



Inclusive Learning Strategies and the Quality of Life Impact of Services

QOLIVET National Report – Ireland

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.

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

The QOLIVET partners are:

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

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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 Summary Report – Ireland

Key Informants

Research Method

As this activity was conducted during the COVID-19 pandemic, Rehab Group conducted all informant interviews via Microsoft Forms. Part of the Office 365 suite, this app approved by the Rehab Group IT department, facilitates surveys, quizzes and polls. During the COVID-19 pandemic, this app has been used by staff and service users across the Rehab Group for student and staff surveys/questionnaires in addition to student assessments.

Informants Profile

Title	Organisation	Area Responses Reflect
Quality and Planning Coordinator	Rehab Group	Community Care
National Quality Improvement Specialist, HSE Disabilities	HSE	Community Care
Teacher in Further Education	Kilkenny, Carlow, ETB Sector	Vocational Training
Lecturer/Assistant Professor	UCD (University College Dublin)	Vocational Training
Anon	Anon	Anon
Principal Psychologist	Rehab Group	Vocational Training; Rehabilitative Training
Behaviour Therapist	Rehab Group	Community Care
Senior Quality and Planning Officer	Rehab Group	Community Care
Project Lead	Rehab Group	Community Care

Brief Summary of the Conclusions of the National Review

1. The current status and practice of inclusive learning strategies designed to address individual learning needs – areas of strengths and area for improvement

Awareness of inclusive learning strategies has hugely increased in recent years, both locally and nationally, through CPD opportunities for faculty and instructors, institutional policies and support services and through further development and enhancement of inclusive learning tools such as Universal Design for Learning (UDL), access supports and technological interfaces. Instructors who are already overburdened may be reluctant to engage in optional training workshops and courses, thereby limiting the impact of some inclusive learning strategies and tools in their programmes.

A 'rights-based framework' is required to underpin the ideology and practice of inclusion and is considered particularly meaningful for promoting inclusive education. The fundamental principle of inclusive education is the valuing of diversity in the community and the contribution that every person has to make. Strengths are a vehicle to identify individual needs and supports in addition to (as well as) an organic approach in terms of addressing needs. Working using a strengths-based approach and focusing on those areas to develop with the person is significantly beneficial. There are clear guidelines around how services should be structured following a Person-Centred Model, and, New Directions identifies 12 pillars of support for each individual accessing services, these are however open to interpretation. An area of improvement would involve clarification and guidance on the frequency of meeting and identifying and reviewing the achievements of the person.

Current practice endeavours to meet various pedagogical learning styles, however group delivery may impact on the capacity to deliver individual learning strategies. Training in this area would be beneficial for staff. There is very little depth of knowledge or expertise in staff teams about how this can be implemented - beyond an awareness that mandatory paperwork is completed.

Few social care support organisations for people with disabilities in Ireland adopt evidence based instructional practices for people with intellectual and developmental disabilities e.g. clear instructional objectives; task analysis; instructional prompting and prompt fading (including video modelling); systematic generalisation strategies etc. In addition, few social care support organisations for people with an Intellectual developmental disability also use clear, comprehensive and research informed curricula to guide instruction across skill domains. There is therefore a significant opportunity for improving the quality of life outcomes of service users across all QOL domains through the widespread adoption of these proven instructional practices.

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

There is an implicit focus on quality of life in community care services in Ireland. Service providers typically commit in their vision and mission statements to improving social inclusion, independence, psychological and physical wellbeing but there are multiple accreditation programmes and national policies and guidelines do not address any specific one. The NDA researched and launched a report on the Quality Framework which very much includes the measurement of QOL outcomes.

Such outcomes are however not routinely evaluated in any objective way at the level of individual service users or service providers. This results in an unbalanced focus of time, expertise and resources on aspects of service provision that 'are' measured. Those aspects of service provision that are typically measured include: risk metrics; safeguarding metrics; process (not outcome) measures of

service quality; regulatory standards etc. This results in an under-investment in those quality of life outcomes most valued by service users i.e. improvements in independence, choice, relationships etc.

It is extremely important therefore that objectively verifiably quality of life measures are created and established as basic minimum measure of service quality for CC & VET service providers and that the outcomes of such measures are available to both service users and service funders so that these stakeholders are in a strong position to advocate for and drive service quality.

Kathy Martindale and Ross Phillips state: A number of underlying assumptions exist that are critical for understanding quality of life. These have been summarised by Keith (2007, p.145) as:

- *An individual's personal contexts (life domains) are critical to QOL;*
- *Life is experienced differently by different people and also experienced differently by the same people at different times (encompasses a lifespan approach);*
- *Quality of life is holistic, with various life domains interacting and therefore affecting each other;*
- *Personal choice, control and empowerment are important experiences of QOL;*

Quality of life must have an appreciation of the significant role of an individual's subjective perception'.

Improving QOL for individuals is the core aim of the organisation. Policies such as our Person Centred Planning Policy reflect this. However other policies could benefit from increased content related to QOL. Identifying barriers and addressing in Individual Action Planning includes areas to improve QOL.

Quality of life may be included in policies and guidelines but it isn't something that can be quantified through outcome measurements, KPIs or satisfaction surveys. It can only be demonstrated through first-hand accounts and lived experiences - and this does not appear to be prioritised.

High: New Directions Policy, HIQA, Person Centred Planning National Framework and internal policy identifying barriers and addressing in individual action planning includes areas to improve QOL.

Low: Not seen as a priority across the board in relation to QOL and improvement of these areas in a person's life.

QOL measures currently available but not used universally:

- Outcomes Star,
- ASQOL,
- QOLIS

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

Existing external (e.g. HIQA, New Directions, EQUASS, POMS etc.) and internal program evaluation measures for CC services typically focus on the process and not outcome metrics involved in service provision. They focus on service standards and not service user outcomes. Both HIQA and New Directions have QOL indicators captured within but are open to interpretation this is not well measured at external or internal levels.

As an organisation we could improve on our evaluation measures and reporting from a KPI perspective that relate specifically to QOL outcomes for people particularly within an enhanced performance improvement system.

Where external programme evaluation measures do focus explicitly on quality of life, they primarily attempt to measure these outcomes using rating anchors which are not objectively verifiable and which therefore lack reliability and validity.

What a student learns may not contribute to the QOL however the learning process itself, the social interaction, the respect demonstrated, building of trust and esteem may contribute more to the students QOL than the actual learning itself. New skills may contribute positively to an individual's underlying emotional growth. What is measured is important and should come from a client centred perspective, depending on the program being evaluated. One respondent has expertise in sport programmes where the programme works on emotional and physical wellness, social inclusion and where interpersonal relationships are developed throughout the teaching of the programme. We need to be clear that what is an achievement to the teacher may not be to the student! The main focus of evaluation appears to be on certification through QQI and on progression to higher education or further training in FET.

This is a high priority in programme, departmental and institutional evaluations in my institution and this is supported by internal policies and supports. The QOL aspects are more commonly referred to as 'student experience'. One respondent's programmes emphasise active and experiential learning opportunities as well as classroom-based instruction.

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

QOL is an area of focus however other areas can be given precedence over QOL outcomes e.g. Health and Safety, Medication, Manual handling etc. These are all part of our mandatory training whereas person centeredness and QOL is not part of our mandatory/induction training.

Person centeredness is a rarely assigned priority: teachers are very much student centred and look out for the student's special education, which is a priority, but some may get lost between secondary to Further Education and there is no priority assigned to that area. QOL is referenced in training programme specifications - especially those aimed at people with mental health issues. Outcomes Star and for those on the ASD spectrum ASQOL.

It is frequently referenced as insufficiently addressed and quality of life is typically stated as a high priority within community care organisations. However, community care organisations typically do not invest resources in identifying and applying evidence based strategies which are proven to address key aspects of each quality of life domain.

5. The views of designated commissioning or funding agencies on the relevance of Quality of Life as a Vocational Training or Community Care outcome – Strong or weak emphasis

The HSE commission and fund Community Care services in Ireland. There is wide variation across CHO (Community Healthcare Organisation) areas in terms of their focus on quality of life.

Most commissioners will place emphasis on service quality during the service tendering and service user placement process. However, the level of funding being provided does not always reflect this emphasis or expectation - which really does impact on services capacity to deliver more individualised support and approaches. The tender is typically judged on service reputation and a cursory knowledge

of service delivery rather than objective evaluation of service user outcomes and these service commissioners rarely, if ever, seek objective quality of life outcome measures from service providers.

Various reports and quality tools have been commissioned by the Government to look at QOL for example NDA Quality Tools report, the HSE New Directions Policy and Person Centred Planning Framework. These have been disseminated and the HSE have commenced rollout of same but many challenges remain, such as resources and a cohesive approach with preferred tools identified. It needs to come as a requirement from funding agencies and be driven at that level to support services to implement.

Quality frequently means accreditation awards in vocational training. Standardisation can be incongruent with a person centred approach and efforts to improve other areas other than work/training. The need to reach a certain level in awards can have a potentially negative effect on other areas in one's life.

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

There is wide acceptance that quality of life is a desirable service outcome. There is simply a lack of expertise and tools in how to measure and reliably achieve such outcomes. One respondent believes that we were beginning to do this, where some organisations were well on this road, but then regulatory compliance became the priority to the detriment of progressive services which had focussed on quality of life measurement.

Staff need to be clear on what key areas of life should be supported and focused on. Investment in these areas could then be prioritised for disability services as well as mainstream.

Some programme outcomes reference increased awareness of the topics studied, as well as specific skill sets and there is a wide acceptance of the need for improved quality of life for people who use our service as an outcome - but sometimes the funding can be constraining in that it is more clearly focused on re-entry/entry to the labour market.

7. The perceptions of challenges to introduction inclusive learning and QOL in mainstream services – facilitating and restraining factors

A culture of inclusiveness will promote and enable solution focused response, for example:

- How a person reacts to a perceived challenge is important?
- A creative approach to individual needs is required.
- Inclusive learning is celebrated and seen as a challenge.
- Any issues that cannot be met are adjusted and/or fixed should not be seen in negative language but should be broken down to find ways around them and when not possible they need to be acknowledged and comprehensive attempts to meet the needs are explored.

Staff buy-in can be an issue at times.

- Where training is optional for instructors it is often necessary to run the same workshops or training programmes a number of times to increase participation.

- Lack of awareness amongst instructors may also create challenges: they are often more likely to respond to specific student requirements rather than designing with inclusivity in mind within mainstream services.
- Practice-based learning can also be perceived as creating additional challenges in terms of accessible buildings and services for field trips, internships etc. Quality of life outcomes may be perceived as a lower priority in comparison to stated academic outcomes.
- Lack of training, time poor, curriculum overload, challenges in FET.
- Challenges are specifically around facilitation and the skills to do this well. Staff need clear understanding as well as training and ongoing mentoring to do this well. It is often not the priority, if a service user is being facilitated to access learning in mainstream services there are systems in place such as the DARE programme to support where needed.
- Recruitment and retention of suitably qualified and experienced staff with knowledge on facilitation of quality of life measures.

Regarding effective, inspiring and passionate leadership, governance and management, quality of life and person-centeredness must be a focus from all levels of management and given the importance that should be associated with same - both should be incorporated as part of staff induction and annual mandatory training.

Funding is an ongoing challenge that restricts service delivery on a more individualised basis. It is targeted towards awards and labour market outcomes and enhancing job skills all of which should help counter social exclusion but there is a lack of appropriate tools and metrics to measure QOL

Quality of life in one respondent's opinion can only be really measured through narratives, stories and personal experiences. A challenge would be allowing the time to facilitate this gathering of information and then to emphasise the importance of the information.

8. The views of national disability representative organisations as a VET and CC outcome – high or low satisfaction

The National Disability Authority, National Federation of Voluntary Bodies and the Independent Living Movement Ireland (ILMI) are more aware of the importance of quality of life. There is always an emphasis within them on 'lived experiences' demonstrating the success of campaigns or policies.

There is no meaningful case management system whereby people can access supports from different providers as needed. This case management is undertaken in National Learning Network but is not the subject of measurement by the funding bodies in vocational training. Funders are more focused on seeing quality as accreditation (major and minor awards), labor market outcomes and the needs of learners which are relevant to the job market.

Currently there appears to be a large chasm between what's recommended in New Directions and what's available. Quality of life is not something that can be measured through numbers or closed questions. Often people are reluctant to complain or criticise services in case they are punished or excluded in some way. Although there are pockets of quality services and supports in the organisation it is not consistent around all services. Uniform Policies, documents and paperwork does not guarantee quality of services or indeed quality of lives. Person Centred Services led by well-informed staff with depth and breadth knowledge does not appear to be a priority at present.

Conclusion

Across all service providers, funding organisations and umbrella bodies, it is evident that they are very much aware of quality of life, it is on the agenda and discussed eloquently. But once you start to probe further, quality of life is perceived differently, what is quality of life? What does it mean to our organisation? How do we ensure we are supporting the person to achieve these? And lastly how do we measure this?

Each interprets quality of life differently:

Funding organisations emphasise QOL in contracts, but do not follow-up, provide adequate resources or look for evidence of implementation and achievement.

Educational bodies discuss the impact of education on a person's wellbeing via the educational achievements.

Community Care services use quality of life pillars and essentially work to support people achieve their QOL outcomes, but again struggle to measure and evidence the impact of this on the person.

Summary Tables

Inclusive Learning Strategies

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

Community Care								
	Vision	Hearing	Communication	Mobility	Motor Functions	Learning and Cognition	Social and Interpersonal	Emotional Functions
Technical Aids	2	2	2	2	2	2	3	3
Personal Support	4	4	3	3	2	2	4	4
Personal Assistance	4	4	4	4	4	4	4	4
Program Adaptions	1	1	1	1	1	1	1	1
Person-centred Planning	4	4	4	4	4	4	4	4
Additional Instruction/Compensatory Education	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Competence-based Assessment or Evaluation Procedures	2	2	2	2	2	2	2	2
Access to Reasonable Accommodations in Certification Exams	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Universal Design for Learning	1	1	1	1	1	1	1	1

Quality of Life as a Program Outcome

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

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

Emotional Wellbeing			
Please indicate the extent to which QOL is accepted as key service outcome in each of the sectors listed, on a scale of 1 to 5, in which 5= Very Widely Accepted; 4= Accepted; 3= Somewhat Accepted; 2= Little Acceptance; and 1= Not Accepted.			
Total Quality of Life	3	4	5
Personal Development	3	4	5
Interpersonal Relations,	3	4	5
Self-determination	3	4	5
Social Inclusion	3	4	5
Citizenship	3	2	4
Rights	3	3	5
Employment	3	4	3
Material Wellbeing	3	2	3
Physical Wellbeing	3	2	5
Emotional Wellbeing	3	4	5
Please indicate the extent to which disability representative organisations are satisfied with the way in which QOL is addressed in each of the sectors listed, on a scale of 1 to 5, in which 5= Very Satisfied; 4= Satisfied; 3= Neither Satisfied nor Dissatisfied; 2= Dissatisfied; and 1= Very Dissatisfied			
Total Quality of Life	2	2	3
Personal Development	2	3	4
Interpersonal Relations,	1	3	4
Self-determination	1	3	4
Social Inclusion	1	3	4
Citizenship	1	3	4
Rights	1	4	4
Employment	3	3	2
Material Wellbeing	3	1	3
Physical Wellbeing	2	2	4
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	1	1	2
The emphasis placed on QOL in service contracts	1	1	5
The awareness of funding and commissioning agencies of the potential impact of service on QOL	3	3	3
Attitudes of providers to program change	4	4	3
Compliance with external programme evaluation outcome indicators	4	4	n/a
The attitudes of frontline staff	2	2	2
Administrative program processes and procedures	2	2	1
The availability of QOL focused tools and resources	1	1	1
The approach to coproduction in program improvement	3	3	2
The knowledge of QOL on the part of actors and stakeholders	1	1	1
Funding available for program development and improvement	1	1	1
The involvement of people with disabilities in program evaluation	2	4	4
Add additional factors suggested below			

Topics to be addressed in Key Informant Interviews

*Rehab Group carried out a survey monkey survey, where we asked personnel from a number of disciplines to rate from their interpretation of the statements below, all responses have been averaged for final figure for each service area.

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						
				Mainstream	Specialised	CC
1. To what extent are inclusive learning strategies addressed in program specifications, program evaluation and staff training?				3	5	4
2. To what extent are the individual learning needs of participants taken into account in designing service responses?				4	5	4
3. To what extent are the following learning needs addressed in service delivery?						
a. Vision				4	5	3
b. Hearing				4	5	4
c. Communication				4	5	4
d. Mobility				4	5	4
e. Motor Functions				4	5	4
f. Learning and Cognition				4	5	4
g. Social and Interpersonal Functions				4	5	3
h. Emotional Functions				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	4	4
c. Personal Assistance				3	4	4
d. Program Adaptions				3	3	4
e. Person-centred Planning				3	4	4
f. Additional Instruction/Compensatory Education				3	4	4
g. Competence-based Assessment or Evaluation Procedures				3	4	4
h. Access to Reasonable Accommodations in Certification Exams				3	4	0
i. Universal Design for Learning				3	4	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	4
b. Personal Development				3	4	4
c. Interpersonal Relations				3	3	3
d. Self-determination				2	4	4
e. Social Inclusion				2	3	4
f. Citizenship				2	3	3
g. Rights				2	3	3
h. Employment				3	4	2
i. Material Wellbeing				2	2	2
j. Physical Wellbeing				2	2	4
k. Emotional Wellbeing				3	4	4

6. To what extent are the following service outcomes specified in service contracts?			
a. Total Quality of Life	2	4	4
b. Personal Development	2	4	4
c. Interpersonal Relations	1	3	3
d. Self-determination	1	3	4
e. Social Inclusion	1	3	4
f. Citizenship	1	3	3
g. Rights	1	3	4
h. Employment	4	4	3
i. Material Wellbeing	1	2	4
j. Physical Wellbeing	1	2	4
k. Emotional Wellbeing	2	4	4
7. To what extent is quality of life addressed in staff training?			
a. Total Quality of Life	2	4	4
b. Personal Development	2	4	4
c. Interpersonal Relations	2	4	4
d. Self-determination	3	3	4
e. Social Inclusion	2	4	4
f. Citizenship	2	3	4
g. Rights	3	4	4
h. Employment	4	4	4
i. Material Wellbeing	2	2	4
j. Physical Wellbeing	2	2	4
k. Emotional Wellbeing	3	4	4
8. To what extent do commissioning or funding agencies emphasise the following service outcomes?			
a. Total Quality of Life	2	4	4
b. Personal Development	2	4	4
c. Interpersonal Relations,	1	3	3
d. Self-determination	1	3	4
e. Social Inclusion	1	3	4
f. Citizenship	1	3	3
g. Rights	1	3	4
h. Employment	4	4	3
i. Material Wellbeing	1	2	4
j. Physical Wellbeing	1	2	4
k. Emotional Wellbeing	2	4	4
9. To what extent are the following service outcomes specified in service contracts?			
a. Total Quality of Life	1	1	3
b. Personal Development	1	1	3
c. Interpersonal Relations,	1	1	3
d. Self-determination	1	1	3
e. Social Inclusion	1	1	3
f. Citizenship	1	1	3
g. Rights	1	1	3
h. Employment	1	1	3
i. Material Wellbeing	1	1	3
j. Physical Wellbeing	1	1	3
k. Emotional Wellbeing	1	1	3

10. To what extent are you satisfied that the following learning needs are effectively addressed by services?			
a. Total Quality of Life	2	4	4
b. Personal Development	2	4	4
c. Interpersonal Relations	2	3	4
d. Self-determination	2	4	4
e. Social Inclusion	2	3	4
f. Citizenship	2	3	4
g. Rights	3	3	4
h. Employment	4	4	3
i. Material Wellbeing	2	3	4
j. Physical Wellbeing	2	3	4
k. Emotional Wellbeing	3	4	4
11. 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	3	3
The emphasis placed on QOL in service contracts	3	4	4
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	2	2
Compliance with external programme evaluation outcome indicators	3	4	4
The attitudes of frontline staff	3	4	4
Administrative program processes and procedures	1	1	1
The availability of QOL focused tools and resources	1	1	1
The approach to coproduction in program improvement	3	3	3
The knowledge of QOL on the part of actors and stakeholders	2	2	2
Funding available for program development and improvement	1	1	1
The involvement of people with disabilities in program evaluation	1	4	3
Add additional factors suggested below			

Documentation Review

Given the scope and limitations (COVID-19 pandemic, time, etc.) of this project, we conducted an exploratory examination of evidence that is indicative of the representation of the key terms in this area. The primary reference material was sourced from web searches using the Google search engine. Using a Boolean search, we searched a range of organisations / agencies / service providers in Ireland for key terms such as “Quality of Life”, “Inclusive Education”, “Wellbeing”, and “UDL”. Additionally, we also conducted Google searches using the key terms and included ‘Ireland’ and ‘disability’ in our Boolean searches.

Our review relates to materials from the last 4-5 years. In summary, our analysis of results shows that whilst the key terms are mentioned to a varying extent across all organisations / agencies / service providers, no tool was identified that captures the measure of the quality of life, nor are there any specific guidelines for such measurement. The following section provides a brief overview of our findings along with a summary of our rationale for including such organisations / agencies / service providers.

NDA – National Disability Authority

The most significant result of our search was the discussion document titled “Outcome Measurement in evaluating the Quality of Disability Services”. This document was produced by the NDA (National Disability Authority). As stated on their website, the NDA ‘are the independent statutory body that provides information and advice to the Government on policy and practice relevant to the lives of persons with disabilities’ (NDA, n.d.).

The discussion paper looks at the purpose, challenges and limitations of outcome measurement in disability services. It highlights the need to align outcome measurement with the development of person-centred disability services. The document looks at approaches to outcome measurement including measuring individual outcomes, standardised outcome indicator tools to assess services, quality improvement and comparing an individualised tool with a standardised tool.

QQI – Quality and Qualifications Ireland

QQI are an independent state agency established under the Quality Assurance and Qualifications (Education and Training) Act 2012 and are responsible for promoting quality and accountability in education and training services in Ireland. QQI certification is offered to Rehab Group (National Learning Network) students nationally.

Our search found the impact and the factors that can influence a person’s quality of life was referenced in a number of QQI Component Specifications e.g. QQI Health Related Fitness (4N2666) Component Specification, QQI Care of the Older Person (5N2706).

Our search also found that Universal Design was referenced across a range of QQI materials and that several providers of VET are incorporating UDL (Universal Design for Learning) in their learning and assessment materials.

ETB – Education and Training Board

ETBs are statutory authorities with responsibility for education and training, youth work and a range of other statutory functions in Ireland. National Learning Network is funded by the ETB to deliver Specialist Training Programmes (STP) to people with disabilities.

Searches were conducted using 'ETB' along with the key terms returned from locations across Ireland that provide training. One such example was Portarlington Further Education and Training Centre (Laois and Offaly Education and Training Board). Their mission statement on their website outlined they are 'dedicated to facilitating learning, personal growth and critical reflection through a working partnership with participants and tutors and to enrich the quality of life for all'.

Wellbeing was represented across the websites of individual ETBs with a range of wellbeing days, wellbeing portals and apps available for ETB staff.

HSE – Health Service Executive

The HSE provides Ireland's public health services in hospitals and communities and is one of Rehab Groups key funders. They fund Day and Rehabilitation Training places, Residential, Centred Based Respite, Home Care and Outreach Services for both RehabCare and NLN services. Many of the organisations policies are aligned to HSE policies, for example New Directions and Person Planning framework.

Our Google searches found that a number of key terms such as 'wellbeing' were mentioned across the HSE website. We have outlined some of these below:

HSE – Living Well Programme

A range of programmes of this type, with varying names, have been offered across Ireland for many years. They include 'Quality of Life' (Donegal), 'Self Care to Wellness' (Mayo & Roscommon), and 'Better Health Better Living' (Beaumont Hospital).

Quality of Life - Donegal

The overview of the programme states that 'This programme was designed at Stanford University in California, USA. It is used worldwide and has a large body of research evidence to show it is effective' (HSE, 2018). Further information on the programme outlines that as a result of participating on this course, participants reported 'feeling more positive and in control of their lives, making better health choices, for example, around exercise, healthy eating, medication, sleep, and, more confidence in managing their health condition.'

HSE – Health and Wellbeing

The HSE website also contained information on a range of other programmes and initiatives focused on health and wellbeing where the aims included creating an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society' (HSE, n.d.). These programmes and initiatives include titles such as 'Mind Your Wellbeing' and 'Health Promotion'.

HSE - Transforming Lives Programme

The vision of the Transforming Lives Programme is:

[T]o contribute to the realisation of a society where people with disabilities are supported; (a) to participate to their full potential in economic and social life, and (b) to have access to a range of quality personal social support and services that enhance their quality of life and well-being. (HSE, 2016: 16)

Commissioned by the DFI (Disability Federation of Ireland), the document 'The situation of younger people with disabilities living in nursing homes in Ireland - phase 1' (Pierce et al. 2018) discusses further the Irish policy context and refers to a range of related strategies and reports.

ESRI – Health and Quality of Life

The ESRI is the Economic and Social Research Institute. A section of their website focuses on 'Health and Quality of Life' and how aspects of their research deal specifically with 'policy issues critical to improving population health outcomes and promoting quality of life for people in Ireland' (ESRI, n.d.). This focuses primarily on financial models for delivering high quality care to marginalised groups.

The document *Specialist Supports for Persons with Disabilities Living in the Community* (Mac Dhomhnaill et al. 2020) examines international literature on the provision of specialist support for people with disabilities living in the community. One of the findings of this document supports the idea that community support, rather than an institutional setting can have a positive effect on the quality of life of a person with a disability.

Quirke and McCarthy (2020) - A Conceptual Framework of Universal Design for Learning (UDL) for the Irish Further Education and Training Sector

SOLAS is the agency responsible for funding, planning and coordinating FET in Ireland. Active inclusion was a key goal of the 2014-2019 FET Strategy. SOLAS state that they are committed to this goal in the 2020-2024 FET strategy. Universal Design for Learning plays a key role in inclusion 'because it increases access to equal learning opportunities within the mainstream teaching environment, including for learners with disabilities'. SOLAS commissioned AHEAD to work with them to 'conduct research and develop guidelines on inclusive learning environments using a Universal Design for Learning approach'. This document looked at a conceptual framework of UDL for the Irish FET sector and the associated guidelines.

AHEAD

A range of the key terms were found in different sections of the AHEAD website – current and archived (see, for example, Ahead, 2017, 2018, 2020a, 2020b). AHEAD is an independent non-profit organisation whose core mission is to create inclusive environments in education and employment for people with disabilities. Their work primarily focuses on providing information to students and graduates with disabilities, teachers, guidance counsellors and parents. Several initiatives and programmes focused on UDL, inclusive assessments and assistive technology. Their website also included an article on 'The Active Inclusion Network: Changing mind-sets' that discussed UDL and inclusive learning practices.

Andrews (2005) – The Voice of Intellectual Disability

We also located a much earlier article (Andrews, 2005) on research into the scope for measuring QoL specifically for individuals with intellectual disabilities who experience 'severe communication or comprehension difficulties'. It concluded that 'when developing methods to evaluate services and QoL issues, individuals with intellectual disabilities should be involved. If the people to whom services are provided are not involved in the development of meaningful QoL measures, then it must be said that we are only paying lip service to the concept of inclusivity'.

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