



Inclusive Learning Strategies and the Quality of Life Impact of Services

QOLIVET National Report – Spain

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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National Report Spain

1. Brief Summary of the Conclusions of the National Review

Mainstream VET is not that mature in Spain as compulsory education (until the age of 16). It is, in general, less developed and consolidated in practice, although there are some regions with a longer trajectory, such as the Basque Country. Not being a compulsory education stage, it is not legally obliged (or at least not so strongly obliged) to apply inclusive learning measures, whereas support is available to a greater extent in compulsory education: support teachers, content adaptation and evaluation tests, sign language interpreters (SLI), etc.

In some cases, for example for visually impaired students, the collaboration of disability organizations such as ONCE (Spanish National Organization for the Blind) contributes to a better provision of support products. Some isolated training centres and local training and employment agencies have also introduced universal design for learning to a larger extent.

On the other hand, the University has progressed significantly in the last few years in their services for students with disabilities, through guidance and support in different areas: awareness raising for teaching staff, support products and assistive technology, sign language interpretation (SLI), reasonable accommodations in evaluation, sometimes personal assistance services, etc.

However, Specialized VET has extensive experience and a long history in understanding the specific needs of students according to their different disability profiles, and they largely adapt education and learning to their requirements, offering a variety of inclusive learning strategies: teacher training, support products, SLI, personal assistance, among others. In fact, a number of the Specialized VET trainings are provided and delivered by disability-specific DPOs.

Regarding the QOL, it is an approach with a low presence, in practice, in VET, both mainstream and specialized. Generally speaking, QOL is mentioned in the explanatory statements of laws, regulations and strategic plans. It is also mentioned, only occasionally, in calls for tenders and service contract specifications. In practice, this approach is not explicitly implemented, even in evaluations.

The core goal of VET, both mainstream and specialized, is labour inclusion. Therefore, work skills are central, and in this sense, material well-being and individual initiative (self-determination) can be considered as QOL-related dimensions.

VET Strengths:

- 1) Specialized VET, mainly developed by disability organizations, such as Inserta (ONCE Foundation), that have extensive experience and adapt the learning experience to specific needs. Although their priority is the labour inclusion of persons with disabilities, their perspective is broader and includes promoting self-determination, social skills, etc.
- 2) The University offers more support for inclusive education;
- 3) Local Training and Employment Agencies have been recently including accessibility criteria for facilities and learning, not only for legal compliance, but also out of conviction.

In Community Care (CC), and more specifically in Independent Living and Personal Assistance, the concept of QOL has a greater presence and a longer history in the different programs, and it takes into account both objective and subjective criteria. However, in practice it is not explicitly implemented according to the IASSID Framework (to a greater extent those related to intellectual disability). Independent living programs prioritize the dimensions of self-determination, personal development, participation (comprising inclusion, employment and citizenship). Independent living programs and personal assistance are quite recent in Spain and their implementation is very heterogeneous depending on the region, showing different scopes and funding.

We will focus on the Program of the Region of Madrid, which has a long history.

2. The current status and practice of inclusive learning strategies designed to address individual learning needs - Areas of Strength and Areas for Improvement

Areas of Strength:

- The extensive experience, history and commitment of disability organizations implementing specialized VET programs, such as Inserta (Fundación ONCE).
- Some public calls for tender for VET services require accessibility of facilities, material resources and content and methodology adaptation for persons with disabilities. This

happens in Mainstream VET, more specifically in non-formal VET (Training and Employment Agencies). The implementation of accessibility criteria and adaptations is widespread in Specialized VET.

- Good practices in certain Mainstream VET centres and training projects.
- The substantial progress made by the University in the last few years in inclusive education, through their Support Units for Students with Disabilities, which offer guidance to students, awareness raising and training to teaching staff, support products, personal support (volunteers), personal assistance, SLI, reasonable accommodation in evaluations, etc.
- Joint projects by Universities and DPOs.
- Collaboration of DPOs and the education sector in VET programs, both Mainstream and Specialized, to facilitate inclusive learning through the provision of support products (technical aids), particularly in the case of visual impairments, through ONCE.

Areas for Improvement:

- Unlike primary and secondary education, VET is not compulsory, so the level of commitment towards reaching inclusive learning through adaptations and support is lower.
- Similarly, funding for Mainstream VET barely considers the provision of support, either material or personal, for inclusive learning. A higher commitment to implementing inclusive learning strategies and resources is necessary, despite not being a compulsory education stage.
- Strategies and support for inclusive learning in Mainstream VET are, generally speaking, scarce, although some good practices in learning adaptation and support provision can be found in certain training centres and local Training and Employment Agencies.
- Awareness raising and training for teachers with regard to inclusive learning in Mainstream VET is limited, with a few exceptions in some centres and teaching staff. Mainstream VET teachers are usually more focused on the professional skills the student should get, and less on pedagogical aspects, let alone on attention to diversity.
- Within VET, laboratory and technical practice are those areas showing a higher number of barriers, and a lower accessibility to the different disability profiles (visual, physical, etc.).

- The lack of inclusive learning adaptations narrows down the options of students with disabilities to enrol in Mainstream VET. Just a few centres and training itineraries offer accessibility.
- Given the above, the presence of students with disabilities in Mainstream VET is scarce, which feeds the lack of awareness and misperception of the need to attend diversity at director level and in direct service, where it is little known and the experience of the staff is limited.
- Some social prejudices hinder the adoption of inclusive learning adaptations in Mainstream VET, for instance the presence of personal assistants or the adaptation of materials and tasks.

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

VET

QOL is mentioned as a general concept in explanatory statements and declarations of principles of laws, plans, calls for tenders, etc. For instance:

- Organic Law 5/2002, of 19 June, on Qualifications and Vocational Training:

Explanatory Statements:

*“The right to education for all, recognized by article 27 of the Spanish Constitution...[...] the professional qualification provided by VET serves the purposes of improving people’s level and **quality of life** as well as social and economic cohesion and employment promotion.”*

- Ministry of Education and Vocational Training (2020). First VET Strategic Plan.

Context and Guidance:

*“The professional qualification to be provided by VET serves the purposes of improving people’s level and **quality of life** as well as social and economic cohesion and employment promotion.”*

However, in practice (funding, actions) QOL has low priority or no priority in VET, with the exception of the priority assigned to labour inclusion (employment, material wellbeing) and, to

certain extent, to self-determination (creativity, innovation). The priority is labour integration through professional qualification, in a labour market context with a high rate of unemployment, particularly among youth and persons with disabilities.

COMMUNITY CARE

Quality of Life is much more explicit and has higher implementation in CC policy and criteria, even more so in those addressed to independent living and personal assistance, in their rationale and principles, as well in definition of measures and, to a different extent, in evaluation. For instance:

National:

- Law 39/2006, of 14 December, on Promotion of Personal Autonomy and Assistance for People in Situation of Dependency.

*“The Care System for Dependent People is one of the main instruments to improve the situation of social services in our country, responding to the need of assisting people in situation of dependency and the promotion of personal autonomy, **quality of life** and equal opportunities.”*

Article 13. Objectives of dependency benefits.

*“Care for people in a situation of dependency and promotion of their personal autonomy should be oriented to the achievement of a better **quality of life** and personal autonomy”.*

Region of Madrid:

- Madrid Care Strategy for Dependent People (2018-2022).

*“The Strategy... is an instrument to plan and coordinate of all the initiatives and resources that Madrid Regional Government Departments and public bodies allocate to improve **the quality of life** of people with disabilities and their families”.*

The principles guiding the design and development of the different action lines are based on the Convention on the Rights of Persons with Disabilities (CRPD), the more relevant being:

- Individual autonomy, self-determination and independence.
- Social inclusion.
- Quality of life.

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

VET

In general, the program evaluation is rare and irregular in the educational field, and particularly in VET. Evaluation is carried out in some VET programs, usually focused on the effectiveness of those programs in relation to labour integration. Although QOL is included in the explanatory statements of public policies, it barely appears in evaluations or in assessment indicators for Plans and Services, except for those related to labour inclusion.

COMMUNITY CARE

QOL is present, to a greater extent and explicitly, in CC internal and external evaluations, particularly in programs addressed to independent living and personal assistance. It is important to take into account, as a starting point, the disparity and different level of implementation of these programs across Regions, while still being limited and incipient services in Spain.

In those regions, such as Madrid, where personal assistance and independent living programs have a longer trajectory, evaluation is periodically carried out taking into considerations different dimensions of QOL. Objective (enabling employment through personal assistance, for example), but mainly subjective aspects are considered, such as the participants' perception of the improvement of quality of life, in its different dimensions.

On the other hand, it is important to point out that those evaluations that include quality of life aspects (Region of Madrid) are not explicitly based on the IASSID Framework. Priority is allocated to dimensions like self-determination, personal development and participation (comprising social inclusion, employment, citizenship). Other aspects, such as physical wellbeing, are not directly targeted by this Program.

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

VET

There are general references to QOL in Laws and VET plans, but references to QOL as a concept and to its components in implementation are rare. The specifications of programs focus mainly on the acquisition of skills and competences for labour inclusion and employability improvement. This includes promoting dimensions like employment, material wellbeing and values such as autonomy, initiative (self-determination) and social inclusion. Particularly in non-formal Mainstream VET, accessibility requirements can be occasionally found for facilities, learning means and processes. Those accessibility criteria are widespread, however, in specialized VET.

COMMUNITY CARE

QOL is explicitly present in Laws and CC strategic plans. However, when looking at service specifications for Independent Living or personal assistance programs in Madrid, we can see the concept of quality of life and its components is really just an implicit concept, expressed through a clear and explicit reference to different dimensions or priority objectives to be reached. Prioritized dimensions are mainly those related to self-determination, personal development, social inclusion, employment and citizenship. Other dimensions like material wellbeing are also developed through this program, as they provide personal assistance time and facilitate employment.

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

The reality is different in VET and CC.

VET

There is a long distance between the generic mentions to QOL in explanatory statements of Laws and VET plans, the statements and principles found in institutional web portals, and the effective practice, with the exception of the basic priority of employability. Therefore, there is a consensus of commissioning and funding agencies, public administrations, third sector, about the relevance of QOL, reflected in those general statements and principles. However, as already

mentioned, the presence of QOL is scarce or inexistent in VET program specifications, except for what refers to labour integration and employability (employment, material wellbeing) and, to a lesser extent, autonomy and initiative (self-determination). Similarly, QOL as a concept and its dimensions have a very low presence in VET evaluations, except for what refers to employability. Labour insertion is the main focus of professional education, and beyond general statements, a low emphasis is placed on QOL as an expected result, apart from this dimension.

COMMUNITY CARE

The commissioning and funding agencies (Public Administrations, European Programmes) consider quality of life. Particularly those programs focused on independent living and personal assistance prioritize dimensions like self-determination, personal development, social inclusion, employment and interpersonal relations (participation). Those aspects are taken into account in program specifications and in evaluations. However, other components of the QOL Framework, such as physical wellbeing, are not considered to such an extent, as they are not a direct objective of the program.

Therefore, in short, the emphasis on the relevance of the QOL as an outcome from the perspective of the commissioning and funding agencies in Independent Living Programs is strong, although it is not always explicit in regards to the QOL theoretical framework and its components: some of them are prioritized (mainly self-determination and social inclusion), and some others are not actually considered a direct objective (physical wellbeing).

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

VET

Regarding VET, in general QOL as a service outcome is mentioned in explanatory statements of Laws and the rationale of Mainstream VET Programs, but the main dimension that is taken into consideration in practice is employability and labour integration, and related to that but to a lesser extent, dimensions like autonomy/self-determination (initiative), material wellbeing or social inclusion. Therefore, the acceptance of QOL as a service outcome in Mainstream VET is quite narrow.

In specialized VET, there is a greater awareness of the challenges of social and labour inclusion of persons with disabilities. For that reason, although QOL is not an explicit concept, acceptance and implementation are wider. Apart from the employment dimension, other dimensions are also taken into consideration to a lesser extent, such as social inclusion or rights. In this sense, they usually have trainings addressed to employers, so that they can take the rights of persons with disabilities into account in their processes, like recruiting, workplace adaptation, etc., thus avoiding discriminatory situations.

Regarding physical wellbeing, they consider learning adaptation, accessibility and safety of facilities and materials. However, in general, the approach to QOL is not explicit, and it is not applied in a systematic way in the design and implementation of specialized VET programs or in evaluations.

Therefore, although trying to promote several components and dimensions of the QOL conceptual framework (employment, social inclusion, rights, etc.), the acceptance of QOL as a service outcome in Specialized VET is still narrow.

Now, derived from the COVID'19 pandemic, and the implementation of prevention measures, the dimension of physical wellbeing has become more relevant.

COMMUNITY CARE

QOL is considered in CC in terms of Laws and public policies, but in terms of service requirements in the Madrid Independent Living Program it is rather a latent concept. It is pursued in different dimensions, facilitating them to stay in their own homes, and promoting self-determination, personal development, social inclusion, participation, etc.

QOL is not systematically implemented with reference to a theoretical framework, although in practice some of its components are actually promoted.

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

MAINSTREAM VET

Facilitating factors:

Specialized VET and the University have valuable experience in inclusive learning that could serve as a basis and a reference to Mainstream VET.

Restraining factors:

In the absence of inclusive learning adaptations, student with disabilities previously included in the Mainstream Education System, can find no adapted/accessible options in Mainstream VET and are derived to disability-specific alternatives.

Mainstream VET has a quite academic approach, just measuring results in terms of academic skills.

SPECIALIZED VET

Strengths:

- Emphasis on service requirements, particularly regarding learning accessibility.
- Awareness of commissioning or funding entities about inclusive learning and some of the QOL dimensions.
- Favourable attitude of providers.
- Program evaluations through outcome indicators.
- Favourable attitude, qualification and skills of direct service staff.
- Availability of resources, particularly regarding inclusive learning.
- Funds.

Barriers:

- Administrative procedures.

- Level of knowledge of main actors and stakeholders.
- Heterogeneity of the business sector in terms of attitude and willingness to contribute to the labour inclusion of persons with disabilities. Some employers are convinced and support labour inclusion (facilitator), whereas some others, when they hire persons with disabilities is only because of the need to comply with the law (barrier).

Challenges and opportunities:

- Mainstream VET should learn from the experience and know-how of Specialized VET in inclusive learning, and try to introduce it in their systems.
- Mainstream VET needs to improve the qualification of their teaching staff in terms of how to support students with different disabilities.
- Need of allocating resources for inclusive learning and adaptations in Mainstream VET.
- Importance of disseminating and sharing good practices, so that others can learn from them.

COMMUNITY CARE

Facilitating factors:

- Personal assistance in Independent Living Programs is a very powerful resource to improve the quality of life of persons with disabilities.
- Awareness and commitment of direct service staff (personal assistants).
- Evaluations including the participation of persons with disabilities using the Independent Living and personal assistance programs, are really valuable and offer significant information about QOL.

Restraining factors:

- In some cases, the access criteria in place limit the participation of some persons with disabilities in independent living programs: need to be working or studying, being within a certain age range, etc.

- In order for persons with disabilities to be able to access the Independent Living Program, they must have a minimum material wellbeing basis: a house or financial self-sufficiency to afford daily expenses.
- Funds allocated to Madrid Independent Living and personal assistance programs, although important, are not enough to allow new users to enter the programs, or to increase the number of service hours.
- The collaboration among Public Administrations, disability organizations and persons with disabilities needs to be strengthened to further develop and improve Independent Living Programs and the quality of life of persons with disabilities.

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

VET

The views of national disability representative organisations on QOL as an outcome in VET are diverse.

First of all, we seem to be witnessing a time of regression in terms of inclusive education of students with special needs. The main approach to education has been, in the last few years, more and more academic (as concluded by the PISA Report), focused on results in work-oriented skills, the idea of excellence in terms of competitiveness (competitive excellence), and laying aside, as secondary aspects, inclusive learning or quality of life. Especially in Mainstream Education, and both in the design of programs (beyond explanatory statements and declarations of principles of Laws), and evaluations. In this sense, a more integrating QOL approach is rarely present, and as a general philosophy, it is even shrinking as compared to previous years.

VET mainly addresses labour integration, and that is the main dimension taken into account when designing training programs. In general, the QOL approach, beyond general institutional statements, in practice is absent from education, especially in Mainstream VET.

Mainstream VET rarely implements inclusive learning strategies, what discourages and excludes persons with disabilities from participating. This is a vicious circle: as there are few students with disabilities participating in VET, adaptations are not implemented.

However, there are some good practices in Mainstream VET (isolated centres and projects) that should be recognized and shared.

The situation is better in higher education (University), where for a few years a specific support system for students with disabilities has been developed and implemented.

On the other hand, Specialized VET applies and implements inclusive learning strategies in a systematic way, and adapted to the different disability profiles. Mainstream VET should learn from it.

COMMUNITY CARE

Quality of life, the fact that a person with a disability can live in their own home, making their own decisions, with the support of a personal assistant, is one of the main goals of independent living programs. However, it is not always an explicit or systematic approach. Dimensions like self-determination, social inclusion and social participation (citizenship, employment) are the most emphasized.

In reality, CC programs based on Independent Living and personal assistance, such as the one in Madrid (the specific case studied for this report), contribute significantly to the quality of life of persons with disabilities, since it allows them to participate in diverse normalized social, education and work environments.

Regarding the rights dimension, nowadays, Independent Living programs give effect to the UN Convention on the Rights of Persons with Disabilities, but in an incomplete way yet. Given their access criteria, that require having a job or a training/education activity, as well as age requirements, are a barrier for some people to enjoy those programs.

With regards to the employment dimension, the Program focuses on promoting labour participation, but at the same time having a job is a requirement to access the program, which becomes a barrier.

At national level, there is a great disparity, and still a lack of Independent Living programs.

Summary Tables

Inclusive Learning Strategies

Status of Inclusive Learning Strategies								
<p>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.</p> <p>If you cannot find information on a particular strategy for a particular learning need indicate this by inserting the letters 'NA' (not available)</p>								
Mainstream VET								
	Vision	Hearing	Communication	Mobility	Motor Functions	Learning and Cognition	Social and Interpersonal	Emotional Functions
Technical Aids	4	3	2	2	2	1	3	2
Personal Support	2	2	1	1	1	1	1	1
Personal Assistance	2	2	1	2	2	1	2	2
Program Adaptions	3	2	2	2	2	2	2	2
Person-centred Planning	3	2	2	2	2	2	2	2
Additional Instruction/Compensatory Education	3	2	2	2	2	1	2	2
Competence-based Assessment or Evaluation Procedures	3	3	3	3	3	2	2	2
Access to Reasonable Accommodations in Certification Exams	3	3	2	3	3	2	3	3
Universal Design for Learning	2	3	2	2	2	2	2	2

Specialised VET								
	Vision	Hearing	Communication	Mobility	Motor Functions	Learning and Cognition	Social and Interpersonal	Emotional Functions
Technical Aids	5	4	4	5	5	5	4	4
Personal Support	4	4	4	3	3	5	4	4
Personal Assistance	4	4	5	5	5	3	3	3
Program Adaptions	5	5	5	5	5	5	5	5
Person-centred Planning	5	5	5	5	5	5	5	5
Additional Instruction/Compensatory Education	5	4	4	5	5	5	4	4
Competence-based Assessment or Evaluation Procedures	5	5	5	5	5	5	5	5
Access to Reasonable Accommodations in Certification Exams	4	4	4	4	4	5	4	4
Universal Design for Learning	5	5	4	5	5	5	5	5

Community Care *								
	Vision	Hearing	Communication	Mobility	Motor Functions	Learning and Cognition	Social and Interpersonal	Emotional Functions
Technical Aids				4	4	4		
Personal Support				5	5	5		
Personal Assistance				5	5	3		
Program Adaptions				4	4	5		
Person-centred Planning				5	5	5		
Additional Instruction/Compensatory Education				4	4	5		
Competence-based Assessment or Evaluation Procedures				3	3	5		
Access to Reasonable Accommodations in Certification Exams				**	**	**		
Universal Design for Learning				5	5	5		

* Education and training are not the object of CC Programs. They can include some seminars or workshops to prepare users for Independent Living, which are adapted to the needs of participants, but they are not central to the mission of these Programs.

Nowadays, these programs are usually focused on a specific disability profile, mainly on physical disability (mobility and motor functions) and, to a lesser extent, on intellectual or learning disabilities (learning and cognition).

** Workshops and seminars addressed to Independent Living or Personal Assistance program participants may include different types of assessments, but never Certification Exams.

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

Emotional Wellbeing	1	1	4
Please indicate the extent to which QOL is accepted as a 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	1	2	4
Personal Development	2	4	4
Interpersonal Relations,	1	3	4
Self-determination	2	3	5
Social Inclusion	4	5	5
Citizenship	2	3	5
Rights	2	3	4
Employment	5	5	5
Material Wellbeing	2	3	3
Physical Wellbeing	3	4	2
Emotional Wellbeing	1	1	2
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	1	4	4
Personal Development	2	4	4
Interpersonal Relations,	2	4	4
Self-determination	2	3	5
Social Inclusion	2	4	5
Citizenship	2	3	4

Rights	2	3	3
Employment	3	4	3
Material Wellbeing	3	4	3
Physical Wellbeing	2	4	3
Emotional Wellbeing	2	4	4

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	2	2	2
The emphasis placed on QOL in service contracts	2	2	3
The awareness of funding and commissioning agencies of the potential impact of service on QOL	3	4	4
Attitudes of providers to program change	2	4	5
Compliance with external programme evaluation outcome indicators	1	3	5
The attitudes of frontline staff	2	5	5
Administrative program processes and procedures	3	3	3

The availability of QOL focused tools and resources	2	4	4
The approach to coproduction in program improvement	2	4	2
The knowledge of QOL on the part of actors and stakeholders	2	3	3
Funding available for program development and improvement	2	5	3
The involvement of people with disabilities in program evaluation	1	4	5
Add additional factors suggested below			
The business sector is heterogeneous in terms of willingness to hire pwd. In some cases it is a facilitator, and some others a barrier.		3	
Disability organizations providing specialized VET know first-hand the needs of the specific disability groups and profiles they serve, and they innovate to respond.		5	
The Mainstream VET approach is very academic. It measures results in terms of academic/professional skills, with an emphasis on competitiveness. The University provides higher support.	2		
Stereotypes regarding persons with disabilities and their capacity to perform professional activities	2		

Sources

1. Websites of statutory agencies, service providers and disability representative organisations

Mainstream VET and Higher Education

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Fernando Siu. Coordinator of External Talent. Inserta Empleo (Fundación ONCE)

Sabina Lobato. Director of Training, Employment, Operations and Transformation of Fundación ONCE and Director General of Inserta Empleo.

Rafael de la Puente. Officer Secretariat for Social Affairs. Support for Persons with Disabilities of the University of Valladolid.

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Marí Luz Sanz. Member of the State School Council on behalf of CERMI.

Javier Arroyo. Coordinator of the Independent Living Office of the Region of Madrid, operated by the association Aspaym Madrid.