



QOLIVET Online Training Module 2

**Enhancing Quality-of-Life Outcomes through
Inclusive and Person-Centred Approaches**

January 2022

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

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- [Vocational Rehabilitation Centre of Gaia - CPRG](#) (Portugal)
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Introduction

The QOLIVET project is intended to build the capacity of systems of delivery and services to impact more positively on the QoL of participants with disabilities. The mechanisms intended to achieve this aspiration include a set of good practice guidelines for services; this online training programme for staff and leaders; a forum to support constructive communication, collaboration and discourse within and between agencies operating in the different sectors of health and social care and VET; and a tool that can be used as part of a suite of indicators to allow service providers, in all sectors, to monitor their impact on the QoL from the perspective of participants and staff.

Module 2 of the QOLIVET online training course focuses on approaches that can be adopted in a service or by a staff member to improve the inclusiveness of a program or intervention. It is intended to provide guidance on things that can be done to ensure that the needs and aspirations of individual participants are assigned equal priority with the goals of the service. An important resource for Module 2 is the QOLIVET Good Practice Guidelines. These have been produced to inform all the activities and outputs of the QOLIVET project and are described in detail later in this Module.

Module 1 provided an overview of the meaning and application of the concept of quality of life as it relates to disability. Later modules provide additional detail on the strategies and mechanisms that have the potential to enhance the quality-of-life impact of a service. This Module, Module 2, is aimed at linking the key concepts laid out in the first module with useful approaches to building the capacity of participants and providing them with supports that can impact on their personal development, wellbeing and social inclusion.

Integration or Inclusion

It is important at the outset to distinguish between the two terms ‘inclusion’ and ‘integration’. *Integration*, from a disability perspective, can be achieved by simply by admitting a person into a programme and letting them try to adapt to the existing demands and procedures of that service. For example, registering a person with a significant visual impairment into a course and requiring them to use only printed texts. *Inclusion* refers to the proactive attempt on the part of a service or program to create an environment in which a person with a disability can thrive. Many of the approaches that are described in Module 2 are designed to achieve an inclusive environment.

Programme or Person-Centred Planning

Similarly, many services implement individual planning which is driven by the aims of a programme or service. They offer the person the options that are already available within the service. This is programme-centred individual planning. A person-centred approach takes as its starting point the needs, strengths and wishes of the person and strives to support them to achieve their goals. This is as relevant to a vocational education and training context as it is in a community care context.

Learning Objectives

On successful completion of Module 2, you will be able to:

- Engage in person-centred planning & support planning
- Understand the needs and abilities of persons with disabilities from a biopsychosocial perspective
- Engage in person-centred planning & support planning
- Understand the needs and abilities of persons with disabilities from a biopsychosocial perspective
- Identify learning needs and strengths and design interventions, supports or adaptations

On completion of Module 2 you will understand the principles of a person-centred approach and know where you can find additional resources to assist you in creating opportunities for people to take an active role in the development of their own programmes. You will understand how to create a profile of needs and strengths that takes into account the role of a person's environment in either enabling or disabling a person with an impairment – a biopsychosocial approach. You will be able to apply a biopsychosocial framework in order to create an inclusive learning experience for an individual by providing relevant supports and creating more accessible opportunities. This is important in both community care and vocational education and training.

Module 2 also introduces a number of useful developments that can be applied to create inclusive learning environments. The Universal Design for Learning approach is described. This approach builds on accessibility at the design stage of a space or a process. It is a very efficient way to ensure that learning materials and procedures are accessible to learner with a wider range of individual differences. Information and communication technologies (ICT) are addressed because they are very powerful tools that can enhance information access and provide customised learning options. Both readily available and specially designed Apps can empower a person to participate more effectively in life, learning and work. In addition, assistive technologies (AT) can augment a person's capacity to operate effectively in a particular environment. The key to effective AT use is making sure that the person is matched to the most appropriate and easy to use assistive option for them. At the completion of this Module, you will be more familiar with these developments.

Finally, it is essential that services and staff are equipped to be able to respond to participants whose needs are complex. This is not only about the type of impairment or multiple impairments that a person may have, but also about the other characteristics of the person that may intersect with their disability to create greater challenges to their participation. For example, a person's gender, age, ethnicity, language or social status can interact with an impairment to create additional barriers to effective participation. Module 2 describes a number of strategies that can assist in responding to complex needs.

An important reading for Module 2 is the QOLIVET *Good Practice Guidelines on Enhancing the Quality-of-Life impact of Services*. This is one of the key deliverables of the QOLIVET project and is intended to inform this training course and is integrated into the Quality-of-Life Impact Assessment Tool and the QOLIVET portal. It addresses all the foundational principles upon which an effective pathway to inclusion

needs to be based and which can be used by programme development and evaluation staff to engage in the continuing improvement of inclusive and person-centred services.

Identifying Good Practice

The QOLIVET guidelines are based on a systematic search of the peer reviewed and grey literature; research evidence; web resources; training courses; learning resources; QOL assessment tools; and VET evaluation tools. Two separate searches were carried out. One focused on vocational education and training (VET) and the other explored community care services (CC). This process identified any relevant evidence that could cast light on useful ways in which QoL outcomes had been addressed in policy; valued by funders; measured by providers; detailed in programme specifications; included in quality guidelines and explored by researchers.

The findings of the research and analysis process were shared with key staff from each of the partners during a three-day seminar. The participants were facilitated to propose the themes that need to be prioritised in a system of service delivery that aims to enhance the QoL of participants in VET and CC. The outputs of the seminar were circulated to partners and a consensus was reached on the 15 guidelines. Consultations on these Guidelines were carried out with stakeholders, including disability representative organisations, in each of the participating jurisdictions. Before publication, the Guidelines were reviewed by a content expert.

A Model of Quality of Life

The QOLIVET approach is based on the Schallock/Verdugo model of QoL which provides a lens to identify the domains and dimensions relevant to community care and VET (Schallock et al., 2002). The framework comprises of three domains which are broken down into eight dimensions. The components of the Schallock/Verdugo QoL model can provide a framework to help map the pathway to a rights-based approach in both the CC and VET sectors. It has been benchmarked against the requirements of the UN Convention on the Rights of Persons with Disabilities (CRPD) and there is a strong association between the core domains of this QoL model and many articles of the Convention (Verdugo *et al.*, 2012). The framework is described in more detail below. in the description of the Guidelines.

Underpinning Concepts of the Good Practice Guidelines

A number of fundamental concepts inform the Good Practice Guidelines.

1. Quality of life impact needs to be viewed as a priority outcome for services across a number of delivery systems including community care, rehabilitation, specialised training, pre-vocational training and mainstream training. These are considered to be important types of services on the pathway to inclusion.
2. Quality of life is a multidimensional concept. The World Health Organisation's WHOQOL Group (World Health Organisation, 1998) described QoL as a '...broad-ranging concept affected in a complex way by the persons' physical health, psychological state, level of independence, social relationships, and their relationships to salient features of their environment' (1998; p. 2).

3. An individual's perception of their position in life is a subjective view that is influenced by the culture and value systems in which they live compared to their goals, expectations, standards. This is an important indicator of quality of life. In contrast, it is also possible to measure a person's quality of life using a range of objective criteria such as living conditions, possessions and disposal income, relationships, social participation and working conditions.
4. The Guidelines acknowledge that despite over 20 years of effort invested in ways to measure the QoL impact of both social services and VET, it has proved to be an elusive concept to pin down in terms of research and programme evaluation. As a result, there are a wide range of QoL tools available to provide indicators to measure the outcome of policies, programmes, and services across a diverse range of sectors. Nevertheless, there is no universally accepted definition or measurement tool has evolved as yet (Bowling, 2014).

The Pathway to Inclusion and Quality of Life

A unifying concept for the Guidelines is *The Pathway to Inclusion*. The scope of the inclusion pathway addressed by QOLIVET project covers health and social care services, transition and vocational rehabilitation services and specialised and mainstream VET. It must not be assumed that the route along this pathway is linear nor that the steps are sequential. An effective pathway provides access to all these types of services at all stages of the journey to inclusion. For example, a person attending a mainstream VET course may need access to health or social care supports. Equally, a person participating in a social care service may need access to formal learning opportunities. It is likely that inter-agency and cross-sectoral collaboration is a core building block of any pathway to inclusion. The guidelines are based upon the assumption that greater participation in mainstream community activities, training, and work are valid aspirations to be addressed at all stages of the pathway to inclusion and for all people. It is also assumed that this will have a positive impact on a person's QoL.

There is a case to be made that addressing employability or work ability at all stages of the pathway will increase the likelihood of successful transitions. Accessibility does not begin at the threshold to a mainstream training centre. It needs to extend into the community and other sectors to create barrier-free opportunities and bridging programmes to facilitate participation.

Leaners who are currently struggling to cope within the mainstream VET system are also acknowledged by the Guidelines. The limited participation in VET of people with a higher risk of exclusion, such as persons with disabilities, can reduce the impact of VET on social inclusion and, consequently, its impact on QoL (European Commission, 2000). It is fair to question what the QoL impact is upon those who fail to complete a program successfully. It is essential, at the very least, that VET programs and procedures do not disable learners with additional individual learning needs and, more importantly, that the design of VET programs includes components and mechanisms that are intended to directly enhance personal capabilities, promote social inclusion, and increase wellbeing.

The Guidelines reflect the conclusions arising from the research, analysis and consultations carried about what is required to create a continuum of supports and interventions across the domains of community care and vocational education and training. In other words, an effective pathway to inclusion.

Specifically, regardless of the type and aim of a service, inclusive learning approaches need to be put in place and reflected personal learning plans which have been developed with the active participation of the person in the needs-identification and planning process. The learning context needs to be structured using the principles of universal design including teaching and learning approaches, digital and heard copy learning materials, and the physical and psychosocial environments. This approach needs to extend beyond the boundaries of the service into the community in which the person lives.

Community Care and Quality of Life

Within the health and social care sector, one factor that has increased the challenge of a commonly agreed definition of QoL is the diversity of interventions, supports, and terms used to refer to services including community care, independent living, social care, community living and, community integration. The distinctions in the conceptions of QoL impact within the health and social care sector reflect the intended outcomes of services. Services aimed at facilitating progression, such as transition from congregated settings to the community, from school to work, from youth to adulthood or from care to independent living, aspire to positive changes in a person's life. Other services are intended to maintain participants in their current circumstances and protect their independence, and security. This is an example of where the age of the intended beneficiaries or their type and level of impairment can influence the conceptions of QoL that are considered relevant (for example: National Health Executive, 2017; Wright, 2010; Connell, Carlton, J. Grundy, A., et al., 2018; Bigby et al., 2014; Mental Health Commission, 2007;). Other characteristics can also influence the types of QoL outcomes that are aspired to by CC services. In addition, the wide variety of functional needs that may need to be addressed such as, physical, cognitive, psychological and neurological, personal and environmental factors can increase the diversity of needs.

A definition of QoL needs to be able to encapsulate the impact of all of these. The distinction between health-related quality of life (HrQoL) (Makai et al., 2014) and social care related quality of life (SrQoL) (Bowling, 2014) is one example of the challenge facing system and service developers, even within the same sector (Makai et al., 2014). Many HrQoL measures request respondents to rate the gap between their present health and functioning and a desired state. In contrast, SrQoL measures focus on broader concerns such as self-determination, participation in life activities, and security. While HrQoL is important, gathering information about wider life experiences and about the extent to which a person is experiencing a life lived well is also crucial (Bowling, 2014).

Vocational Education and Training and Quality of Life

There is a broad consensus that enhanced QoL is a clear outcome benefit of successful completion of vocational education and training (Cedefop, 2011; 2013). However, for many years, it was viewed as a subsidiary impact as a result of gaining productive employment and all that that can mean terms of life choices and wellbeing. As a result, a narrow conception of what was, and was not, within the remit and responsibilities of VET providers predominated. In the 1990s, at European level, VET was adopted as an important mechanism in fostering shared values, enabling young people to participate more successfully

as citizens of Europe and engendering the meaning of good European citizenship (European Commission, 1997, p. 57).

Since the Lisbon Treaty (2000), the role of VET has been broadened still further. In a series of policy statements and documents issued by the European Commission a number of themes related to QoL were emphasised including promoting social inclusion, cohesion, mobility, employability, and competitiveness (Lasonen, & Gordon, 2009; p. 20). More recently, there has been a strong indication that the impact of VET on QoL, and physical and mental health, will be considered as significant outcomes in future work, lifelong learning and skills initiatives (European Training Foundation, 2020; p. 57).

It cannot be taken for granted that the QoL impact of VET programmes can be achieved without the introduction of elements and mechanisms aimed explicitly enhancing QoL. The European Council's Recommendation on Key Competences for Lifelong Learning (The Council of the European Union, 2018) emphasised that the development of life skills, citizenship, participation in democracy, and social participation are important learning outcomes.

A Rights Based Approach and Quality of Life

Because staff are at the centre of the effective delivery of inclusive services, they need to be equipped to respond appropriately and flexibly to the challenges that face participants through continuing professional development. The service itself needs to be developed using a rights-based approach that values the rights, dignity, choice and control must be provided across all disability-specific and mainstream contexts. Reviewing these prerequisites and applying them to existing systems of delivery can provide an insight into the extent to which they are fit for purpose as components of a pathway to inclusion and where improvements are required.

An important aspect of the psychosocial environment that needs to be addressed is discrimination, implicit, explicit and institutional. Negative attitudes and stigma can represent a major barrier to participation. They need to be reduced or removed both within an organisation, a service and externally. The environmental barriers that are identified in the needs assessment must be addressed either by adapting processes and the physical environment through appropriate accommodations or by ensuring that the person is provided with and training in the use of the most appropriate assistive devices and technologies.

The QOLIVET Good Practice Guide on Enhancing the QoL Impact of Services

The findings of the research, analysis and consultation carried out by the QOLIVET partners have been condensed into 15 guidelines which are considered to be relevant to all services in the community care and vocational education and training sectors. They reflect the principles described above and a multidimensional model of quality of life similar to that proposed by Schalock and his colleagues. A brief description of each of the Guidelines is presented here.

Guideline 1: QoL is a fundamental impact of both community care and VET

It is clear that a broad consensus has evolved over the past two decades that enhanced QoL is an important positive impact of systems and services in both the community care and the VET sectors. A wide range of indicators were identified which reflected QoL outcomes in both sectors. Although there are differences in the scope and focus of services within and between sectors, QoL impact indicators exist in all settings including those aimed at enhancing independence and those targeted at participation in the world of work. In addition, a variety of QoL promoting mechanisms and programme components are in place. While there may be differences in the qualifications of staff and how services are organised and funded, the two sectors have the potential to contribute to a pathway to inclusion in which enhanced personal development, social inclusion, and wellbeing are considered important outcomes.

Guideline 2: QoL is multidimensional and influenced by personal and environmental factors

It is essential that all policies and tools that address QoL be based on models that characterise it as having multiple dimensions. Although there is a wide variation in the terminology and concepts that are proposed, all of the concepts can be assigned to one of the domains or dimensions of the QoL model described below.

1. **Personal development** refers to the range of relationships that shape competence in the sphere of human activity. It is segmented in two dimensions: Interpersonal Relations and Self-determination. These processes allow a person to acquire competence and exert control, and influence, over significant issues in a range of life contexts and moderate the influence of other people on choice. The domain includes personal competence in interacting with other people and in exercising choice and control in determining life choices. It includes having access to lifelong learning opportunities.
2. **Wellbeing** is segmented into three dimensions which cover important life conditions: emotional; physical; and material wellbeing. These dimensions reflect how a person feels about themselves in terms of self-esteem and self-confidence; how they view their current life circumstance and how satisfied they are that their hopes, aspirations and expectation are being fulfilled. Aspects of life that contribute to wellbeing include:
 - a. Being able to move around the community with ease
 - b. Having time to enjoy leisure activities
 - c. Being capable of carrying out daily life activities with ease
 - d. Owning things that make life easier
 - e. Having sufficient income to live a comfortable life
 - f. Being healthy and free from distress
 - g. Feeling safe and secure in your residence and surroundings
 - h. Feeling happy within yourself

3. **Social inclusion** is segmented into three dimensions: employability; citizenship; and rights, and refers to the opportunities a person has to control their interaction with the environment and to influence the decisions which have an impact on their life projects. It is about the extent to which a person can access the resources to achieve their goals in the labour market, the community and society. Employment could also be viewed as a component of material wellbeing. However, from a European perspective, employability is considered to be an important mechanism in achieving social inclusion.

Guideline 3: QoL has the same components for all people

An essential principle of QoL promoting services and supports is QoL is a universal concept that is relevant to all people, and includes the same aspects, regardless of their personal characteristics or socioeconomic status. Specifically, the QoL of an older person or a person with a disability can be described using the same concepts as those applicable to the rest of the population. Of course, specific life concerns and support needs may well differ depending on a person's life stage or circumstances. What a teenager needs to live a good life may differ from an older person but the same dimensions of QoL can be used to describe the extent to which that person is achieving their aspirations for a life well lived in terms of family life, friendships, work, housing, health, education, and standard of living.

Guideline 4: QoL principles must underpin interventions and outcomes for persons with disabilities

The principles of QoL need to inform the approach adopted to service delivery in both the community care and VET sectors. A quality organisation is one that uses information about the progress of individual participants to indicate the extent to which progress in being made in reaching quality standards. It strives to improve QoL outcomes for participants through a process of continuous improvement. As part of this process, an assessment of needs for an individual will explore the aspects of QoL in which a person requires support and which identifies the barriers to a achieving a positive QoL in their circumstances. The organisation will use a person-centred planning process to remove or reduce the identified barriers to a better QoL and build the person's capacity to participate more fully in a life well lived. This QoL informed approach is relevant across a wide variety of service performance indicators, mission statements, service contracts, and policy statements, regardless of the sector or the jurisdiction in which the organisation operates.

Guideline 5: QoL needs to be measured using both subjective and objective indicators

Both subjective and objective indicators need to be gathered in order to gain an understanding of the QoL impact of a service for participants. Organisations must collect data about individual perspectives (subjective) on the quality of life being experienced and the extent to which the life circumstances of an individual compares to the standard of living of others in a society or community (objective). Both

objective and subjective measures of QoL have been adopted as part of the system of social indicators in many jurisdictions. Objective QoL indicators are concerned with the external and easily established conditions of life that many observers can rate identically including accepted features of a life of quality such as material possessions, social connectedness and participation. Subjective QoL indicators are generally gathered through self-report tools which allow people to rate the extent to which they view life as being good i.e., the degree of satisfaction a person experiences in key domains of life.

Guideline 6: Enhanced QoL impact is an essential key performance indicator for services

Enhanced QoL is an intended outcome of all services and systems of the pathway to inclusion. Consequently, service and system leaders must promote enhanced QoL as a priority impact and ensure that progress towards improved performance is monitored by quality systems, results in continuous improvement and is reported to stakeholders and boards of management. Therefore, it is essential quality management systems reflect this by including key performance indicators (KPIs) to monitor the extent to which this is being achieved by participants. Objective measures of QoL are required to provide an indication of the extent to which participants conditions of life compare to societal norms. Subjective measures are needed to provide an insight into the way in which participants think about the QoL impact of the service.

Guideline 7: Enhanced QoL implies respect, dignity, equality, inclusion, participation and rights

An organisation that is committed to achieving positive QoL impact must ensure that its values and ethos reflect the core principles of ethical and equitable practice. It must guarantee that:

- Individuals are treated with respect and dignity
- Its processes and procedures support equality of status and access
- Its practices are inclusive and responsive
- Participants are aware of their rights and can actualise these
- Strenuous efforts are invested in supporting participants to actively participate in the development, design and evaluation of personal plans and programme

Guideline 8: Staff need to be equipped with the competences that impact on the QoL of participants through mandatory training

Staff commitment is an essential factor in achieving positive QoL outcomes. People working in services need to be educated in the skills and strategies to provide the active support that participants deserve to:

- Define who they are
- Engage in personal growth
- Develop a positive self-concept
- Become agents in their own life change.

Given the importance of staff commitment in achieving effective QoL impact, staff training must be seen as a mandatory service improvement mechanism.

Equipping staff with the skills and attitudes needed to provide active support to participants can assist an organisation to link the resources invested in services to the quality of its outcomes. Properly trained staff are key in ensuring that participants have enhanced choice and aspire to full participation in life and the community. The creation of inclusive and enabling environments, and experiences, depends significantly on the extent to which these are supported by qualified and committed staff.

At the very least, all staff need to be equipped with the skills and attitudes required to:

- Place learners' abilities at the centre of their approaches
- See opportunities rather than challenges
- Focus on what people 'can' do, not what they 'cannot' do
- Foster confidence and assertiveness in participants.

Organisations need to ensure the participation of participants and their representatives in staff training. This is an important form of evidence-based training.

Guideline 9: Meaningful participant involvement in service development leads to better QoL impact

Systems and services need to be engineered to achieve more positive outcomes as defined by persons with disabilities themselves. This will result in meaningful measures of QoL and independence which can provide evidence of progress towards more life enhancing services and supports.

The experience and insights of participants and their representatives are important evidence to inform innovation, training and practice. More active participation by participants can be achieved by involving them in a consumer-orientated design process, perhaps through focus groups or other means of gaining feedback. Similarly, participation in the governance processes of organisations can create a greater consensus between staff and participants on intended objectives.

Participants' perceptions of the extent to which the services they receive are positively impacting on their QoL can make an important contribution to co-production and universal design.

Guideline 10: Participants need to be actively involved in setting QoL goals and evaluating outcomes

It is essential that organisations and their staff acknowledge that that a person knows what is of value to them and that their perceptions of their QoL are important indicators of the effectiveness of the services and supports they receive. In order to ensure that participants are empowered to provide honest feedback to the organisation, they must be confident that their voices are heard and respected by the service provider.

An important strategy is to strive right from the initial stages of interaction with a participant to enable their active involvement. This means that mechanisms are in place to ensure that they are involved on an equal basis in their assessment of needs, in the development and implementation of a person-centred plan and in evaluating progress towards their life goals. This can require supports and assistive devices to facilitate participation or communication and access to independent advocacy or assisted decision making for those who require it.

It is essential that inequalities of power that can occur between a service provider and a participant. The methods being implemented must acknowledge this and procedures need to be in place to reduce the impact of this on an individual participant's esteem and confidence. Where required, a participant's circle of support/independent adviser can be important co-participants in the process. Person-centred plans must be:

- Easy-to-use
- Available in accessible formats
- Considered to be living documents
- Reviewed and revised based on the feedback from both participants and staff.

Guideline 11: Collaboration with communities and other agencies enhances QoL impact

From a system perspective, equality of access is not something that only operates at the threshold of a service. Accessibility is an objective that needs to inform every stage of an inclusion pathway. The involvement of community actors and organisations that offer opportunities different to those available within a service can be very effective in offering a wider range of opportunities for enhanced QoL impact. This will also result in the extension of service outcomes to community or labour market outcomes.

Inclusive services will plan for transition and offer opportunities to learn from 'real life' experiences. This is the case for both community care and VET services. In a system approach that aims to create a seamless continuum of support across sectoral boundaries, it is likely that learning and work need to be viewed as important facets of all services, both disability specific and mainstream.

Collaboration with community actors and complementary agencies can bridge the gap between contexts and sectors for people progressing along the pathway to inclusion but equally, it can act as a

preventative measure for those who are on a pathway to exclusion and dependency as a result of withdrawal from mainstream services.

Guideline 12: Synergies between community care and VET are central to improving QoL impact

There are a variety of key components that need to be integrated into community care and VET programs to enhance their QoL impact. These are approaches that promote:

- Inclusive and equitable lifelong learning
- Assist participants to learn how to learn
- Attain literacy and numeracy, transversal skills, and citizenship skills.

Community care services have developed expertise and accrued experience in:

- Fostering personal growth
- Promoting social participation
- Providing environmental supports.

Inclusive VET services have developed a range of methodologies and mechanisms to:

- Nurture effective learning skills
- Design accessible learning environments and processes.

An effective inclusion pathway must provide access to all these types of services at all stages of the journey to inclusion.

For example, a person attending a mainstream VET course may need access to health or social care supports. Equally, a person participating in a social care service may need access to formal learning opportunities. Inter-agency and cross-sectoral collaboration are core building blocks in any pathway to inclusion. Greater participation in community activities, training and work are valid aspirations to be addressed at all stages of the pathway and for all people.

Guideline 13: Community-wide awareness of QoL principles need to be promoted

QoL outcomes and impacts need to be achieved not only within the confines and limits of a service but in wider society. Raising awareness of the importance of personal development, social inclusion, citizenship, and wellbeing can contribute to a community in which both physical and attitudinal barriers are reduced. From both a community care and VET perspective, this implies:

- Increasing participation in the life of the community
- Achieving a valued social status
- Engaging in productive work

- Removing or reducing environmental barriers to increased participation in a person's life

Negative attitudes and stigma represent a significant psychosocial barrier to participation which needs to be addressed by all services. Direct experience of working alongside or relating to persons with disabilities is the most effective way to reduce stigma. There is an onus on service providers to engage with community actors and employers to create opportunities for participants to be involved in promoting positive attitudes and dismantling discriminatory stereotypes.

Guideline 14: QoL impact must be supported by system policies, processes and training

Systems of delivery must strive to create more responsive opportunities for people at risk of exclusion, if they are to achieve enhanced QoL impact. The European Pillar of Social Rights can provide a basis for specifying the domains of action that need to be addressed. Specifically, community care and VET systems must address the right, regardless of an individual's personal characteristics including disability, to equal treatment and opportunities in the domains of employment, social protection, education, and access to goods and services.

The goal of a more inclusive society is often specified in global policy objectives. The challenge is to transform this aspiration into responsive person-facing interventions and supports that are adapted to the needs and strengths of each participant regardless of gender, ethnicity, age, disability or location.

This requires a unifying conceptual framework that can span the silos of policy and administration and generate impact indicators to monitor progress along the pathway to inclusion at all levels including the system, services, and the individual. QoL impact has the potential to serve as such a framework.

Guideline 15: QoL outcomes can be enhanced through inclusive and person-centred strategies

Proactive and responsive interventions and services are acknowledged as essential mechanisms in enabling participants to progress towards their aspirations for an enhanced QoL. A variety of terms have been used to refer to such approaches including:

- Self-directed support
- Self-directed services
- Consumer-directed services
- Person directed services
- Independent living
- Consumer control
- Self-determination
- Individualised funding.

All of these approaches are based on the fundamental principle that for a person with a disability to participate and contribute as an equal citizen, they must have choice and control over the resources and supports they need to go about their daily lives. This often includes an assessment of:

- Recreational, social and personal development needs
- Training and education need
- Vocational and employment needs,
- The needs of families or carers, where appropriate.

The principles of choice and control are implicit in learner-centred approaches in VET services in which participants are genuinely active participants in setting goals and developing learning plans. Person-centred planning in community care services is based on a similar engagement with participants and is a core mechanism to enable choice and control. The starting point for responsive, person-centred services is an assessment of what a person desires and needs to participate independently in the community.

Inclusive policies are based on the premise that differences among people is the norm and this must be integrated into system and organisational culture. Inclusive systems encourage acceptance of diversity and underpin equality of opportunity. They are based on the principle that services need to be designed and delivered in ways that cater for the widest possible range of abilities through a broad range of flexible and responsive approaches. One effective approach to enhancing inclusivity is a collaborative approach between actors in different settings and sectors.

Strategies Central to Person-Centred and Inclusive Services.

The research and analysis carried out by the QOLIVET partners identified a number of strategies that can be implemented in order to achieve the aspiration of Guideline 15. The most relevant of these are described briefly below and are discussed in more detail later in this course.

Person-centred delivery and organisational ethos

Given the diversity among persons with disabilities, it is essential to operate responsive processes that facilitate each person in the design of a context that meets their needs. An important mechanism that can support this approach is the personalisation of progression paths based on individual needs. In a VET context, implementing targeted measures and flexible training formats, based on a personalised plan, can prevent early withdrawal from formal learning, support transition to work and increase the participation of persons with disabilities. In a community care context, creating a set of targeted and customised interventions and supports, based on a person-centred assessment and planning process, can increase the potential for genuine community participation and personal growth.

A person-centred mode of delivery can only be achieved within an organisational culture and ethos which prioritises the person's right to choice, control, respect, dignity, and rights, uses valid indicators to

monitor its person-centred processes and strives to enhance them through a continuous quest for improvement.

You can access some useful additional resources at '*What is a person-led approach?*' on the New South Wales Health Authority website:

<https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/person-centred.aspx>

A holistic and biopsychosocial approach

An importance premise of person-centred and inclusive approaches is that disability is not a state of being nor an individual trait but rather a dynamic process in which the person's interaction with their environment results in restricted participation in life and the community. A biopsychosocial or holistic approach contends that it is possible through effective interventions and supports to reduce the disability experienced by an individual. A biopsychosocial framework can support a holistic assessment of needs and strengths, in collaboration with the participant, to form the basis of a joined up and coordinated plan to build their capacity, introduce supports and assistive devices and remove or reduce barriers to participation.

The Rehabilitation Matters website provides an overview of the biopsychosocial model:

<https://rehabilitationmatters.com/what-is-rehabilitation-2/the-structures-of-rehabilitation/biopsychosocial-model-introduction/>

Creating opportunities to develop self-determination and decision making

Every person needs the social and personal resources that can allow them to live the type of life they value. This can only be achieved if participants are empowered to make an active contribution to developing their own pathway to inclusion. To make a meaningful contribution to the planning process, they need to have certain personal competences. Self-determination, problem solving, and decision making are important personal competences in achieving life goals. These can be developed through direct training but they need to be practiced in real life contexts. Facilitated participation in a person-centred planning process provides an opportunity to foster these skills.

The Very Well Mind website provides a useful summary of Self-Determination Theory:

<https://www.verywellmind.com/what-is-self-determination-theory-2795387>

Fostering personal and interpersonal competences

Interpersonal relationships are at the heart of a life lived well. Being able to develop and maintain positive and constructive relationships with family and friends and to relate effectively with strangers and those in authority are critical competences for successful social participation. In a work context, being able to engage in team work and relate to co-workers are valued characteristics. In a social setting, being able to engage in interactions with others and put them at their ease is a valued skill. Successful intimate relationships are built upon effective personal and interpersonal competences. Experiential

learning is more effective than formal instruction as a means of developing and practising such competences. Consequently, the person-centred planning experience must provide participants with the opportunity to explore and understand their personal and interpersonal.

You can access useful worksheets and exercises on Interpersonal Effectiveness on the Positive Psychology website: <https://positivepsychology.com/interpersonal-effectiveness/>

Encouraging empathetic and positive communication

Effective communication skills are an important attribute that can assist participants in the quest for increased social participation. They are also an essential attribute of effective workers and managers. While formal training in communication skills can expose participants to the basic processes, it is essential that staff who interact with participants practice empathetic and positive communication. Not only does this have the potential to enhance participants' sense of identity and self-esteem, it also provides them with models of how best to interact with others and express their needs and desires.

The Positive Psychology website provides advice on how to improve your empathic listening skills: <https://positivepsychology.com/empathic-listening/>

Building resilience in the face of challenges

Being overwhelmed by challenges can be a substantial source of stress for any individual. Over a quarter of all workers identify stress as a significant concern. Failure to cope effectively with stress can lead to both physical and mental health conditions. Resilience in the face of negative stress is a useful personal characteristic. It has two components. The first is having the personal coping strategies to deal with adversity, such as finding healthy ways to reduce tension and negative emotions. The second is being able to adapt the environment so that negative stressors are reduced or support is available. Learning how to manage stress through relaxation and appropriate assertiveness can increase a participant's resilience and have a positive impact on their perceptions of QoL.

The Vanderbilt University Faculty & Staff Health and Wellness program provides advice based on the American Psychological Association publication '*Road to Resilience*': <https://www.vumc.org/health-wellness/news-resource-articles/building-resilience-turning-challenges-success>

Inclusive strategies and settings

There is an onus on service providers in both the community care and VET sectors to create more accessible and inclusive learning environments and approaches. Inclusive lifelong learning is an important mechanism that can redress some of the disadvantages and vulnerabilities faced by persons with disabilities. In a VET context, it can reduce withdrawals and drop outs and increase the participation of learners with additional needs. In a community care setting, it can equip participants to become more independent in managing their own learning and prepare them for participation in formal learning settings. Inclusive strategies and settings are best developed in collaboration with participants and their representatives in a co-production process. They need to address both the physical and psychosocial characteristics of the learning context including the ethos and attitude, the format of content, the

accessibility of materials and resources, the flexibility of learning methods and the appropriateness of assessment procedures. A person-centred approach and ethos are the building blocks of an inclusive setting.

The Queensland Curriculum and Assessment Authority (QCAA) has published a briefing document on inclusive strategies in education which has some very useful advice:

https://www.qcaa.qld.edu.au/downloads/aust_curric/ac_diversity_inclusive_strategies.pdf

Universally designed environments and processes

Universal Design (UD) and Universal Design for Learning (UDL) provide a useful basis for developing inclusive services and settings (Quirke & McCarthy, 2020). The premise upon which they are based is that it is significantly more efficient and economical to incorporate the diverse characteristics of people into settings, services, products and procedures at the design stage rather than having to accommodate them retrospectively. Effective UD and UDL can only be achieved through collaboration and co-production with current and potential participants and their representatives. In the community care sector, the aspiration is to develop universally designed and accessible public services to support persons with disabilities to gain and sustain optimum physical, mental, and emotional wellbeing. The aspirations of the VET sector are strikingly similar.

The Center for Applied Special Technology (CAST) presents an overview of its Universal Design for Learning Guidelines: <https://udlguidelines.cast.org/>

Access to appropriate assistive technologies

In the case where physical or psychosocial environmental barriers cannot be removed, the provision of an assistive device can significantly enhance a person's independence. Assistive devices range from low-tech aids, such as a magnifier or a rollator, to high-tech devices, such as augmentative and alternative communication systems. With the onset of the digital age, assistive technologies are proliferating and are becoming more affordable every day. It is essential that staff in community care services are aware of the potential for assistive technology to transform a participant's life. It is equally important for VET staff to know about the latest developments in assistive devices to support learning. The effective deployment of assistive devices requires that each person is matched to the technology that meets their needs through a biopsychosocial assessment process and that they, their family and support network receive training in how best to use the technology.

The Minnesota Guide to Assistive Technology provides a useful overview and introduction to AT: <https://mn.gov/admin/at/getting-started/understanding-at/>

Matching supports and interventions to identified needs

The starting point for responsive, person-centred services is an assessment of what a person needs in order to participate independently in the community or the labour market. The assessment must explore needs and strengths. It must document the personal assets that a person brings to the process and the areas where additional support and interventions will be required to meet their aspirations. In the

community care sector, this may include an assessment of recreational, social and personal development needs, learning and work needs and, where appropriate, the needs of family and carers. In the VET sector, this will focus more specifically on vocational aspirations, aptitudes, interests and learning support needs. An important principle in the assessment process is that strengths and needs can be characteristics of the person or exist within their environment. The purpose of the planning process is to build on the person's strengths and introduce interventions or supports to address their needs.

The Helen Sanderson Associates website provides a Matching Support Tool:

<http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/matching-support/>

Healthy balance between QoL outcomes 'Important To' and 'Important For' the person

Person-centred and inclusive services prioritise and privilege the goals and aspirations of the participant. However, it is important that they also take a more objective view of a participant's life circumstances particularly in relation to how the person might gain a better QoL in ways of which they are not currently aware. It is also important to acknowledge that services need to achieve the outcomes that have been specified in the service contract. Comparative measures need to be used to reveal the extent to which the QoL of participants falls short of what is acceptable for the general population even where they have rated their own QoL to be improving. Person-centred services will balance outcomes that are 'important to' a participant with those that are 'important for' them. In the community care sector, this could be ensuring that a person develops more effective self-care skills. In the VET sector, it could be insisting that a person learns how to deal with conflict.

The Helen Sanderson Associates website provides a useful discussion about Sorting Important To & For:

<http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/sorting-important-tofor/>

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