeing	3	3.5	4.5
9. To what extent are you satisfied that the following learning needs are effectively addressed by services?			
a. Total Quality of Life	3	4	4
b. Personal Development	3	4	4
c. Interpersonal Relations	3	4	4
d. Self-determination	3	3.5	4.5
e. Social Inclusion	3	4	4.5
f. Citizenship	3	4	4.5
g. Rights	4	4	4.5
h. Employment	3	3.5	4.5
i. Material Wellbeing	3	3.5	4.5
j. Physical Wellbeing	3	3.5	4
k. Emotional Wellbeing	3	4	4.5
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	3	4	3
The emphasis placed on QOL in service contracts	2	4	4.5
The awareness of funding and commissioning agencies of the potential impact of service on QOL	3	4	3.5
Attitudes of providers to program change	4	4	3.5

Compliance with external programme evaluation outcome indicators	3	4	4
The attitudes of frontline staff	4	4.5	4
Administrative program processes and procedures	3	3.5	2
The availability of QOL focused tools and resources	4	4.5	2.5
The approach to coproduction in program improvement	3	4.5	3
The knowledge of QOL on the part of actors and stakeholders	3	5	3.5
Funding available for program development and improvement	3	5	2.5
The involvement of people with disabilities in program evaluation	4	5	3
Additional factors:			
<p>Impractical norms required by decision-makers or financiers for individual programs</p> <p>They do not know the priorities that an individual program should cover in the shortest possible time and with the highest quality. According to these norms, they then finance the number of employees per user, which is significantly too little for quality implementation or the implementation of much-needed services at all.</p>	/	/	?
Involvement of representatives of the disabled in the design, preparation and implementation of national programs	/	/	2
Chronic lack of tenders for programs to raise the quality of life of people with disabilities and development programs (including investment funds)	/	/	1
The exceptional bureaucracy of those rare public tenders that are not intended only for research, analysis or similar "paper content."	/	/	1