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# 1. Appendix 1: Profile of Adult Day Services in Ireland

## 1.1 Introduction

This section sets out the detail review of information in relation to establishing the profile of adult day service settings in Ireland. At the outset, it is important to highlight challenges and limitations in establishing an overarching profile (this relates to profile data in the report and in the Appendices):

- **Variety of sources:** a range of sources is available which contain information on providers of adult day services in Ireland. None provides a complete picture of the sector. Differences and discrepancies exist between sources, although this is largely attributable to the focus, purpose and the age of the source information.
- **Varying definitions/typology of terms** relevant to this review published by different organisations.
- **Lack of agreed/commonly used definitions** for adult day services, education provision for adults with disabilities and other terms relevant to this review. There is no single agreed definition of adult day services and so different organisations may report information on them using the same label but referring to different services. Similar issues arise for education provision for adults with disabilities in these settings. This presents obstacles in collection and analysis of data as there is a risk the data are not using consistent definitions and therefore any analysis would not be comparing like with like.
- **Limited availability of data at day service setting level:** data on adult day service providers are often combined with data relating to other types of service provider and provision and therefore it is difficult to assess adult day services on their own. The Health Research Board (HRB) National Intellectual Disability Database (NIDD) presents data for adults and children while the National Physical and Sensory Disabilities Database (NPSDD) generally presents collated data rather than that for adult day services only due to smaller numbers.
- **Lack of consistent typology/approach to categorisation:** there are different approaches to categorisations, for example HRB NIDD presents different age categories than the HRB National Physical and Sensory Disability Database NPSDD in published reports though in this instance tailored data runs may be available.
- **Incomplete/inconsistent datasets** (in relation to range of data fields included): some sources have almost all fields for example by setting type, by age category (of service users) and by disability type (of service users) while other sources only have partial coverage including only a subset of these fields.
- **Incomplete datasets** (in relation to how fully they cover the underlying population): for example, the information available at the time of writing this report (drawn from HRB databases, NIDD and NPSDD, based on data gathered in 2017 and published in reports in 2018) do not provide a definitive statement on the number of adults with disabilities in adult day services because:

- Not every individual in Ireland with an intellectual, physical, sensory, neurological, speech or language disability avails of or requires a specialised health and personal social service or specialised hospital service and therefore is not included.
- Participation in the databases is voluntary so they are likely to be incomplete. The databases exclude adults living in Ireland who have a disability and who have chosen not to be registered.
- The NPSDD does not include people aged 65-plus years.
- However, the research team is aware there is unlikely to be any overlap between the two databases as, according to HRB, individuals should be appropriately registered on the NIDD or the NPSDD but not on both since they are registered based on their main disability and the services they avail of.
- Neither HRB database records data on adults with autism receiving day services unless they have a co-existing intellectual or physical and sensory disability. According to HRB, the NIDD has an almost 90 per cent accuracy/up-to-date data. However, for the NPSDD, as noted in the annual report, reviews/registrations were not as they should have been due mostly to HSE resources in updating the system. Thus while 20,676 people were registered on the NPSDD in 2017, only 5,654 of those were registered or reviewed in 2017 so it was decided to base the services information on those individuals only. Within this group, 3,276 people were accessing day services (including schools) and when children under 18 are taken out of this figure, the total is 1,514. It is important to note that it would not be appropriate to sum the data from NIDD and NPSDD as these would not be like for like.
- This situation is changing. HRB is in the process of replacing the NIDD and NPSDD with NASS. This will be a database of people using or requiring HSE-funded disability services, thus broader than adult day services (although not a register of all people with disabilities). Inclusion on NASS will be on the basis that someone is getting or needs HSE-funded disability services. All those new to services will have their data captured on NASS. The HSE plans to integrate its existing data on day service provision into NASS and so full capture of services will be possible in the future. HRB did not gather data in 2018 but is gathering data for 2019.
- Representativeness of datasets: for example, both the NIDD and NPSDD have voluntary participation based on consent. Bearing in mind the caveats on completeness highlighted above, the NIDD has a known population of 28,388 always been regarded by HRB as relatively close to the wider ID population regarding age, gender, location, severity of disability etc. Similarly, the NPSDD has a known population of 20,676, however the 2017 report is based on 5,654 records reviewed because of difficulties with the lack of review of records in HSE areas. HRB indicates that this figure is not, therefore, representative of the wider physical and sensory disability population for age, gender, location, nature of disability etc. In addition, it is well-recognised that those with an intellectual disability are more likely to be in contact with specialist disability services than those with a

physical or sensory disability. When the NASS database is available, it is due to include people who use or require HSE-funded disability services. Therefore the question of its representativeness will be a question of how representative those included on NASS are of all those who use HSE-funded disability services.

- Age of available data. Where data are available some sources are relatively dated (those reported in New Directions are based on census completed in 2008 ten years old) and therefore unlikely to reflect the current situation of adult day service provision in Ireland.
- Incompleteness of HSE information:
  - Provided October 2018: primarily the data are not validated; includes HSE-funded places only; includes a limited number of characteristics.
  - Quarter One 2019, New Directions website: while this includes a complete listing of day services, it has no information on their characteristics other than CHO area.
- Source of day services funding: as adult day services are generally funded by the HSE, they may not offer (or be perceived to offer) education/lifelong learning provision. Similarly data for the services may not be collected or considered from the perspective of education/lifelong learning provision.

## 1.2 New Directions: Review of HSE Day Services and Implementation Plan 2012-2016, Working Group Report (2012)<sup>1</sup>

### 1.2.1 Providers of Adult Day Services in Ireland

Day services are offered by the HSE and many voluntary organisations. In 2008, 81 organisations provided services to 25,302 service users in 817 locations. Voluntary organisations were the main providers, offering services in 573 locations. The voluntary sector accounts for around 90 per cent of services to people with specifically intellectual disabilities. The HSE provides services in 244 locations.

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<sup>1</sup> HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

**Table 1: Profile of Adult Day Service Provision – by Category of Disability Supported**

Primary Disability	Locations	Locations Catering for Single Disability	Locations Catering for Primary Disability and Other Disability			
			Intellectual Disability	Mental Health	Physical and Sensory	Autism
Intellectual disability	530	359	–	111	98	82
Mental health	281	164	111	–	80	39
Physical and sensory	196	93	98	80	–	39
Autism	108	24	39	39	82	–
<b>Total</b>	<b>817</b>	<b>640</b>				

Source: HSE (2012) *New Directions: Review of HSE Day Services and Implementation Plan 2012-2016, Working Group Report*.

Of the 817 service providers, there is a range of provision, often catering for different disabilities and sometimes focusing exclusively on one:

- 530 locations indicated they provide services to people with an intellectual disability;
  - 281 locations provide services to people with mental health difficulties;
  - 196 to people with a physical and sensory disability, and
  - 108 to people with autism<sup>2</sup>.
- 640 locations provide services to single disability groups – broken down as follows:
  - 359 locations indicated they exclusively provide services to people with an intellectual disability;
  - 164 people with a mental health difficulty;
  - 93 people with a physical and sensory disability; and
  - 24 to people with autism.

The overall budget for HSE-funded day services in 2007 was €306.7 million. In addition, providers sourced €21.5 million in non-HSE funds to deliver day services in 2007<sup>3</sup>.

2 One service can provide for multiple disabilities, therefore service locations may be counted more than once in this list.

3 HSE, (2012). *New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 25th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

## 1.2.2 Users of Adult Day Services in Ireland

In 2008, a review of HSE-funded adult day services found about 80 organisations were providing services to 25,000 service users in 800 locations across the State<sup>4</sup>.

Day services for adults in Ireland provide a network of support for people with physical and sensory disabilities, learning disabilities, mental health difficulties, autistic spectrum disorder, intellectual disabilities, or life-changing illnesses such as heart attack and stroke<sup>5</sup>.

The people who use these services have a diverse range of backgrounds and different ages. They include both young and old and are people who live in rural communities and urban areas. Most users recorded in the New Direction's census fall within the 26- to 55-year-old category. Only 139 service users are under 18 while 2,389 service users are over 65<sup>6</sup>.

New Direction's census records 25,302 people using day services (based on census of settings conducted in 2008 reported in 2012):

- 13,720 people with an intellectual disability avail of day services – 54 per cent, the largest group of service users;
- 7,301 adults (29 per cent of service users) have a mental health difficulty;
- 3,924 adults (16 per cent of service users) have a physical and sensory disability; and
- 357 adults (1 per cent of service users) have autism<sup>7</sup>.

This does not indicate the extent of disability of the individuals or whether there are individuals with multiple disabilities.

## 1.2.3 Nature of Provision/Range of Services Provided

### What Exists? – Reported by HSE (2012) Based on Census of Settings (2008)

According to New Directions, day service provision can include the following based on research into current (at the time of writing the report in 2012 which was citing data from a census<sup>8</sup> of 817 locations undertaken in January 2008) service provision.

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4 Ibid.

5 Ibid.

6 Ibid.

7 Ibid.

8 Appendix 1 of the New Directions report describes the terms of reference for the work including: "3 (1) To oversee the completion of a national census of current service provision, identifying the characteristics of all HSE-funded adult day services in terms of: • number of service users, • disability, • locations, • service costs, • staffing arrangements, • operating standards, • agency status, and • approaches/models of service. And (2) To devise and implement a process to validate and sign off on the accuracy and completeness of the data gathered during the national census process."

Appendix 5 of the New Directions report describes the census methodology in terms of implementation and validation.

As part of New Directions, the HSE has developed descriptors for programmes as part of its census of settings undertaken in 2008. Its census information based on these descriptors is the foundation of its description of current aspects of service.

**Table 2: Programme Descriptors – Adult Day Services  
(Used in the 2008 Census)**

Programme Description	Explanation
Day care programme	High support services primarily focused on providing a health care service to meet the specific needs of individuals.
Day activation/activity	A day programme is essentially a support and therapeutic service designed to meet the needs of people through individual plans. The environment is designed to maximise the functional levels of service users. Day programmes provide a range of skills and activities such as independent living skills, personal development, education classes, social and recreational activities and health-related and therapy supports. Day activation is essentially a programme that does not include work activity.
Active community participation/inclusion	Programmes and supports specifically targeted towards the inclusion and active participation of service users in mainstream community programmes and activities. This includes participation in educational opportunities, sport and recreation involvement, social events, local partnership projects and advocacy initiatives. A range of supports that promotes and facilitates inclusion are provided to individuals and groups, such as accessing services, liaison, planning, coordinating and supporting attendance and active participation by service users.
Sheltered work therapeutic	A centre-based programme designed to provide constructive occupation for an individual or group where work activity is a key element of the programme. The work is carried out in a centre or location designed for that purpose but there is no third-party involvement, that is, no contract work and not open to the public. Examples of this could be a day service that focuses on cooking and baking or arts and crafts. The product is consumed within the service. They may also hold coffee mornings to showcase the work and sell some of the products at nominal cost to encourage service users and prevent a build-up of stock. Service users may or may not receive allowances or discretionary top-up payments.
Sheltered work commercial	A day programme which consists of work activity. In these situations, the public has access to the product or service and contract work is carried out for a third party. Money is exchanged for goods or services. Service users may or may not receive allowances or discretionary top-up payments.

Programme Description	Explanation
Sheltered work – “like work”	A day programme which involves service users working within HSE or service provider organisations in what could be described as “like work” situations. This includes service users working in kitchens, maintenance work, landscaping, office, administration, post room, catering, hospital shops, canteens, and so on. Service users receive a discretionary top-up payment. The purpose of this discretionary payment is to give the service user a sense of worth and reward and encourage him or her to continue with the activity. This payment could be argued to be an important part of the therapeutic aspect of the work done.
External work “like work” – less than minimum wage	A day programme which involves service users working in external “like work” situations. In most cases, the service provider sources the placement in an open employment setting as part of the individual’s day programme. Minimum wage or disability allowance (DA) plus rules do not apply but the employer normally makes a discretionary top-up payment, either directly to the individual or to the service provider to allocate at its discretion.  Examples include service users working in supermarkets, fast food chains, and so on. Short-term work placements that are part of a recognised training programme are not included.
Open employment (no supports)	This is employment in the open labour market without additional supports. In some instances, a service user may be in open employment with no supports for only part of his or her week. The service provider may have helped the individual to get their job but has now withdrawn all support.
Supported employment	Paid employment in the open labour market with ongoing supports. The minimum wage and full employee status apply. Participants may engage in the supported employment programme/ employability <sup>9</sup> or in locally based service provider supported employment initiatives for those who do not meet the entry criteria for the Department of Social Protection “employability” service.
Sheltered employment	Employment in an enterprise set up specifically to employ people with disabilities and which receives designated funding from the HSE. It refers to employment under sheltered conditions where workers have a contract of employment and are on the minimum wage.

9 Employability scheme is provided by the Department of Social Protection/Intreo.

Programme Description	Explanation
Rehabilitative training	Rehabilitative training programmes are designed to equip participants with basic personal, social and work-related skills that will enable them to progress to greater levels of independence and integration in the community. These are approved programmes with "whole time equivalent" (WTE) places allocated by the national Occupational Guidance Service structure.
Education programme	Programmes funded by the Department of Education and Skills to enhance day services. This includes teaching/educational inputs provided by ETBs into some HSE day services. It may cover numeracy, literacy, communications, personal development, cookery etc.
Voluntary work	<p>The volunteer works in the community or for the benefit of the natural environment primarily because he or she chooses to do so. A volunteer worker does not get paid or receive compensation for services rendered. Each person's motivation will be unique but will often be a combination of:</p> <ul style="list-style-type: none"> <li>• Altruism (volunteering for the benefit of others), – quality of life (serving the community because doing service makes one's own life better, for example from being with other people, staying active and having a sense of the value of themselves that may not be as clear in other areas of life).</li> <li>• Giving back, a sense of duty or religious conviction.</li> </ul> <p>This encourages social/community engagement, staying active and a sense of personal value in society.</p>

Source: HSE (2012). *New Directions: Review of HSE Day Services and Implementation Plan 2012-2016, Working Group Report.*

### **What Should Exist? – New Approach Proposed by HSE (2012): 12 Categories of Personal Support**

In 2012, the HSE launched its New Directions report (HSE 2012) in which it set out a new, personalised approach to the provision of adult day services. New Directions highlights the "striking differences in people's experiences of services, underlining the need for quality assurance systems and support for providers to help them to achieve common standards".

The new approach will be called New Directions: Personal Support Services for Adults with Disabilities. It will be based on the core values of person-centredness, community inclusion and active citizenship, and high-quality service provision. People with disabilities should be provided with individualised specialist programmes where required and which seek to achieve and provide access to education and formal learning. People with disabilities have a right to be able to fulfil their potential for learning and education, and to continue throughout their lives

to learn new skills and gain new knowledge, in line with their own wishes, interests and abilities. As part of a person-centred plan, service providers should facilitate their adults for formal and informal learning opportunities. People with disabilities should have a variety of options which can include access to mainstream education programmes, individualised specialist programmes where required and a specialised service provider to work with the community and mainstream educational providers to widen access for people with disabilities. These focus on independent living, community, inclusion and participation in making choices and planning<sup>10</sup>.

New Directions promoted 12 categories of supports that should be available to individuals using day services. It proposed that services should take the form of individualised outcome-focused supports to allow adults users to live a life of their choosing in accordance with their own wishes, needs and aspirations. The table below provides details of the 12 categories – those with an education focus are highlighted in bold.

**Table 3: 12 Categories of Support – Adult Day Services – Promoted by New Directions 2012**

Category of Support	Outcome	Programmes and Modules that People May Need to Access Include:
Support for making choices and plans	People will be brought through a process that enables them to make informed choices about what they want to do in the future and the supports they need to achieve their goals.	<ul style="list-style-type: none"> <li>• information,</li> <li>• communication,</li> <li>• advocacy,</li> <li>• exploring options,</li> <li>• person-centred planning,</li> <li>• decision-making,</li> <li>• experiential events, and</li> <li>• involving families in person centred planning.</li> </ul>
Support for transitions and progression	People experience seamless transition between supports provided by specialist and by mainstream services and will try new experiences on an ongoing basis.	<ul style="list-style-type: none"> <li>• capacity-building,</li> <li>• positive risk-taking,</li> <li>• information to support community participation,</li> <li>• independent travel training;</li> <li>• social skills development,</li> <li>• confidence-building.</li> </ul>
Support for inclusion in one's local community	People use integrated community services, develop relationships with people who are not involved in specialist service provision and participate in normal, everyday community activities.	<ul style="list-style-type: none"> <li>• community information,</li> <li>• independent travel training,</li> <li>• developing relationships,</li> <li>• confidence-building,</li> <li>• advocacy,</li> <li>• social skills,</li> <li>• street-wise positive risk-taking in the community.</li> </ul>

10 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-16. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

Category of Support	Outcome	Programmes and Modules that People May Need to Access Include:
Support for accessing education/formal learning	People access formal education programmes in line with their needs and abilities.	<ul style="list-style-type: none"> <li>• independent living,</li> <li>• community, inclusion and participation,</li> <li>• making choices and plans.</li> </ul>
Support for maximising independence	People explore what independence means for them and how they can achieve that independence in line with their capabilities and capacity.	<ul style="list-style-type: none"> <li>• independent living skills,</li> <li>• money management,</li> <li>• sexuality and relationships,</li> <li>• travel training,</li> <li>• social skills,</li> <li>• housekeeping, and</li> <li>• civic awareness.</li> </ul>
Support for personal and social development	People’s personal and social skills will be developed so that they can realise their person-centred goals and aspirations.	<ul style="list-style-type: none"> <li>• social skills,</li> <li>• independence skills,</li> <li>• community education, and</li> <li>• work experience.</li> </ul>
Support for health and wellbeing	People have access to appropriate health care, both primary and specialist, in line with their identified needs. Where possible, people are empowered to be responsible for their personal health.	<ul style="list-style-type: none"> <li>• personal care,</li> <li>• food choice and health,</li> <li>• healthy living,</li> <li>• exercise,</li> <li>• stress management,</li> <li>• relaxation techniques,</li> <li>• life cycle – health promotion,</li> <li>• art therapy,</li> <li>• music therapy, and</li> <li>• drama therapy.</li> </ul> <p>Other therapies will include:</p> <ul style="list-style-type: none"> <li>• physiotherapy,</li> <li>• speech and language therapy,</li> <li>• occupational therapy,</li> <li>• support from a dietician,</li> <li>• psychology,</li> <li>• psychiatry,</li> <li>• behaviour therapy, and</li> <li>• specialist nursing care.</li> </ul>
Support for accessing bridging programmes to vocational training	People access bridging programmes to vocational training.	<ul style="list-style-type: none"> <li>• capacity-building,</li> <li>• relationships in the workplace,</li> <li>• work-related IT skills,</li> <li>• personal and social skills,</li> <li>• travel awareness,</li> <li>• money independence,</li> <li>• therapeutic work,</li> <li>• work experience.</li> </ul>

Category of Support	Outcome	Programmes and Modules that People May Need to Access Include:
Support for accessing vocational training and work opportunities	People are supported to move from personal support services to vocational training and employment.	<ul style="list-style-type: none"> <li>• social skills,</li> <li>• independent living,</li> <li>• work experience,</li> <li>• work-related social skills,</li> <li>• work-related money management,</li> <li>• work-related IT skills,</li> <li>• community information – travel,</li> <li>• time management.</li> </ul>
Support for personal expression and creativity	People will have explored their own creativity and found their own means of self-expression.	<ul style="list-style-type: none"> <li>• art,</li> <li>• drama,</li> <li>• pottery,</li> <li>• weaving,</li> <li>• dance,</li> <li>• writing, and</li> <li>• therapeutic work.</li> </ul>
Support for having meaningful social roles	People explore, identify and take up what they choose as valued social roles.	<ul style="list-style-type: none"> <li>• active citizenship,</li> <li>• community,</li> <li>• families and relationships,</li> <li>• independent travel,</li> <li>• personal social skills,</li> <li>• capacity-building,</li> <li>• experiential learning, and</li> <li>• support to maintain the social role.</li> </ul>
Support for influencing service policy and practice	People have opportunities to be involved in all service planning, development, monitoring and evaluating, including staff recruitment.	<ul style="list-style-type: none"> <li>• service users,</li> <li>• advocacy,</li> <li>• leadership,</li> <li>• communication,</li> <li>• confidence-building,</li> <li>• self-esteem,</li> <li>• interviewing skills,</li> <li>• capacity-building,</li> <li>• provider organisations,</li> <li>• staff training in policy and planning together,</li> <li>• self-assessment questionnaire.</li> </ul>

Source: HSE (2012). *New Directions: Review of HSE Day Services and Implementation Plan 2012-2016, Working Group Report.*

The programmes of support most relevant to education provision are (primarily the first of these, with education permeating many of the others as a key element or process factor):

- Support for accessing education/formal learning – Support for people to access formal education programmes in line with their needs and abilities.
- Support for making transitions and progressions – People experience seamless transition between supports provided by specialist and mainstream services and will try new experiences on an ongoing basis.
- Support for maximising independence – People explore what independence means for them and how they can achieve it in line with their capabilities and capacity. and
- Support for making choices and plans – People will be brought through a process that enables them to make informed choices on what they want to do in the future and the supports they need to achieve their goals<sup>11</sup>.

### **How 12 Categories of Support were Developed and Implemented**

A national working group (NWG) devised the 12 categories. Its membership was broadly representative of advocacy groups, service providers, policy makers and the research community.

Underpinning their development, a research programme conducted as part of the review looked at policy and practice for day service provision to identify best current thinking from a national and international perspective. Research findings highlighted the fundamental shift that has resulted from the social model of disability and the commitment to person-centredness which builds on that social model. The research describes the change processes needed to embed a person-centred approach to service provision. These change processes require a strong national vision, cultural change among providers and funders, support for innovation, funding systems that facilitate individual choice and an expanded array of demanded, individualised services that let service users exercise choice and control decision-making about their service.

Based on the findings, the NWG proposed that future day services take the form of a menu of 12 individualised, outcome-focused supports so adults in day services can live a life of their choosing in accordance with their own wishes, aspirations and needs. This new approach proposed for adult day services is underpinned by the guiding principle that supports will be tailored to individual need and be flexible, responsive and person-centred.

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11 HSE, (2012). *New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. Personal Support Services for Adults with Disabilities. Working Group Report.* Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

## 1.3 NCSE – Post-School Education and Training – Information on Options for Adults and School Leavers with Disabilities, National Council for Special Education (2014)<sup>12</sup>

### 1.3.1 Users of Adult Day Services in Ireland

Every year, about 700 school leavers start attending adult day services. Traditionally, all activities and supports were provided in a service location. In 2014, NCSE reported that this was changing. Depending on the person's strengths and abilities, or the service location, users may still receive some or most of their supports in one centre. The intention is changing, however, to supporting people access mainstream services in the community where possible<sup>13</sup>.

### 1.3.2 What Currently Exists – Summary of Provision in Adult Day Services

A wide diversity of programmes and activities has developed to cater for the needs of service users, in the absence of an overarching national guidance framework. Currently, there are many education and training options for students with disabilities when they leave post-primary education. These include further and higher education and vocational training routes. For some people with disabilities, other options are available from which they can access additional, individualised support. These include rehabilitative training and adult day services, which may focus on provision of personal care support, activation/activity, community participation and inclusion, supported employment, education, voluntary work and therapeutic work programmes<sup>14</sup>.

It is clear that a large number of providers delivers services to a wide range of adults with different disabilities and an extensive variety of needs and abilities. It is expected that the educational supports provided would mirror such diversity.

The wide range of HSE adult day services (some delivered in cooperation with bodies in other sectors) may include personal support services for care, activation/activity, community participation and inclusion, supported employment, education, voluntary work and therapeutic work programmes.

The aim is to help people with disabilities make choices and plans to support their personal goals; to have influence over the decisions which affect their lives; to achieve personal goals and aspirations; and to be active, independent members of their community and of society.

12 NCSE. (2014). *Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities*. Trim, IRL: National Council for Special Education. [Viewed May 20th, 2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

13 NCSE. (2018). *Leaving School? Information on some Post-School Options for Rehabilitative Training and Adult Day Services*. Trim, IRL: National Council for Special Education. [Viewed May 20th, 2019]. Available from: <http://ncse.ie/wp-content/uploads/2018/04/NCSE-Post-School-Options.pdf>

14 NCSE. (2014). *Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities*. Trim, IRL: National Council for Special Education. [Viewed May 20th, 2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

Possible programme components within these adult day services are:

**Table 4: Programme Components – Adult Day Services**

Component	Description
Day care programme	These high support services focus primarily on providing a health care service to meet the specific needs of individuals.
Day activation/activity	This day programme is essentially a support and therapeutic service to meet the needs of people through individual plans. It provides a range of skills and activities such as independent living skills, personal development, education classes, social/recreational activities and health related and therapy supports.
Active community participation/inclusion	These programmes and supports specifically target inclusion and active participation in mainstream community programmes and activities. This includes educational opportunities, sport and recreation involvement, social events, local partnership projects and advocacy initiatives. A range of supports that seek to promote and facilitate inclusion are provided to individuals and groups, such as accessing services, liaison, planning, coordinating and supporting attendance and active participation.
Supported employment	This paid employment in the open labour market has ongoing supports with minimum wage and full employee status applying. Participants may engage in the supported employment programme/employability or in locally based service provider supported employment initiatives for those who do not meet the entry criteria for the Department of Social Protection "employability" service.
Education programme	This includes teaching/educational inputs provided by ETBs into some HSE day services. This may cover topics such as numeracy, literacy, communications, personal development, cookery etc.
Voluntary work	The participant may work as a volunteer in the community or for the benefit of natural environment. This seeks to encourage social/community engagement, staying active and a sense of personal value in society.
Sheltered work therapeutic	This is a centre-based programme designed to provide constructive occupation for an individual or group where work activity is a key element of the programme. Examples of this could be a day service that focuses on cooking/baking or art/craft. The product is consumed within the service and participants may also hold coffee morning to showcase their work and sell some of their products at nominal cost.

Source: NCSE (2014). *Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities*, National Council for Special Education.

Rehabilitative training and adult day services are delivered by service providers in local centres either directly by the HSE or by organisations supported by the HSE<sup>15</sup>.

15 NCSE. (2014). *Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities*. Trim, IRL: National Council for Special Education. [Viewed May 20th, 2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

## 1.4 HSE Annual Report 2016 (HSE, 2017)<sup>16</sup>

This report sets out a vision and plan to develop a better health service over a three-year period, providing a high-quality service valued by all. This vision is accompanied by a mission statement that outlines how this vision can be realised.

Over 16,000 people attended day services in 2016, with 1,290 new school leavers provided with day care placement. Within the report, it was committed that high quality services would be delivered to people with disabilities. A key priority was to ensure the voice of people with disabilities and their families would be heard and are fully involved in the design and delivery of services to meet their needs.

## 1.5 HRB: Annual Report of the National Intellectual Disability Database Committee 2017 (Published June 29th, 2018)<sup>17</sup>

This report is based on findings on the 28,388 people who registered on the database. This was not a compulsory activity and therefore the database may not capture all views and may not be representative of the population. Registration is open to individuals in all age categories with an intellectual disability who have availed of medical services, social work and psychiatry and who consent to register on the database.

### 1.5.1 Introduction

This report presents the main findings of the analysis of data from the National Intellectual Disability Database (NIDD). The report is based on validated data extracted from the NIDD in December 2017 and provides nation-wide coverage. The 2017 dataset consists of information on 28,388 people for all age groups. Of these registrations, 88.4 per cent (25,107 records) were updated following the 2017 annual review of NIDD information; the remaining 3,281 registrations contain the last-known data in each case.

Notable points from this report include:

- 59 per cent of the 28,388 people with an intellectual disability (ID) are male, while 41 per cent are female.
  - 32 per cent have mild ID, 42 per cent moderate, 14 per cent severe, 3 per cent profound, and 9 per cent are not verified.

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<sup>16</sup> HSE, (2017). Health Service Executive: Annual Report 2016. Dublin: HSE.

<sup>17</sup> Hourigan, S., Fanagan, S., Kelly, C., (2018). *Annual Report of the National Intellectual Disability Database Committee 2017*. Dublin: HRB. [Viewed May 20th, 2019]. Available from: [https://www.hrb.ie/fileadmin/2.\\_Plugin\\_related\\_files/Publications/2018\\_pubs/Disability/NIDD/NIDD\\_Annual\\_Report\\_2017.pdf](https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2018_pubs/Disability/NIDD/NIDD_Annual_Report_2017.pdf)

The profile of those with an ID by age is:

- 0-4 years: 3 per cent, 768;
  - 5-9 years: 10 per cent, 2869;
  - 10-14 years: 11 per cent, 3,124;
  - 15-19 years: 12 per cent, 3271;
  - 20-34 years: 23 per cent, 6477;
  - 35-54 years: 27 per cent, 7633; and
  - 55+ years: 15 per cent, 4246.
- Most adults live with their families. As caregivers age, a wide range of additional services are required for people who wish to continue to live as independently as possible.
    - 27,902 people availed of at least one day programme in 2017.
  - For services required by people with ID, 185 people will require new day programmes between 2018-22.
    - 8,883-day places will also require changes or enhancements within this time period.

Most adults with ID continue to live with their families with the aid of additional support services. As their caregivers age, a wide range of additional services such as respite are required for those wishing to continue to live as independently as possible. Between 2016 and 2017 there was a decrease in respite provision.

The improved life expectancy among adults with severe intellectual disability has placed an ever-increasing demand on full-time residential services, as fewer places are becoming free over time. Older service users of day and residential services require a higher degree of support within these services, including additional medical services to cater for their specific needs.

There is a continuing shift away from the more traditional institutional models of care towards community-based living arrangements for those requiring residential services. This is set to continue as funding is made available.

The proportion of those registered who receive day services continues to rise. Many are benefiting from additional supports, such as home support, home help and respite services. The demand for services for school leavers remains high, particularly in areas of training and employment. The level of provision of multidisciplinary support services in 2017 was high and future demand continues for the five-year period 2018-22. High levels of unmet need continue to exist among a significant number of individuals registered on the NIDD, particularly those aged 35 years and over who need a full-time residential place in the next five years.

### 1.5.2 Number of People Registered on the NIDD, by Age Group, Gender and Degree of ID

**Table 5: Number of People Registered on the NIDD, by Age Group, Gender and Degree of ID**

Age Group	Not Verified			Mild			Moderate			Severe			Profound			All Levels		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-4	243	390	633	30	34	64	21	29	50	5	9	14	~	~	7	302	466	768
5-9	367	881	1,248	175	390	565	228	550	778	105	131	236	16	26	42	891	1,978	2,869
10-14	79	282	361	409	795	1,204	382	775	1,157	114	231	345	23	34	57	1,007	2,117	3,124
15-19	53	124	177	465	931	1,396	427	866	1,293	139	207	346	27	32	59	1,111	2,160	3,271
20-34	27	45	72	985	1,344	2,329	1,254	1,792	3,046	337	502	839	94	97	191	2,697	3,780	6,477
35-54	33	41	74	1,086	1,218	2,304	1,589	1,912	3,501	594	777	1,371	167	216	383	3,469	4,164	7,633
55 & over	15	24	39	665	624	1,289	1,019	943	1,962	346	400	746	98	112	210	2,143	2,103	4,246
<b>Total</b>	<b>817</b>	<b>1,787</b>	<b>2,604</b>	<b>3,815</b>	<b>5,336</b>	<b>9,151</b>	<b>4,920</b>	<b>6,867</b>	<b>11,787</b>	<b>1,640</b>	<b>2,257</b>	<b>3,897</b>	<b>428</b>	<b>521</b>	<b>949</b>	<b>11,620</b>	<b>16,768</b>	<b>28,388</b>

Source: Based on HRB, 2017. NIDD Annual Report 2017, p2.

### 1.5.3 Number with ID

Number with ID: there were 28,388 people registered on the NIDD at end December 2017.

The total recorded as having moderate, severe or profound ID has increased by 47.8 per cent since the first Irish Census of Mental Handicap, as it was referred to then, in 1974.

Prevalence rate: based on 2016 Census of Population figures, this represents a prevalence rate of 5.96 per 1,000 population: the prevalence rate for mild intellectual disability, traditionally under-reported, was 1.92 per 1,000, and the rate for moderate, severe or profound intellectual disability was 3.49 per 1,000. Sligo (10.3/1,000) had the highest prevalence rate while Leitrim (4.3/1,000) had the lowest.

Age and gender: of the total number of people with ID, the percentage aged 35-plus increased from 28.5 per cent in 1974 to 49.1 per cent in 2017. More males than females registered with an ID in all groups except those aged 55-plus, with an overall ratio of 1.44 to 1.

### 1.5.4 Location

Table 6 presents the profile of persons with ID by community health organisation (CHO) area: ranging from around 5 per cent (Area 6) to 14.6 per cent (Area 4).

**Table 6: Profile of Number of People (All Age Groups) Registered on the NIDD, by CHO Region of Registration**

	n	per cent
Area 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan	2,582	9.1%
Area 2: Galway, Roscommon, Mayo	3,277	11.5%
Area 3: Clare, Limerick, North Tipperary, East Limerick	2,390	8.4%
Area 4: Kerry/North Cork, North Lee, South Lee, West Cork	4,148	14.6%
Area 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford	3,527	12.4%
Area 6: Wicklow, Dun Laoghaire, Dublin South East	1,473	5.2%
Area 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West	3,770	13.3%
Area 8: Laois/Offaly, Longford, West Meath, Louth, Meath	3,855	13.6%
Area 9: Dublin North, Dublin North Central, Dublin North West	3,366	11.9%
<b>Total</b>	<b>28,388</b>	<b>100.0%</b>

Source: Based on HRB NIDD Report 2018 (Fig 2, p10).

### 1.5.5 Age, Gender and Degree of Intellectual Disability

The data in the report presents information by age and gender and degree of ID. While the focus of our research is on adults with disabilities, this extract from the NIDD report considers an age group of 15-19. This has been included to take account of adults aged 18-19. The table in section 1.5.2 shows:

- 21,627 people with ID aged 15-plus.
- For all degrees of ID, there are more males than females.
- The most common category of ID is moderate (9,802), followed by mild (7,318). A further 3,302 are in the severe category.

The report data discuss the number of people from all age groups registered on the NIDD with either an intellectual disability only, or both an ID and physical/sensory disability. The table below illustrates these figures and provides a further breakdown of the number by gender. The table shows that overall, 51.9 per cent of all people registered on the NIDD have an ID only, while 48.1 per cent have both an ID and physical/sensory disability.

**Table 7: Number of People (All Age Groups) Registered on the NIDD with a Physical and/or a Sensory Disability, NIDD 2017**

	Male		Female		Total	
	n	%	n	%	n	%
Intellectual and physical/sensory disability	8,016	47.8	5,633	48.5	13,649	48.1
Intellectual disability only	8,752	52.2	5,987	51.5	14,739	51.9
<b>Total</b>	<b>16,768</b>	<b>100.0</b>	<b>11,620</b>	<b>100.0</b>	<b>28,388</b>	<b>100.0</b>

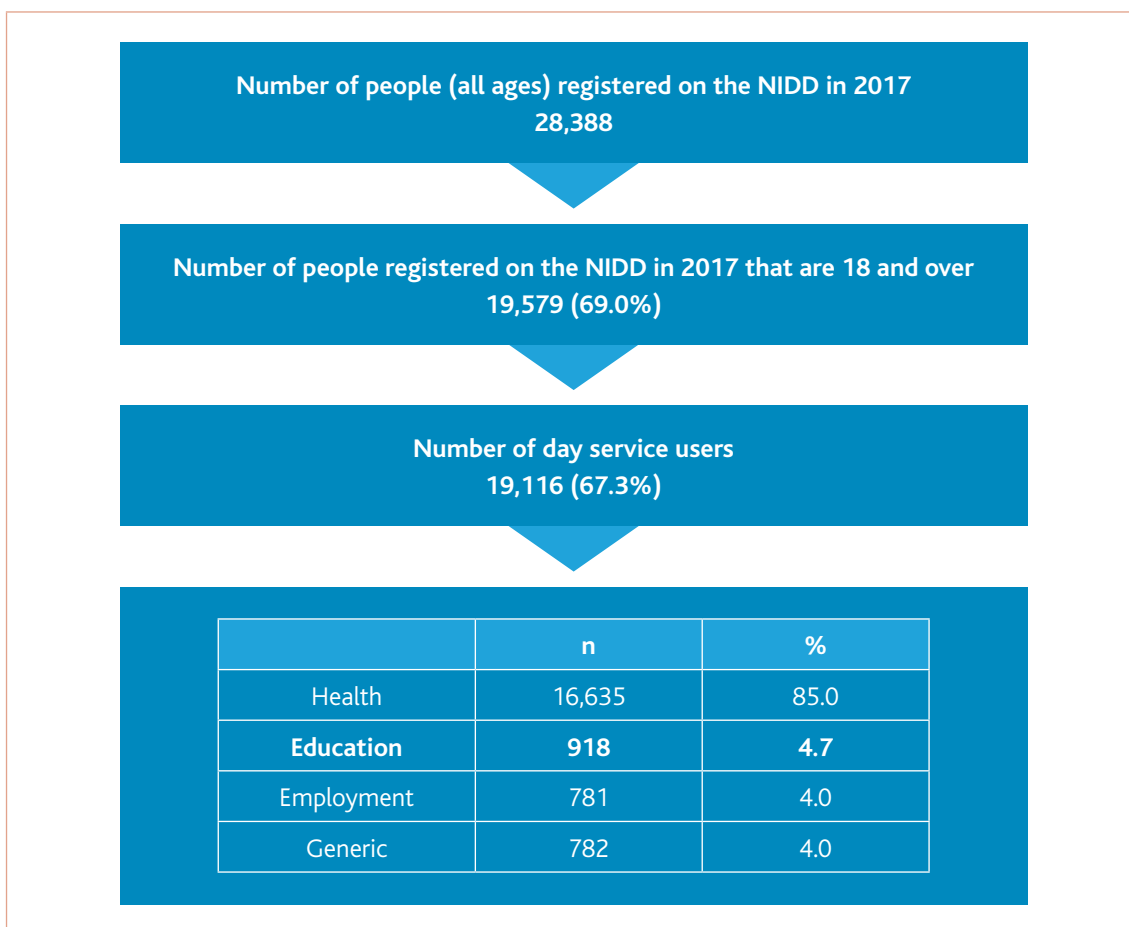
Source: Health Research Board, 2017. NIDD Annual Report 2017 Page 9.

### 1.5.6 Services Used: Day Services

The report shows that 27,985 people with intellectual disability received services. Of these, 23,583 (84.3 per cent) availed of one or more multidisciplinary support services, the most common being medical services, social work and psychiatry. The proportion of those registered in receipt of day services continues to rise.

The figure below shows that of the 28,388 people with an intellectual disability, 19,579 (69.0 per cent) are adults (18-plus). Furthermore, 19,116 of these avail of day services, with the vast majority (85 per cent) availing of health services, whereas only 918 (4.7 per cent) users are recorded as availing of education services provided by day services.

**Figure 1: Profile of Education Services Users within Day Services Out of Total Number Registered on NIDD**



Source: Based on HRB NIDD Report 2018.

### Adults with Intellectual Disabilities – Uptake of Day Services<sup>18</sup>

The table below presents information on the principal day services availed of by degree of ID (for those aged 18-plus). Information in Table 8 (an extract from NIDD) shows principal day service availed of by those aged 18-plus. It illustrates 26 principal day services (as defined by NIDD); the most common is “activation centre”, with 43.1 per cent (n= 8,242) of adult users and least common is “enclave within open employment”, with five users.

<sup>18</sup> This section is based on HRB 2018. Annual Report of the National Intellectual Disability Database Committee 2017. The information available does not provide a definitive statement on the number of adults with disabilities in adult day services availing of education provision for the reasons discussed elsewhere in this report.

**Table 8: Principal Day Service for All Adults (18+ Years) Registered with NIDD, 2017**

Principal Day Service	N	per cent
Activation centre	8,242	43.1%
Autism unit	23	0.1%
Centre-based day respite service	10	0.1%
Child education and development centre	~	~
Day respite in the home	~	~
Enclave within open employment	5	0.0%
Generic day services	557	2.9%
Home help	26	0.1%
Home support	209	1.1%
Mainstream school	149	0.8%
Multidisciplinary support services	1,625	8.5%
Open employment	144	0.8%
Other day service	615	3.2%
Outreach programme	418	2.2%
Programme for the older person	566	3.0%
Rehabilitative training	1,406	7.4%
Sheltered employment centre	35	0.2%
Sheltered work centre	2,250	11.8%
Special class – secondary	96	0.5%
Special high-support day service	746	3.9%
Special intensive day service	482	2.5%
Special needs assistant	~	~
Special school	584	3.1%
Supported employment	632	3.3%
Third level education	66	0.3%
Vocational training	225	1.2%
<b>Total</b>	<b>19,111*</b>	<b>100.0%</b>

Source: Based on HRB, (2018). NIDD Report 2018 – Tables and Figures. Table 3.6.

\* Five records are missing from this dataset as information was not provided from the respondents.

## 1.6 HRB: Annual Report of the National Physical and Sensory Database Committee 2017 (Published 29 June 2018)<sup>19</sup>

This report is based on findings on the 20,676 people who registered on the database. This was not a compulsory activity and therefore the database may not capture all views and may not be representative of the population. Registration is limited to individuals under 66 with a physical/sensory disability who are availing of or require a specialised health or personal social service and who consent to register on the database and therefore it is not representative of the entire population.

### 1.6.1 Introduction

This report is based on a review of current service provision and future service requirements of those registered on the National Physical and Sensory Disability Database (NPSDD). The objective of the NPSDD is to assist with service planning for the specialised health and personal social service needs of people with a physical, sensory, neurological, speech or language disability. Information is collected from people with a disability currently receiving a specialised health or personal social service, and/or a specialised hospital service, or have a requirement for these service types within the next five years.

For individuals to be eligible to register on the NPSDD they must meet all five registration criteria:

1. Have a persistent physical, sensory, neurological, speech or language disability arising from disease, disorder or trauma.
2. In the case of dual disability, have a predominant disability that is one of the above.
3. Are under 66 years.
4. Are receiving, or require, a specialised health or personal social service, and/or a specialised hospital service, which is related to their disability.
5. Have consented to be included on the database.

It is important to note that as this report is a planning tool for disability service planners and providers, it does not include those aged 66-plus at the time of reporting. Participation in the NPSDD is voluntary. Furthermore, the database cannot provide any definitive epidemiological statement on the number of people with a particular type of disability or diagnosis, nor does it cover the proportion of people living in Ireland with a disability who have chosen not to be registered. The report's coverage is nationwide.

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<sup>19</sup> Doyle, A. and Carew, A.M., (2018). *Annual Report of the National Physical and Sensory Disability Database 2017*. Dublin: HRB. <https://www.hrb.ie/data-collections-evidence/disability-service-use-and-need/publications/publication/annual-report-of-the-national-physical-and-sensory-disability-database-2017/returnPage/1/>

### 1.6.2 Number of People Registered on Physical and Sensory Disabilities Database

A total of 20,676 people were registered on the NPSDD in December 2017. New registrations decreased from 550 in 2016, to 419 in 2017. The number of reviews of existing records fell by 5.9 per cent from 5,561 in 2016 to 5,235 in 2017. Of the 9,956 service user records reviewed for 2013-17, distribution was even between male and female (50 per cent).

### 1.6.3 Profile of New Registrations and Recent Reviews (2013-17)

The following information is based on 9,956 records registered or reviewed in 2013-17. The three most common types of disability recorded on the NPSDD were neurological (38.9 per cent), multiple (31.0 per cent) and physical (15.6 per cent).

**Table 9: Number of Registrations by Type of Disability (9,956 Records)**

Type of Disability	N	per cent
Neurological disability	3,868	38.9%
Multiple disabilities	3,090	31.0%
Physical disability	1,557	15.6%
Hearing loss/deafness	557	5.6%
Visual disability	454	4.6%
Speech and/or language disability	430	4.3%
All service users	9,956	100.0%

Source: Based on HRB NPSDD Report 2018.

The NPSDD records primary diagnosis and, if applicable, a secondary diagnosis. 42.7 per cent (4,252 people) reported a secondary diagnosis in addition to their primary diagnosis.

### 1.6.4 Location

Table 10 presents the profile of persons with physical and sensory disabilities by community healthcare organisation (CHO) area, ranging from around 5 per cent in Area 3 to 19.2 per cent in Area 4.

**Table 10: Profile of NPSDD Registrations by CHO Area**

CHO Area	Total	
	n	per cent
1: Donegal, Sligo/Leitrim, Cavan/Monaghan	1,991	9.6%
2: Galway, Roscommon, Mayo	2,260	10.9%
3: Clare, Limerick, North Tipperary,	1,081	5.2%
4: Kerry/North Cork, North Lee, South Lee, West Cork	3,963	19.2%
5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford	2,576	12.5%
6: Wicklow, Dublin South East, Dun Laoghaire	1,166	5.6%
7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West	3,322	16.1%
8: Laois/Offaly, Longford, Westmeath, Louth/Meath	3,067	14.8%
9: Dublin North, Dublin North Central, Dublin North West	1,250	6.0%
<b>Total</b>	<b>20,676</b>	<b>100.0%</b>

Source: Based on HRB NPSDD Report 2018.

### 1.6.5 Age, Gender and Type of Physical and Sensory Disability

The data underlying the report includes age and gender for those with physical and sensory disabilities. The majority (6,970, 70.0 per cent) of those registered on the NPSDD were aged 18-plus. Males outnumbered females in all age groups under 24, while for the 25-plus age groups females outnumbered males. The largest grouping is in the 40-59 age-band; there are slightly more females than males.

**Table 11: Profile of Number of People Registered on the NPSDD, by Age and Gender (9,956 records)**

Age Group	N	
	Male	Female
18-24	507	372
25-39	639	756
40-59	1,373	1,919
60-65	619	785
<b>Total</b>	<b>3,138</b>	<b>3,832</b>

Source: Based on HRB NPSDD Report 2018.

Table 12 provides a profile by gender for those with physical and sensory disabilities: the most common types of disabilities are neurological and multiple for both female and male.

**Table 12: Profile by Type of Disability, by Gender and Age (9,956 Records)**

Type of Disability	Female			Male			All Service Users		
	n	per cent	Median Age (Percentile Range)	n	per cent	Median Age (Percentile Range)	n	per cent	Median Age (Percentile Range)
Neurological disability	2,066	41.6%	46.1 (9-64)	1,802	36.2%	39.6 (8-64)	3,868	38.9%	43.9 (8-64)
Multiple disabilities	1,479	29.7%	44.6 (8-65)	1,611	32.3%	22.5 (7-64)	3,090	31.0%	35.5 (7-64)
Physical disability	779	15.7%	31.7 (5-64)	778	15.6%	19.6 (5-64)	1,557	15.6%	23.0 (5-64)
Speech and/or language disability	121	2.4%	12.4 (7-21)	309	6.2%	10.5 (6-18)	430	4.3%	11.1 (6-19)
Hearing loss/deafness	304	6.1%	43.2 (10-64)	253	5.1%	42.5 (9-63)	557	5.6%	43.2 (9-64)
Visual disability	223	4.5%	40.9 (13-64)	231	4.6%	44.6 (13-64)	454	4.6%	42.7 (13-64)
All service users	4,972	100.0%	43.3 (7-64)	4,984	100.0%	28.9 (6-64)	9,956	100.0%	37.6 (7-64)

Source: Based on HRB NPSDD Report 2018.

### 1.6.6 Services Used: Day Services

#### Adults with Physical and Sensory Disabilities – Uptake of Day Services<sup>20</sup>

Information presented in Table 13 (an extract from NPSDD) shows principal day service availed of by those aged 18-plus. It illustrates 19 day services (as defined by NPSDD); the most common is "open employment", accounting for 47.7 per cent (n=722) of adult users; the least common are "specialist residential secondary school", "specialist day secondary school" and "secondary school education provided at home", with one user each.

<sup>20</sup> This section is based on HRB, 2018. Annual Report of the National Physical and Sensory Database Committee 2017. The information available does not provide a definitive statement on the number of adults with disabilities in adult day services availing of education provision for the reasons discussed elsewhere in this report.

**Table 13: Current Day Services for Sample of Adults (18+ years) Registered/ Reviewed – NPSDD, 2017**

Current Day Services Availed of by Individuals Aged 18 Years & Over	N	per cent
Mainstream school	72	4.8%
Specialist residential secondary school (physical and sensory disability)	1	0.1%
Specialist day secondary school (intellectual disability)	1	0.1%
Specialist day secondary school (physical and sensory disability)	5	0.3%
Combined secondary school (specialist and mainstream)	2	0.1%
Secondary school education provided at home	1	0.1%
Third level education	152	10.0%
Sheltered employment	4	0.3%
Supported employment <sup>21</sup>	26	1.7%
Sheltered work <sup>22</sup>	7	0.5%
Open employment <sup>23</sup>	722	47.7%
Day activation activity services	403	26.6%
Rehabilitation service (other)	6	0.4%
Rehabilitation service (physical and sensory disability)	34	2.2%
Special care unit	2	0.1%
Specialised day service for people with head injuries	11	0.7%
Other	30	2.0%
Rehabilitative training <sup>24</sup>	43	2.8%
Vocational training <sup>25</sup>	40	2.6%
<b>Total</b>	<b>1,514</b>	<b>100%</b>

Source: Provided by HRB, (2019). Information extracted from NPSDD 2017.

21 Supported employment is where someone is at work but has some supports in place.

22 Sheltered work categories were run in HSE-funded sheltered workshops but have been phased out.

23 Open employment is work.

24 RT is funded by HSE so may be regarded as day service provision.

25 Vocational training is no longer the responsibility of the HSE but comes under Solas/ETBs.

## 1.7 HSE: Statistics on Adults Receiving HSE-Funded Day Services (HSE, October 2018)<sup>26</sup>

The following statistics on number of day service users were provided by the HSE in October 2018 with the caveat that the HSE was updating so the figures are not yet validated – but they are the most up-to-date.

### 1.7.1 Adults: Number Receiving HSE Day Services

The overall number of adults receiving HSE-funded day services was identified as 20,178.

### 1.7.2 Adults: Profile by Category of Disability

A breakdown of the total number of service users by diagnosis is not available. However, the total figure includes adults with a variety of disabilities: intellectual/autism/physical/sensory. Physical and sensory disabilities comprise roughly 10 per cent of the overall cohort.

### 1.7.3 Profile by CHO Area: Service Users

The table below provides a breakdown of total number of adults in day services by CHO area. Adults in day services are distributed across Ireland, with at least 7 per cent (at least 1,400 adults) in each CHO area. The area with the largest proportion of adults in day service is CHO Area 4 (Kerry, North Cork, North Lee, South Lee, West Cork) representing 17.3 per cent (n=3,482) of all adults in day services. CHO Area 3 (Clare, Limerick, North Tipperary), on the other hand has the lowest proportion of adults in day service with around 7 per cent (n=1,408) of all.

**Table 14: Number of People in Day Services by CHO Area**

CHO Area	People in Day Services (including RT <sup>27</sup> )	
	Number	per cent
1: Donegal, Sligo/Leitrim, Cavan/Monaghan	1,653	8.2%
2: Galway, Roscommon, Mayo	2,083	10.3%
3: Clare, Limerick/North Tipperary	1,408	7.0%
4: Kerry/North Cork, North Lee, South Lee, West Cork	3,482	17.3%
5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford	2,714	13.5%
6: Wicklow, Dublin South East, Dun Laoghaire	1,651	8.2%

<sup>26</sup> Provided by HSE, October 2018.

<sup>27</sup> Rehabilitative training.

CHO Area	People in Day Services (including RT <sup>27</sup> )	
	Number	per cent
7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West	2,446	12.1%
8: Laois/Offaly, Longford, Westmeath, Louth/Meath	2,196	10.9%
9: Dublin North, Dublin North Central, Dublin North West	2,545	12.6%
<b>Total</b>	<b>20,178</b>	<b>100%</b>

Source: HSE, provided by email October 22nd, 2018.

### 1.7.4 Service Providers: Number of Service Locations and Service Delivery Organisations

There are almost 1,000 service locations throughout the country with about 83 organisations providing services.

### 1.7.5 Service Providers: Profile by CHO Area

Some providers have a national network and deliver services in all nine community healthcare organisations while others are much more local and may only provide within a small geographic area.

## 1.8 New Directions Personal Support Services for Adults with Disabilities (HSE website)<sup>28</sup>

### 1.8.1 Introduction

In March 2019, the HSE made available details of all adult day service locations posted on its website. This includes details of 953 settings. Their profile is examined in this section.

### 1.8.2 Location of Day Service Settings by CHO Area

The table below provides the number of adult day service sites by CHO area. The area with the greatest number of sites is CHO Area 5 (14.4 per cent), with the least coming from CHO Area 6 (6.9 per cent).

<sup>28</sup> HSE. New Directions Personal Support Services for Adults with Disabilities [online]. Health Service Executive. [Viewed May 20th, 2019]. Available at: [www.hse.ie/newdirections](http://www.hse.ie/newdirections)  
HSE. Adult Disability Day Service Locations [online]. Health Service Executive. [Viewed May 20th, 2019]. Available at: <https://www.hse.ie/eng/services/list/4/disability/newdirections/adult%20disability%20day%20service%20locations.html>

**Table 15: Adult Day Service Sites by Location**

CHO Area	Count of Location – CHO Area	
	N	per cent
1: Donegal, Sligo/Leitrim, Cavan/Monaghan	60	6.3
2: Galway, Roscommon, Mayo	131	13.7
3: Clare, Limerick, North Tipperary	95	10.0
4: Kerry/North Cork, North Lee, South Lee, West Cork	129	13.5
5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford	137	14.4
6: Wicklow, Dun Laoghaire, Dublin South East,	66	6.9
7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West	118	12.4
8: Laois/Offaly, Longford, Westmeath, Louth/Meath	117	12.3
9: Dublin North, Dublin North Central, Dublin North West	100	10.5
<b>Total</b>	<b>953</b>	<b>100.0</b>

Source: [www.hse.ie/newdirections](http://www.hse.ie/newdirections)

### 1.8.3 Single and Multiple Providers

**Table 16: Adult Day Service Providers – Number of Settings by Organisation**

Organisation Name	Total Count of Organisation Name	
	N	per cent
St John Of God's	68	7.1%
Rehabcare (Rehab Group)	61	6.4%
HSE	52	5.5%
National Learning Network (Rehab Group)	51	5.4%
St Michael's House	46	4.8%
Daughters of Charity Services	45	4.7%
Brothers of Charity South East	42	4.4%
Irish Wheelchair Association	36	3.8%
Brothers of Charity Galway	35	3.7%
Brothers of Charity Clare	29	3.0%
Brothers of Charity Roscommon	27	2.8%
Brothers of Charity Cork	24	2.5%
Cope Foundation	24	2.5%
Sunbeam House	23	2.4%

Organisation Name	Total Count of Organisation Name	
	N	per cent
Muiriosa Foundation	22	2.3%
Ability West	21	2.2%
Western Care Association	21	2.2%
Brothers of Charity Limerick	17	1.8%
Stewart's Care	17	1.8%
Kare	15	1.6%
Camphill Communities	14	1.5%
Cheeverstown House Ltd	14	1.5%
St Christopher's	13	1.4%
Enable Ireland	13	1.4%
Kerry Parents and Friends Ass	12	1.3%
SOS Ltd	11	1.2%
Prosper Fingal	11	1.2%
Carriglea Cairde Services	10	1.0%
Gheel Autism Services	9	0.9%
Prosper Meath	9	0.9%
Autism Initiatives Ireland	8	0.8%
St Hilda's	8	0.8%
Headway Ireland	8	0.8%
Cork Association for Autism	7	0.7%
St Joseph's Foundation	7	0.7%
Co-Action West Cork	6	0.6%
Central Remedial Clinic	6	0.6%
Nua Healthcare Services	6	0.6%
HSE Eve Services	6	0.6%
St Cronan's	5	0.5%
St Aidan's Services	5	0.5%
Walkinstown Association (Walk)	5	0.5%
CWCW Enniscorthy	5	0.5%
Praxis Care	5	0.5%
Inspire Wellbeing	4	0.4%
L'arche Head Office	4	0.4%
Acquired Brain Injury Ireland	4	0.4%

Organisation Name	Total Count of Organisation Name	
	N	per cent
NCBI	3	0.3%
Wida	3	0.3%
North West Parents and Friends Assoc.	3	0.3%
Galro	3	0.3%
Ard Aoibhinn Centre	3	0.3%
National Learning Network (Rehab Group)	3	0.3%
Beam Services	3	0.3%
Steadfast House	2	0.2%
Moorehaven Centre	2	0.2%
Resilience Care	2	0.2%
New Horizons	2	0.2%
Link Galway Limited	2	0.2%
Talbot Group	2	0.2%
Cairdeas	1	0.1%
Camphill – Ds	1	0.1%
Shine	1	0.1%
Novas	1	0.1%
Blue Diamond	1	0.1%
Errigal Truagh Special Needs	1	0.1%
Child Vision	1	0.1%
Delta Centre	1	0.1%
Cluain Training Centre	1	0.1%
Developing Alternative Values	1	0.1%
Cairde Activation Centre Limited	1	0.1%
Drumlin House	1	0.1%
Kingsriver	1	0.1%
National Rehabilitation Hospital	1	0.1%
Doorway to Life Ltd	1	0.1%
Advocates for Personal Potential	1	0.1%
St Patrick's Centre	1	0.1%
Malta Services	1	0.1%
Stepping Stones Care (Gudaspa)	1	0.1%
Anne Sullivan Centre	1	0.1%

Organisation Name	Total Count of Organisation Name	
	N	per cent
Ardee Day Centre Clg	1	0.1%
Cumas New Ross	1	0.1%
Three Steps Unlimited Company	1	0.1%
Possibilities Plus	1	0.1%
Extern	1	0.1%
Festina Lente	1	0.1%
Windmill Therapeutic Centre	1	0.1%
County Roscommon Disability Support Group	1	0.1%
County Wicklow Partnership	1	0.1%
<b>TOTAL</b>	<b>953</b>	<b>100.0%</b>

Source: [www.hse.ie/newdirections](http://www.hse.ie/newdirections)

In total, 953 settings are providing services. This includes 89 unique organisations. Sixty provide services in more than one setting, ranging from two up to 68 separate locations. A relatively small number of organisations provide the majority of services as follows:

- 27 organisations provide services in 11 to 68 settings, accounting for 764 settings (80.2 per cent of all).
- 33 organisations provide services in two to 10 settings, accounting for 133 settings (16.8 per cent of all);
- 29 organisations provide services in one setting only. That accounts for 29 settings or 3 per cent of all settings.

HSE is named as provider in 58 settings or 6.1 per cent of the total.

## 2. Appendix 2: Policy Context

### 2.1 Introduction

This section sets out the detailed review of policy documents examining international and Irish disability policy.

### 2.2 UN Convention on the Rights of Persons with Disabilities and Optional Protocol (UN, 2006)<sup>29</sup>

#### 2.2.1 Summary

In 2007, Ireland signed, though had yet to ratify, the UN Convention on the Rights of Persons with Disabilities (2006). It was eventually ratified here in March 2018. Ireland was the last country in Europe to ratify the UN CRPD. However, Ireland has not signed up to the optional protocol which allows people or groups, who believe their rights have been violated under the convention, to take a case to the UN. The convention's purpose is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those with long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The convention recognises the importance of accessibility to education (among other things) in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms.

Article 24 is concerned specifically with education. Considering access to and provision of education, it refers to:

- Ensuring an inclusive education system at all levels and lifelong learning directed to:
  - a. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity.
  - b. The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential.
  - c. Enabling persons with disabilities to participate effectively in a free society.
- Enabling persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community.

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29 UN, (2006). Convention on the Rights of Persons with Disabilities and Optional Protocol. Published by United Nations.

- Ensuring that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others (ensuring reasonable accommodation is provided to persons with disabilities where required).

### 2.2.2 Article 24 – Education

1. States Parties recognise the right of persons with disabilities to education. With a view to realising this right without discrimination and based on equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:
  - The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
  - The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; and
  - Enabling persons with disabilities to participate effectively in a free society.
2. In realising this right, States Parties shall ensure that:
  - Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
  - Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
  - Reasonable accommodation of the individual's requirements is provided;
  - Persons with disabilities receive the support required, within the general education system, to facilitate their effective education; and
  - Effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion.
3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
  - Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

- Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community; and
  - Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximise academic and social development.
4. To help ensure the realisation of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.
  5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

### 2.3 Disability Strategy (2010-20) of the European Commission<sup>30</sup>

This strategy provides a framework to address the diverse situation of men, women and children with disabilities, to be actioned at a national and European level where the commission will work together with member-states to tackle obstacles to a barrier-free Europe. The overall aim of this strategy is to empower people with disabilities so they can enjoy their full rights and benefit fully from participating in society and in the European economy, notably through the single market. This strategy identifies actions at EU level to supplement national ones, and it determines the mechanisms needed to implement the UN CRPD at EU level, including inside the EU institutions. It also identifies the support needed for funding, research, awareness-raising, statistics and data collection. This strategy is intended to harness the combined potential of the EU Charter of Fundamental Rights, the Treaty on the Functioning of the European Union, and the UN Convention, and to make full use of Europe 2020 and its instruments. It sets in motion a process to empower people with disabilities, so they can participate fully in society on an equal basis with others.

The strategy focuses on eliminating barriers, and has identified eight main areas for action: accessibility, participation, equality, employment, education and training, social protection, health, and external action. For each area, key actions are identified with the overarching EU-level objective highlighted.

<sup>30</sup> European Commission, (2010). *Disability Strategy (2010-20) of the European Commission*. Brussels: European Commission.

Within the area of action for education and training, overall outcomes to be achieved are:

- The removal of legal and organisational barriers for people with disabilities to general education and lifelong learning systems.
- The provision of timely support for inclusive education and personalised learning, and early identification of special needs.
- The provision of adequate training and support for professionals working at all levels of education and report on participation rates and outcomes.

## **2.4 Council of Europe Disability Action Plan (2006-15)<sup>31</sup>**

The Council of Europe Disability Action Plan 2006-15 seeks to translate the aims of the Council of Europe regarding human rights, non-discrimination, equal opportunities, full citizenship and participation of people with disabilities into a European policy framework on disability for the decade ahead. While not binding, it aims to provide a flexible framework that can and should be adapted by individual member-states to meet country-specific conditions. The plan's key objective is to serve as a practical tool to develop and implement viable strategies to bring about full participation of people with disabilities in society and ultimately mainstreaming disability throughout all the policy areas of the member-states. Its broad scope encompasses key areas of the life of peoples with disabilities, education and employment, vocational guidance and training.

### **2.4.1 Education**

This key action area details key objectives and specific actions by member-states. These have been proposed to create opportunities for disabled people to participate in mainstream education for the benefit of not only the individual, but for non-disabled people's understanding of human diversity. The objectives outline how all persons should have equal access to education, the opportunity to seek a place in mainstream education, have support for lifelong learning opportunities and an overall attitude of respect for the rights of people with disabilities.

### **2.4.2 Employment, Vocational Guidance and Training**

Vocational guidance and assistance play an important role in helping people to identify activities for which they are best suited and to guide training needs for future occupation. The importance of having access to assessments, vocational guidance and training to ensure attainment of potential is emphasised within this key area.

This key area includes an objective to tackle discrimination and promote the participation of people with disabilities in vocational assessment, guidance, training and employment-related services.

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<sup>31</sup> Council of Europe, (2006). Council of Europe Disability Action Plan (2006-15).

## 2.5 Education for Persons with Special Educational Needs Act (Government of Ireland, 2004)<sup>32</sup>

### 2.5.1 Summary

The National Council for Special Education (NCSE) was formally established under the Education for Persons with Special Educational Needs (EPSEN) Act 2004. The Act sets out the functions of the NCSE. The NCSE supports an inclusive education system that enables children and adults with special educational needs to achieve their potential.

Undertaking research is a key function for the NCSE. This research provides an evidence base to inform policy advice given to the Minister for Education and Skills and underpins good practice guidelines and information developed for schools and parents on special education matters.

In the area of education for adults with disabilities, the Act provides the NCSE with specific functions in this area under section 20 (1) (h).

To review generally the provision made for adults with disabilities to avail of higher education and adult and continuing education, rehabilitation and training and to publish reports on the results of such reviews (which reviews may include recommendations how such provision could be improved).

Under the EPSEN Act, the NCSE has a specific role to review generally the provision made for adults with disabilities to avail of higher, adult and continuing education, rehabilitation and training and to advise educational institutions concerning good practice for the education of adults with disabilities.

The Act defines special educational needs:

"Special educational needs mean, in relation to a person, a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition that results in a person learning differently from a person without that condition and cognate words shall be construed accordingly."

The Act makes provision for the education of people with special educational needs, to supply that education wherever possible **in an inclusive environment** with those who have no such needs. It states:

"An Act to make further provision, having regard to the common good and in a manner that is informed by best international practice, for the education of people with special educational needs, to provide that the education of people with such

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32 Government of Ireland, (2004). Education for Persons with Special Educational Needs Act. Dublin: Government Publications Office.

needs shall, wherever possible, take place in an inclusive environment with those who do not have such needs.”

## 2.5.2 Extracts from EPSEN

### **Section 2 – Inclusive Education**

Provides that people with special educational needs are educated in an inclusive environment.

A child with special educational needs shall be educated in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with:

- The best interests of the child as determined in accordance with any assessment carried out under this Act; and
- The effective provision of education for children with whom the child is to be educated.

Section 3 (9)a – Preparation of education plan by school (including steps preliminary to such preparation).

- Provides for the greater involvement of parents in the education of their children and decision making.

### **Section 3 and 8 – (Preparation of Education Plan at Direction of Council)**

Each school will prepare an Education Plan for students who have been assessed as having special educational needs. The Plan will be prepared under the coordination of the SENO involving the cooperation of the parents, the Principal or relevant teachers, a psychologist from NEPS and other relevant personnel, as appropriate.

### **Section 7 – The Provision of Services**

The establishment of the National Council for Special Education with overall responsibility to assist schools to plan and deliver support services for SEN students. Council to appoint Special Educational Needs Organisers (SENOs) who will work directly with schools identified in relation to the child as are necessary to enable him or her to participate in and benefit from education.

### **Section 11 – Review of Education Plan**

The review of the Education Plan. The principal of the relevant school shall review or cause to be reviewed at regular intervals but in any case, not less than once a year, the operation of each education plan for children who are attending the school.

### **Section 13, (3)b – Duty of Minister and Minister for Health and Children to Make Resources Available**

Establishes that people with special educational needs have the same right to avail of and benefit from education as children who do not have those needs

## **2.6 Further Education and Training**

### **2.6.1 Implementation Plan for FET 2014-19 (SOLAS, 2016)<sup>33</sup>**

The Further Education and Training Strategy for Ireland is the first ever five-year plan for further education in Ireland. It aims to deliver a higher quality learning experience leading to better outcomes for all those who engage in FET by giving direction to and guiding transformation of the FET sector for the next five years.

The strategy's overall aim is to develop a world-class integrated system of further education and training in Ireland to promote economic development and meet the needs of all citizens.

Five high level strategic goals have been identified:

- Skills for the economy: to address the current and future needs of learners, jobseekers, employers and employees and to contribute to national economic development.
- Active Inclusion: to support the active inclusion of people of all abilities in society with special reference to literacy and numeracy.
- Quality provision: to provide high quality education and training programmes and to meet the appropriate national and international quality standards.
- Integrated planning and funding: FET provision will be planned and funded on the basis of objective analysis of needs and evidence of social and economic impact.
- Standing of FET: to ensure a valued learning path leading to agreed employment, career, developmental, personal and social options.

The FET strategy also reflects the priorities articulated in the Action Plan for Jobs, Pathways to Work and wider policy reform in education. The strategy aims to deliver a higher quality learning experience by supporting economic development, increasing social inclusion and meeting the needs of all learners, communities and employers who engage with FET, and to prioritise the provision of education and training to long-term unemployed and other priority DSP clients in areas of identified skills needs.

33 SOLAS, (2016). Implementation Plan for FET 2014-20. SOLAS and Further Education and Training Authority. [Viewed May 20th, 2019]. Available at: <https://www.education.ie/en/Publications/Policy-Reports/Further-Education-and-Training-Strategy-2014-2019.pdf>

The FET Strategy notes the specific goal in the National Disability Strategy Implementation Plan (2013-15), that “people with disabilities get the education and training that enables them to reach their potential”. To facilitate its realisation, SOLAS, through the annual business planning process with the ETB sector and with DES, DSP/Intreo and the disability sector, will agree FET targets and associated supports for people with disabilities participating in FET (SOLAS 2014, p 97).

## 2.6.2 FET and People with Disability

The remit of the Department of Education and Skills (DES) includes further education which involves education and training after secondary school, but which is not part of the third level system. This includes education for people with disability.

The main provider of further and adult education and training are the education and training boards (ETBs).

SOLAS works with the ETBs to support development of appropriate further education and training programmes and curricula and the sourcing of further education and training interventions from the private, public and not-for-profit sector. SOLAS works with the ETBs to ensure appropriate actions are taken to support those who are to support those who may be excluded and ensure they are integrated into mainstream without over-burdening providers while supporting individuals to make real progress (not only hobbies).

SOLAS FET strategy 2014-19 includes a goal that “FET provision will support the active inclusion of people of all abilities in society with special reference to literacy and numeracy”. A progress update on this strategy (June 2018) noted that a barrier to progression for Goal 5 (“Ensure a valued learning path leading to agreed employment, career developmental, personal and social options”) was that infrastructure was not in place to deal with everyone, for example disability.

Persons with disabilities are encouraged to participate in mainstream vocational education and equality legislation obliges providers to facilitate them through reasonable accommodation. ETBs offer a large range of vocational training opportunities and all of these mainstream training options are available to them.

Specific mechanisms through which they are supported (funded by education) include:

- Dedicated programme – specialist training providers (STPs) – which offers around 5,000 places a year. The 16 ETBs contract delivery of this programme to other providers (around 80 per cent delivered through National Learning Network, Rehab, and around 20 per cent through others). Many referrals to this programme come through the Intreo centres of the Department of Employment Affairs and Social Protection (DEASP). The programme has a strong vocational and rehabilitative dimension. This vocational training programmes is delivered in segregated settings specifically for persons with disabilities. The operating guidelines for specialist provision state that the basis for such provision is that some people with disabilities have needs that would not be catered for through non-specialist

vocational training provision. STPs provide intensive, tailored training and supports. Specialist training provision aims to meet additional needs for access and training duration and support.

- Cooperation hours: funded by DES. This resource supports the provision of ETB staff to work in specific settings such as adult day services but also covers support in other areas including wider health and social care (for example: addiction services, psychiatric hospitals), and prisons, probation, and migrants, for example. Applications are made by ETBs to SOLAS for approval. The support in this area is somewhat less structured than the STP; it is more reactive to the needs indicated by ETBs, which in turn depend on requests from adult day service settings and so on.
- Broader inclusion mechanisms in further education settings (through universal design, fund for student with disabilities).

## 2.7 Disability Act 2005 (Government of Ireland, 2005)<sup>34</sup>

This Act is concerned with the assessment of health and education needs of persons with disabilities and provision of services to meet those needs to facilitate generally access to services and employment and ultimately to promote equality and social inclusion.

The Act defines education service as:

A service provided by a recognised school or centre for education (within the meaning in each case of the Education Act 1998) or by a person or body specified by the Minister for Education and Science who provides a programme of education, training or instruction and "education service provider" shall be construed accordingly

The Act refers to functions of the NCSE including:

- To assist the Executive in the assessment of adults with disabilities and the preparation of service statements;
- To consult with the Executive, education service providers and such other persons as the Council considers appropriate for the purposes of facilitating the provision of education services to persons with disabilities in accordance with this Part;
- In consultation with the Minister for Education and Science and the Executive, to plan and coordinate the provision of education services to adults with disabilities in accordance with this Part; and
- To assess and review the resources required in relation to educational provision for adults with disabilities.

34 Government of Ireland, (2005). Disability Act 2005. Dublin: Government Publications Office.

The Act refers to universal design principles applied to courses of education and training as follows:

In relation to assisting and promoting the introduction of the principles of universal design to courses of education and training, the Centre shall liaise with vocational and third level educational institutions and with professional bodies to:

- e. encourage the training in universal design of persons providing:
  - courses of education and training in universal design for persons preparing to engage in work affecting the environment, or
  - courses of training for persons engaged in such work.
- f. ensure as far as practicable that courses of education and training in the principles of universal design are provided for persons engaged in such work, including architects, engineers, town planners, systems analysts, software designers, transport providers and designers of passenger transport vehicles and passenger vessels;
- g. ensure the development of appropriate curricula so that the concept of universal design forms an integral part of the aforesaid courses; and
- h. ensure as far as practicable that examinations recognised by professional bodies in such courses include material relating to those principles.

## 2.8 A Strategy for Equality: Summary of the Report of the Commission on the Status of People with Disabilities (The Commission on the Status of People with Disabilities, 1996)<sup>35</sup>

The Report of the Commission on the Status of People with Disabilities 1996, A Strategy for Equality, has had a significant impact on the lives of people with disabilities in Ireland. It is coupled with developments in equality legislation such as the Equal Status Act 2000 that has established an equality agenda for people with disabilities.

It recommended wide-ranging changes to the manner in which people with disabilities were supported across many life domains including education, health, housing, research, transport and work.

Key recommendations from the commission included the enactment of a Disability Act, the establishment of the National Disability Authority, and the right to an individual assessment of need with an allied statement of need.

<sup>35</sup> The Commission on the Status of People with Disabilities, (1996). *A strategy for equality: Summary of the Report of the Commission on the Status of People With Disabilities*. Dublin: The Commission on the Status of People with Disabilities.

The commission asserts that every student with a disability has the right to education in the least restrictive environment and the right to essential support services. The recommendation in the report states that, parents should be full and equal partners throughout the educational process and be given all the supports and information they need to enable them to participate fully in their child's education (at all education levels).

People with disabilities have the right to be able to achieve their full potential. They have the right to make their own decisions and choices regarding the conditions of life best suited to their circumstances.

Maximising participation means that people with disabilities have the right to participate in all areas of life to the fullest extent possible, and that individually and collectively they have the right to influence decisions which affect their lives.

Students should be entitled to an independent assessment of their educational needs and an individual education plan<sup>36</sup>. The latter is a written document prepared for a named student that specifies the learning goals to be achieved over a set period of time and the teaching strategies, resources and supports necessary to achieve those goals<sup>37</sup>.

The Education Act required the Department of Education and the Regional Education Boards when established, to draw up community education plans to meet the needs of students with disabilities on a regional basis. The core provisions of these are to meet the needs of students with disabilities at any education level and should be contained in the Education Act and should include the following points (relating to schools and may relate to adult day services):

- Speech and occupational therapy;
- Physical education;
- Support and counselling for parents;
- Psychological support;
- Technical aids and supports;
- Communications support;
- School transport, including an escort where necessary;
- Classroom assistants; and
- Resource and remedial teaching.

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36 Ibid. p29.

37 NCSE. (2006). Guidelines on the *Individual Education Plan Process*. Meath, IRL: National Council for Special Education. pXiii [Viewed May 25th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2014/10/final\\_report.pdf](https://ncse.ie/wp-content/uploads/2014/10/final_report.pdf)

Affirmative action will be required to ensure that people with disabilities have equal status and are widely represented at all levels of Irish life. The Government must take a lead, alongside every other sector of Irish life, in recognising that the existing exclusion of people with disabilities impoverishes all. Training policies to develop senior management skills among employees with disabilities, or university access programmes for students with disabilities to enable them to participate on equal terms in the university system are examples of the affirmative action required<sup>38</sup>.

The report states that the number of people with disabilities is not accurately known and this is reflected in the absence of relevant official statistics:

On the basis of that and reports from other EU countries, the commission concluded that some 360,000 Irish people or 10 per cent of the population have a disability. This number is a conservative estimate and compares, for instance, to 12.5 per cent of the population across most EU countries<sup>39</sup>.

## **2.9 Learning for Life: White Paper on Adult Education (Department of Education and Science, 2000)<sup>40</sup>**

The White Paper on Adult Education (DES 2000) outlined a commitment to equal access for people with disabilities in Adult Education and a number of measures to support their participation in education and training across the full range of provision. It includes a variety of recommendations to promote increased access to mainstream adult education programmes for people with disabilities.

## **2.10 National Disability Strategy (Government of Ireland, 2004)<sup>41</sup>**

The National Disability Strategy (NDS) was launched by the Government in 2004 and aimed to support equal participation of people with disabilities in society. The Act provides for an independent assessment of individual needs, a related service statement and independent redress and enforcement for people with disabilities. The strategy builds on existing policy and legislation, including the policy of mainstreaming public services for people with disabilities. It has been endorsed in the social partnership agreement Towards 2016.

Key to this research is the development of disability legislation: Education for People with Special Needs Act 2004, the Disability Act 2005 and the Citizens Information Act 2007.

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38 The Commission on the Status of People with Disabilities, (1996). *A Strategy for Equality: Summary of the Report of the Commission on the Status of People With Disabilities*. Dublin: The Commission on the Status of People with Disabilities. p18.

39 Ibid. p8.

40 Department of Education and Science, (2000). *Learning for Life: White Paper on Adult Education*. Dublin: The Stationery Office.

41 Government of Ireland, (2004). *National Disability Strategy*. Dublin: Government Publications Office.

Towards 2016 Ten-Year Framework Social Partnership Agreement 2006-15 (Government of Ireland, 2006) presents the vision, mission and strategic objectives of the National Disability Strategy. Towards 2016 (2016) is the current social partnership agreement between Government and social partners agreed in 2006 (see section 2.14).

The National Disability Strategy Implementation Plan 2013-15 (Government of Ireland, 2013) set out the actions that Government would take in 2013-15 to improve the lives of people with disabilities (see section 2.11).

## **2.11 National Disability Strategy Implementation Plan 2013-15 (National Disability Strategy Implementation Group, 2013)<sup>42</sup>**

The National Disability Strategy Implementation Plan launched in 2013 sets out the practical measures that would be taken to advance the National Disability Strategy during 2013-15. The plan aims to promote an inclusive Irish society where people with disabilities can reach their full potential and participate in everyday life of the community.

Lifelong learning/education for people with disabilities is highlighted within the plan under High Level Goal 4b – People with disabilities get the education and training that enables them to reach their potential.

Objective 1(b) stipulates: "People with disabilities are treated with dignity and respect." One action proposed within this objective was to ensure delivery of disability and mental health awareness training to staff, particularly frontline staff. This will be through a National Disability Authority e-learning training module. This aims to achieve the outcome of services being better tailored to the needs of people with disabilities. The key performance indicators for this action are a planned programme in place for training delivered to key personnel, and a visible enhancement of awareness from those trained.

An action was proposed within this objective that aimed to enhance the overall level of positive attitudes through development and support of initiatives to promote positive attitudes to disability. This aimed to be implemented by all Departments and public bodies, and a key performance indicator is identification and promotion of effective initiatives for wider implementation<sup>43</sup>.

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42 National Disability Strategy Implementation Group, (2013). *National Disability Strategy Implementation Plan 2013-15*. Dublin: Department of Justice and Equality.

43 National Disability Strategy Implementation Group, (2013). *National Disability Strategy Implementation Plan 2013-15*. Dublin: Department of Justice and Equality, p14.

## 2.12 National Disability Inclusion Strategy 2017-21 (Department of Justice and Equality)<sup>44</sup>

The National Disability Inclusion Strategy 2017-21<sup>45</sup> (NDIS) is a four-year plan designed to provide greater supports for Irish citizens living with different kinds of disabilities in their daily lives. The NDIS builds on the preceding National Disability Strategy 2013-15.

The NDIS builds on the preceding National Disability Strategy 2013-15. The 2017-21 strategy's ambition is to take a "whole of Government" approach to improving the lives of people with disabilities both in a practical sense and in creating the best possible opportunities for them to fulfil their potential.

The strategy will take a whole of Government approach to improving their lives in a practical sense and also in creating the best possible opportunities for people with disabilities to fulfil their potential. The strategy comprises the following eight themes:

- Equality and choice;
- Joined-up policies and public services;
- Education;
- Employment;
- Health and wellbeing;
- Person-centred disability services;
- Living in the community; and
- Transport and access to places.

Specific actions relating to this review include:

- Action 31: children and young people with disabilities are supported to make smooth transitions into, within and out of the education system.
- Action 42: states "...we will promote participation in third level education by persons with disabilities".
- Action 67: states "We will continue to support and monitor a new evidence-based framework for person-centred planning across residential and day services."

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44 Department of Justice and Equality, (2017). *National Disability Inclusion Strategy 2017-21*. Dublin: Department of Justice and Equality.

45 Ibid.

Development of Government policy on disability is carried out by the equality division of the Department of Justice and Equality. Its functions include implementing the new National Disability Inclusion Strategy (2017-21), as well as coordinating implementation of the Comprehensive Employment Strategy for People with Disabilities – see next section.

### **2.13 Comprehensive Employment Strategy 2015-2024 (Department of Justice and Equality)<sup>46</sup>**

See Appendix 3.1.21.

### **2.14 Towards 2016: Ten-Year Social Partnership Agreement, 2005-15<sup>47</sup>**

Towards 2016 provides a strategic framework for meeting the economic and social challenges in Ireland. It develops a new framework to address key social challenges the individual faces at each stage of their life. This calls for a need for a vision to focus on the needs of children, young adults, people of working age, older people and people with disabilities.

In respect of the latter, the Government and social partners agree within the document that the National Disability Strategy provides a comprehensive approach for this lifecycle cohort and that its implementation should be the focus of policy over the agreement's lifetime. The parties to this agreement share a vision of an Ireland where people with disabilities have, to the greatest extent possible, the opportunity to live a full life with their families and as part of their local community, free from discrimination.

To achieve this vision, the Government and social partners committed to work together in the following ten years (up to 2015) towards the following long-term goals with a view to continued improvements in the quality of life of people with disabilities, specifically:

- Every person with a disability would, in conformity with their needs and abilities, have access to appropriate care, health, education, employment and training and social services.
- Every person with a disability would be supported to enable them, as far as possible, to lead full and independent lives, to participate in work and in society and to maximise their potential.

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46 Department of Justice and Equality, (2015). *Comprehensive Employment Strategy 2015-24*. Dublin: Department of Justice and Equality.

47 Government of Ireland, (2006). *Towards 2016: Ten-Year Social Partnership Agreement, 2005-15*. Dublin: The Stationery Office.

## **2.15 National Action Plan for Social Inclusion 2007-16<sup>48</sup>**

This National Action Plan sets out a wide-ranging and comprehensive programme of action to assist those who continue to be socially excluded from the greatly improved living standards and opportunities that most enjoy. To ensure a decisive impact on poverty is made, the Government believes significant interventions are required to prioritise a small number of high-level goals, one of which focuses on people with disabilities. The high-level goal for this life stage focuses on how employment and participation can help people with disabilities to lead full and rewarding lives. In this regard, the plan aims to increase the employment of people with disabilities who do not have a difficulty in retaining a job.

The plan also outlines a vision to improve the quality of life of people with disabilities. To achieve this vision, one of the main action points is that every person with a disability would, in conformity with their needs and abilities, have access to appropriate care, health, education, employment and training and social services.

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48 Government of Ireland, (2007). *National Action Plan for Social Inclusion 2007-16*. Dublin: The Stationery Office.

### 3. Appendix 3: Literature Review

#### 3.1 Literature Review – Government-Commissioned Research

##### 3.1.1 NCSE Framework on Inclusive Practice – A Guide for Schools on the Inclusion of Pupils with Special Educational Needs (National Council for Special Education, 2011)<sup>49</sup>

###### Summary

The National Council for Special Education (NCSE) Inclusive Education Framework provides guidance to schools on what constitutes good practice for including pupils with special educational needs. It is designed to offer clear signposts to schools on their journey towards inclusion.

The framework consists of ten structured themes on inclusion and is for use in all educational settings, including mainstream schools, special classes and special schools, are detailed in the table below.

###### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	<p>Leadership and Management is a core theme of the NCSE Inclusive Education Framework. Leadership should be visionary and provide a motivating force for change towards models of good practice in educating pupils with special educational needs. Leadership should be participatory and distributed across all members of the school community including the board of management, principal, teachers, in-school management and special needs teams, ancillary staff, parents/guardians and pupils. Leadership happens through formal and informal mechanisms. The principal plays a pivotal role informed by consultation and collaboration.</p> <p>Culture and Ethos: diversity awareness in schools can promote equality of educational access and participation of pupils with special educational needs. The school culture will need to recognise that the abilities of these pupils are not fixed and can be developed and improved given suitable learning experiences.</p> <p>Whole-School Development Planning: this is an ongoing process which can enable the school to enhance quality and manage change. It considers the aims and values of the school community, sets out a vision for future development and charts a course of action towards realising that vision. School development planning includes policies, practices and procedures in all areas of school life, and provides a foundation of inclusive principles against which progress towards inclusion for pupils with special educational needs can be measured.</p> <p>Whole-School Environment: accessibility is actively considered in planning and procurement new developments and equipment, and when planning and carrying out maintenance work.</p>

49 National Council for Special Education. (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. Trim: IRL: National Council for Special Education. [Viewed May 20th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework\\_InteractiveVersion.pdf](https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf)

Criterion	Details
	Communication: there is respect between staff, pupils, parents and others in the school community. Communication between members of the school community takes place through different modes including verbal and non-verbal, signing, written and visual, as appropriate. Management and staff are aware of the power of non-verbal communication and body language which contributes to the quality of interpersonal relations and inclusion across the school.
<b>Person-centred approach to education provision</b>	<p>Individualised Education Planning is a core theme of the NCSE Inclusive Education Framework.</p> <p>Planning for individual needs is an essential part of a whole-school policy on inclusion. It sets out how teaching and learning take place within a differentiated curriculum. Individualised education can take many forms ranging from relatively minor changes through to more detailed individualised programmes. Meeting individual needs may involve using different teaching methods, resources and supports as appropriate.</p> <p>Individual plans should include certification options and future pathways to education, training and employment. Furthermore, pupils with special educational needs should agree learning strategies with staff and be involved in setting and monitoring their learning goals.</p>
<b>Staff capacity to deliver education provision</b>	<p>Fulfilling staff potential is a sub-theme of Core Theme 5: pupil and staff well-being</p> <p>Staff are trained in the use of specialist equipment and strategies, and actively engaged in curriculum planning as a core component of inclusive teaching and learning. Staff have access to continuing professional development and support from management and colleagues equips them with knowledge and expertise in the education of pupils with special educational needs.</p>
<b>Outcomes</b>	<p>Theme 10: Support for and Recognition of Learning highlights: "Assessment and recognition of achievement form an integral part of the cycle of learning, building a picture of a pupil's progress over time and informing the next stage of learning. Inclusive assessment provides meaningful experiences and feedback to pupils and parents/guardians and is age and curriculum appropriate."</p> <p>Theme 8: Teaching and Learning Strategies (Sub-Theme 8A: The Learning Experience) notes: "Positive learning experiences increase participation, enhance academic and social skills and increase attendance and retention rates."</p>
<b>Other</b>	No relevant information

### 3.1.2 New Directions: Review of HSE Day Services and Implementation Plan 2012-16 (HSE, 2012)<sup>50</sup>

#### Summary

The purpose of the review of Health Service Executive (HSE) funded adult day services, which began in August 2007, was to reconfigure and modernise these services to embrace the principles of person-centredness, access, accountability and quality. This review made proposals for a modern service that can respond to the unique and diverse individual needs of those with physical/sensory/learning/mental health difficulties.

50 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-16. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

This new approach, known as New Directions, defined a range of supports to which individuals will have access so they can:

- Make choices and plans to support personal goals.
- Have influence over the decisions which affect their lives.
- Achieve personal goals and aspirations.
- Be active, independent members of their community and society.

New Directions sets out 12 supports that should be available to people with disabilities using day services. It proposes the services should take the form of individualised outcome-focused supports so adults using them can live a life of their choosing in accordance with their own wishes, needs and aspirations.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	<p>New directions notes that service providers should make sure that person-centredness is embedded in their culture. This can be enabled via implementation of strategies including orientation in person-centredness for members of boards of directors and senior management, proofing all policies for person-centredness and making sure that service users have the opportunity to contribute to service policy and evaluation. The main areas of change will be:</p> <ul style="list-style-type: none"> <li>• Developing a person-centred culture and approach, together with person-centred planning processes.</li> <li>• Developing and maintaining a core service focus on community inclusion.</li> <li>• Adopting a flexible and seamless approach to the provision of supports that is not constrained by traditional 9am to 5pm service boundaries.</li> <li>• Providing ways for service users and families to influence service policy.</li> <li>• Planning and evaluation.</li> <li>• Using and complying with the quality assurance framework and guidelines for adult services to be developed by the HSE to reflect New Directions.</li> <li>• Participating in local forums for collaboration and shared learning;</li> <li>• Working within the new HSE service arrangements that will govern the contractual relationship between service providers and the HSE as funder of services and which will underpin arrangements for delivery of New Directions.</li> <li>• Facilitating a move to shared services by exploring ways to make best use of resources currently invested in the sector in areas such as staff training and human resource management.</li> </ul>

Criterion	Details
<b>Person-centred approach to education provision</b>	<p>The involvement of service users and their families in decisions that affect them was noted as an area needing significant improvement within settings. As part of a responsive person-centred approach, a recommendation is to consider having independent facilitators who plan and work with individuals and families. Furthermore, it is recommended that service providers should supply a new environment where the adult's expectation is that they will take and make choices for themselves, while being provided with the skills, information and experience they will need to do this well.</p> <p>When transitioning to a new environment, the person should be able to try out the new environment and gain information and experience about the setting during this trial process.</p>
<b>Staff capacity to deliver education provision</b>	<p>The report stresses the need for continued staff development and provides a list of recommendations including:</p> <ul style="list-style-type: none"> <li>• "Increased support and training for staff, through networking days, good practice days and team-building to help build consistent service."</li> <li>• "The commitment to service quality and continuous quality improvement should be reflected in recruitment, induction, staff training, provision for continuing professional development."</li> <li>• "Key elements of staff training, and development will be familiarisation with the concept of person-centredness and what it means for day-to-day practice in service."</li> <li>• "Management and staff competency frameworks and training should reflect a clear understanding of the principles and practices of the person-centred approach."</li> </ul>
<b>Outcomes</b>	<p>The development of service users should allow them to make informed choices about what they want to do in the future and the supports they need to achieve their goals. Specific outcomes are associated with each of the 12 categories of support.</p>
<b>Other</b>	<p>Mobilising family support: families may need assistance and positive support programmes to help them to encourage and enable a family member to take as much responsibility as possible for their lives.</p>

### 3.1.3 Interim Standards for New Directions, Services and Supports for Adults with Disabilities (HSE, 2015)<sup>51</sup>

#### Summary

In Ireland, day services for adults with disabilities provide a vital network of support for over 18,000 people. Users of these services have a diverse set of interests, aspirations and personal circumstances.

51 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

Following the publication of the New Directions Report in 2012, a further document was developed setting out standards to provide specific outcomes for the service. The interim standards for New Directions provide high-level outcomes required to deliver quality services and supports for adults with disabilities.

The National Disability Strategy Implementation Plan 2013-15 states the interim standards for New Directions should ensure the perspective of people with disabilities impact on policy and services. These standards require service providers and key stakeholders to involve people with disabilities in the design, delivery, monitoring and evaluation of the services and supports. They aim to be a catalyst for community inclusion and self-determination in the lives of these people and to provide a framework to assist stakeholders to deliver services and supports in accordance with the vision and stated objectives outlined in the New Directions and the Value for Money reports<sup>52</sup>.

These interim standards will apply to services and supports for adults with disabilities funded by the HSE, whether they are operated by public, private or voluntary bodies or organisations. Furthermore, they are outcome-based. This means that each standard provides a specific outcome the service must meet which is described in the standard statement. The latter describes the high-level outcome required to deliver high quality services and supports for adults with disabilities.

The interim standards are based on the framework devised by the Health Information and Quality Authority (HIQA) for the development of standards. The themes forming part of this framework are closely aligned with New Directions. The interim standards are set out under seven themes. The first three relate to quality and safety; the last four delivering improvements to services:

1. Quality and safety
  - a. Individualised services and supports
  - b. Effective services and supports
  - c. Safe services and support
2. Capability and capacity
  - a. Leadership, governance and management
  - b. Responsive workforce
  - c. Use of resources

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<sup>52</sup> Value for Money and Policy Review. [Full report of the Value for Money and Policy Review. A Summary of key proposals from the Review of Disability Policy](#) was published in December 2010. [Report of the Disability Policy Review](#) (Department of Health, October 2011).

## 1. Use of Information

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<p><b>Organisation culture</b></p>	<p>Theme 4 of the interim standards is leadership, governance and management. It describes how "effective leadership and management ensures that a service provider should fulfil its statement of purpose and achieves its objectives". It discusses how the service provider should "develop and promote a culture of quality, person-centredness, community inclusion and active citizenship throughout the service". This is achieved through the mission statement, service design, code of governance, allocation of resources, training, development and evaluation processes, and policies and practices.</p> <p>"In an effective governance structure, overall accountability for the delivery of services and supports is clearly defined. The service provider has effective leadership, governance and management arrangements in place and clear lines of accountability."</p> <p>The service provider has a publicly available statement(s) of purpose that accurately and clearly describes the services and supports provided.</p>
<p><b>Person-centred approach to education provision</b></p>	<p>The report details how supporting people with disabilities should have an individualised approach, which recognises the uniqueness of each person. Services and supports should be tailored on a person-by-person basis, considering the diversity of each person's needs, wishes and aspirations.</p> <p>Service users should be actively involved in decisions about the supports they receive and empowered to exercise their rights, including the right to be treated equally in their allocations, the right to refuse a service or some element of it and to exit a particular service in favour of another. People should make their own choices, participate in the running of services and contribute to the life of the community, in accordance with their wishes. Support for community inclusion and active citizenship is a fundamental core value of person-centred services.</p> <p>Where people have difficulties in communicating their wishes or making informed decisions, service providers are obliged to work in close collaboration with the person's representative who will ascertain their wishes and facilitate them in achieving a desired outcome.</p> <p>The report describes how people should be able to access formal education programmes in line with their choices, needs and abilities. Those services provided directly by the service provider may include supports to access education and formal learning.</p> <p>With the full participation of the person, individual personal plans are formally reviewed annually or more frequently if there is a change in needs or circumstances. The review is conducted in a manner that ensures the maximum participation of each person and includes a review of their working relationship with their key worker.</p> <p>Service providers actively engage with community leaders to raise awareness of disability and facilitate inclusion in community life and education.</p> <p>The report details how the service provider should support a culture that responds to the individual needs of people with a disability. It should support community inclusion and participation with family and others in the wider community and is continually looking at how it can provide a better service to the individual and their families.</p> <p>The deployment of necessary resources through informed decisions and actions facilitates the delivery of high quality, person-centred services and supports to people with disabilities.</p>

Criterion	Details
<p><b>Staff capacity to deliver education provision</b></p>	<p>The report describes how each staff member has a key role to play in delivering high quality, person-centred services and supports to people with disabilities.</p> <p>Staff Knowledge: for a service provider to perform its functions in protecting each person and promoting their welfare, staff must demonstrate a knowledge of legislation, regulations, policies and standards for the support and welfare of people with disabilities appropriate to their role, and this is reflected in all aspects of their practice.</p> <p>Recruitment of Staff: safe recruitment practices should ensure that staff have the required qualities, skills, competencies and experience to undertake duties associated with their roles and responsibilities. All staff receive support and supervision to ensure they perform their job to the best of their ability. The performance of staff is appraised at regular specified intervals.</p> <p>Staff Professional Registration: staff are registered with their professional body, where relevant to assure the public they are competent to deliver high quality, person-centred services to people with disabilities.</p> <p>Staff Training and Qualifications: training is provided to staff to improve outcomes for people using services and supports. All staff are trained to support people in a person-centred way and to facilitate them to achieve their goals. The service provider has competent managers with appropriate qualifications and sufficient practice and management experience to manage the services and supports and meet its stated purpose, aims and objectives. Staff are provided with training and development opportunities that equip them with the skills necessary to meet the needs of people with disabilities. A training needs analysis is periodically undertaken with all staff and relevant training is provided as part of a continuous professional development programme. There is a training and development programme to ensure staff maintain competence in all relevant areas. This includes areas such as:</p> <ul style="list-style-type: none"> <li>• Person-centredness, choice and self-determination.</li> <li>• Positive risk-taking.</li> <li>• Community inclusion, active citizenship and valued social roles.</li> <li>• Appropriate and relevant communication methods and is tailored to specific members of the workforce and the needs of service users to ensure the delivery of high-quality person-centred services and supports.</li> </ul> <p>All staff receive ongoing training in prevention, detection and reporting of abuse and their requirement to report abuse, as outlined in legislation and national policies. The service provider ensures that staff participate in mandatory health and safety education and training programmes.</p>
<p><b>Outcomes</b></p>	<p>Effective services should ensure that people with disabilities can make informed decisions as a means to enhance their quality of life, competence, social skills and independence.</p> <p>Encouragement and support to take up roles that are valued in the community, such as becoming a volunteer, an advocate or a member of a local group.</p> <p>Furthermore, support to access mainstream educational programmes, such as functional literacy and numeracy programmes, is available.</p> <p>Bridging programmes are available to help individuals access vocational training. Individuals will be supported to access and maintain employment, through vocational training and employment that is in line with their choices, needs and abilities.</p>

Criterion	Details
Other	<p>Management should support the running of the service, recruiting and training staff, monitoring service quality and developing plans for the service.</p> <p>Staff demonstrate a knowledge of legislation, regulations, policies and standards for the support and welfare of adults with disabilities.</p>

### 3.1.4 An Evaluation of Education Provision for Students with Autism Spectrum Disorder in Ireland (NCSE, 2016)<sup>53</sup>

#### Summary

The study evaluates State-funded provision for students with autism spectrum disorder (ASD) against a framework of principles and indicators based on identified good practice in education provision for students with ASD developed by the NCSE in partnership with Middletown Centre for Autism (MCA).

The research was conducted by a team of researchers from Mary Immaculate College (MIC), Limerick. In total, 24 sites and 61 children with ASD participated in classroom observations. The children had a range of ability and several had co-occurring needs such as sensory processing differences, attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD) and oppositional defiant disorder (ODD).

This evaluation framework sets out criteria and performance indicators with reference to four key statements against which provision can be systematically measured. The reported research findings of this refer to the four statements, criteria and performance indicators of the MCA/ NCSE evaluation framework, which are:

1. Teaching and learning
2. Inclusive school culture
3. School management
4. Staff development

53 Ring, E., Daly, P., Egan, M., Fitzgerald, J., Griffin, C., Long, S., McCarthy, E., Moloney, M., O'Brien, T., O'Byrne, A. and O'Sullivan, S., 2016. *An Evaluation of Education Provision for Students with Autism Spectrum Disorder in Ireland*. Trim, IRL: National Council for Special Education. [Viewed May 20th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2016/07/5\\_NCSE-Education-Provision-ASD-Students-No21.pdf](https://ncse.ie/wp-content/uploads/2016/07/5_NCSE-Education-Provision-ASD-Students-No21.pdf)

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<p><b>Organisation culture</b></p>	<p><b>Statement 3 – School Management – Leadership and Management</b></p> <p>This document discusses how successful services will adopt excellent leadership and management structures with an awareness of complying with legal requirements and providing support for staff in enhancing children’s learning, teaching and behaviour. Management within the organisation should also display a commitment to providing, communicating and reviewing whole-school policies on the inclusion of students with ASD.</p> <p><b>Culture</b></p> <p>The report details an inclusive school culture, which outlines how there should be high levels of communication between the service and families, an inclusive learning environment that is productive for every service user, and a prioritisation of the wellbeing of all service users. Structures should be in place to support the educational provision for students with ASD, including regular meeting times between management and special class coordinators or ASD teams, and structured communication between special education teachers and mainstream teachers.</p> <p>There should be an excellent collaborative and collegial culture with an emphasis on joint planning, sharing of expertise and information between external professionals and services, school staff, special needs assistants and parents.</p>
<p><b>Person-centred approach to education provision</b></p>	<p><b>Statement 1 – Teaching and Learning – Individualised Planning</b></p> <p>Assessment of curriculum must be constructively linked to the individualised planning process. Individualised planning must have clear sections on strengths, needs and priority learning needs. Targets must also be specific, measurable, achievable, realistic and timed. Input from everyone involved must also be valued.</p> <p>Learning styles for individuals are different so this must be taken in to account, with individualised focus on learning which accommodates this, and review dates are agreed and outlined in each individualised plan.</p>
<p><b>Staff capacity to deliver education provision</b></p>	<p>The report discusses staff development as an aspect of all forms of education provision for students with autism spectrum disorder in Ireland</p> <p><b>Statement 3 – School management</b></p> <p>School management promotes a culture of further learning and information-sharing among all staff. There is a clear plan for continued professional development for staff which facilitates the acquisition of knowledge, skills and attitudes required for adopting best practices in educational provision for students with ASD.</p> <p>Continued upskilling of teachers and SNAs to enable greater understanding of ASD: “Teachers feel supported in their roles by the principal and encouraged to share their expertise and resources”.</p> <p>Other staff or external professionals who meet students with ASD have an understanding of ASD and its level is regularly reviewed.</p> <p>Staff have a good understanding of ASD, how it affects teaching and learning and up-to-date strategies on how to tailor their delivery to best meet the unique learning styles of students with ASD. There is regular consultation with specialist staff and informal training and guidance is provided in a timely fashion on request.</p> <p>Staff have opportunities to further their knowledge of ASD by liaising with colleagues and other educational professionals with relevant expertise.</p> <p><b>Statement 4 – Staff Development – Understanding and Knowledge of ASD for All Staff</b></p> <p>There is need for an excellent understanding of ASD regarding its implications for meeting children’s care needs and managing behaviours.</p>

Criterion	Details
<b>Outcomes</b>	The report details how there should be planning for students with ASD to promote their wellbeing and to increase the ability to build relationships, to transition for the next step of life. Students with ASD should be supported and have increased responsibility for making independent choices aligned with their age and ability.
<b>Other</b>	<b>Statement 1 – Teaching and Learning – Curriculum/Certification</b> In schools with ASD-specific classes and where children are included in mainstream classes, collaboration and consultation are needed between class teachers and the teacher in the ASD-specific class to optimise the child’s curriculum access.

### 3.1.5 National Review of Autism Services Past, Present and Way Forward (Health Services Authority, 2012)<sup>54</sup>

#### Summary

The report acknowledges the work carried out over many years for the various interventions that have a positive impact on individuals with ASD. It identifies pathways of care for individuals with autism and uses a literature review to understand how geographically current services can vary from robust, comprehensive and integrative to isolated, patchy and ineffective. It examines issues from diagnosis to service provision. It highlights the key principles, important messages and recommendations for service delivery to people with ASD. It also acknowledges best practice and suggests the supports change in line with the latest evidence-based practice.

The key messages and recommendations for delivery and development of ASD services should ensure individuals will receive their health services as close to their home as possible. The recommendations also state that future provision of services for children and adults with ASD must be in line with the Government’s commitment to mainstreaming where people with a disability have access to the same services as the general population, and in addition receive the appropriate support and intervention to address individual needs.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	Under the HSE Transformation Programme, primary care teams and networks will provide for most of the health needs of the population they serve, including people with disabilities.  It is the view of this Review Group that the future range of service provision for organisations should create an environment of equity and quality by developing a standardised approach to elements of service provision.

54 Health Services Authority, (2012). *National Review of Autism Services Past, Present and Way Forward*. Dublin: HSE. [Viewed May 20th, 2019]. Available from: [http://www.fedvol.ie/\\_fileupload/Next%20Steps/autismreview2012.pdf](http://www.fedvol.ie/_fileupload/Next%20Steps/autismreview2012.pdf)

Criterion	Details
<b>Person-centred approach to education provision</b>	<p>Evidence from Northern Ireland: organisations should operate in accordance with the Autistic Spectrum Disorder Strategic Action Plan (2009-11). The action plan aims to ensure a "person-centred approach" to service provision, based on assessed need and to give priority focus to improving the commissioning and provision of adult services, improving training to ensure earlier education, and support for individuals with ASD and their families.</p> <p>Continuous assessment of need is a process, responding and adapting to the changing profile of the person throughout life, and services need to be flexible and respond to service user t needs. This will ensure the service has an approach to achieving a person-centred plan across a range of areas and subjects.</p>
<b>Staff capacity to deliver education provision</b>	<p>Increase awareness and understanding of autism among frontline professionals and staff in the public service and developing specialist training for staff in health and social care for adult services.</p> <p>Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment.</p> <p>Enabling local partners to plan and develop appropriate services for adults with autism to meet identified need and priorities.</p> <p>Provide appropriate autism-specific training/information/awareness to ensure that staff involved in the delivery of services have the necessary skills and expertise in meeting the needs of individuals and their families.</p>
<b>Outcomes</b>	<p>Structures will be in place to allow adults with autism to access the full range of supports required. This will encourage full participation, and in a meaningful way within society.</p> <p>Improving access for adults with autism to the services and support they need to live independently within the community. Each person with a disability should have the specific support they need to participate in and benefit from vocational training and to maximise their chances of working in the open labour market.</p> <p>Be active, independent members of their community and society.</p>
<b>Other</b>	<p>Parents need to be supported in their interactions with the adult and in their understanding of the condition of their individual. This is often achieved through parent training programmes, parent support groups and one-to-one input from multidisciplinary teams. This should reduce family stress and improve learning opportunities for the adult by giving parents effective strategies.</p>

### 3.1.6 Supporting Students with Autism Spectrum Disorder in Schools – Policy Advice Paper No.5 (NCSE, 2016)<sup>55</sup>

#### Summary

In 2013, the NCSE was requested to review educational provision for students with autism spectrum disorder (ASD) and to advise on future arrangements that should be in place, where necessary, to improve the nature, extent, planning and delivery of education to students with ASD. In preparing this paper, the NCSE consulted widely and held over 30 meetings with educational partners and stakeholders.

55 NCSE, (2016). *Supporting Students with Autism Spectrum Disorder in Schools. Policy Advice Paper no.5*. Trim, IRL: National Council for Special Education. [Viewed May 20th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2016/07/1\\_NCSE-Supporting-Students-ASD-Schools.pdf](https://ncse.ie/wp-content/uploads/2016/07/1_NCSE-Supporting-Students-ASD-Schools.pdf)

In addition to reviewing relevant national and international research, the NCSE commissioned two specific studies: one to review literature on educating persons with ASD during 2008-13 and the second to evaluate State-funded educational provision for students with ASD.

NCSE consultations for the preparation of its policy advice on Supporting Students with Autism Spectrum Disorder in Schools (NCSE 2016) identified several issues relating to students with disabilities transitioning from post-primary school. These included the perception of a general absence of (appropriate) services, the need to balance student inclusion alongside often necessary specialist support, and concern about provision of adequate support within different settings.

The purpose of the research was to:

1. Review current national/international research literature on evidence-based practices and interventions for the education of children with autism/ASD, with a particular focus on other EU countries.
2. Review, and provide an overview of, current State-funded educational provision for children with autism/ASD, to include early intervention and the extended school year scheme, identifying the roles of the various agencies and State as well as the strengths and gaps in the educational and wider framework of supports that significantly affect the education of children with autism/ASD.
3. Review, with particular reference to educational and social outcomes, the effectiveness of the range of evidence-based practices and interventions for the education of children with autism/ASD.
4. Identify the nature and extent of educational intervention(s), teaching practices and other supports which should be provided to enable children with autism/ASD achieve educational outcomes appropriate to their needs and abilities.
5. Make recommendations on future arrangements that should be in place, where necessary, to improve the nature, extent, planning and delivery of education to children with autism/ASD, with specific reference to the roles of agencies and the nature and extent of supports that should be in place, considering the need for flexibility given constrained resources.

The NCSE found much had improved for students with ASD in recent years. There is generally a good and improving range of placement options, including appropriate settings where very young children can receive early intervention and supports. Students are generally supported well in schools and have access to a diverse and appropriate curriculum. Teacher knowledge and understanding of ASD has improved and continues to develop as many have engaged in professional development; the high quality of continuing professional development (CPD) programmes provided through the Special Education Support Service (SESS) and colleges/universities was noted.

There was consensus across all consultation groups that DES provision for students with ASD had greatly improved since publication of the Report of the Task Force in 2001. Significant resources had been invested in teacher development, good accommodation and equipment has been provided in many schools along with extensive teacher and SNA supports.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	<p>Education provision considered to be of higher quality in schools where:</p> <ul style="list-style-type: none"> <li>• Leadership is provided by principals knowledgeable about ASD and who understand the importance of flexibility in allowing students to move between special and mainstream settings.</li> <li>• Leadership displays enthusiasm to undertake CPD to develop their knowledge, skills and competencies to educate students with ASD.</li> </ul>
<b>Person-centred approach to education provision</b>	<p>Discusses individual education plans (IEPs) as an issue raised by consultation groups where student programmes are not always linked to their IEPs, resulting in no continuity with their education programme. Concern from the NCSE regarding individuals within mainstream schools might never require specialist post-school options. Therefore, mainstream schools are contacted by the HSE to establish the numbers of young adults who may need adult day services. This will allow them to put the necessary services in place for school leavers with the most complex needs.</p>
<b>Staff capacity to deliver education provision</b>	<p>Teacher knowledge and understanding of ASD have improved and continue to develop as many have engaged in professional development; the high quality of continuing professional development (CPD) programmes provided through the Special Education Support Service (SESS) and colleges/universities.</p> <p>As part of their overall training programme in ASD, teachers in specialist roles and positions should receive training in technology-aided instruction for use with students with ASD.</p> <p>Teachers in specialist roles and settings require access to ongoing CPD in assessing and identifying the needs of their students and in selecting and implementing appropriate educational interventions.</p> <p>Positive teacher attitudes need to be promoted in educating students with ASD. This should be integrated in to staff training course content, particularly to new recruits.</p>
<b>Outcomes</b>	<p>Adult day services should individually examine adults with more complex special educational needs to deliver the most suitable support or service helping the individual to develop social skills and improve behaviour and communication skills.</p>
<b>Other</b>	<p>A training programme and mentoring system should be available for school leaders to provide up-to-date knowledge of, understanding in and information on the education of students with ASD.</p> <p>Appropriate resources are important in service provision: the report noted that provision for students with ASD had improved and that significant resources had been invested in teacher development, good accommodation and equipment has been provided in many schools along with extensive teacher and SNA supports.</p>

### 3.1.7 Models of Good Practice in Effectively Supporting the Needs of Adults with Autism, Without a Concurrent Intellectual Disability, Living in the Community (NDA, 2017)<sup>56</sup>

#### Summary

This is an exploratory report that looked at evidence of good practice from Ireland and around the world with most evidence coming from grey literature. It looked at service developments for adults with autism without an intellectual disability (ID) living in the community and focused mainly on health, social care and *education services* in the preventative and supportive realm. Most information and examples came from England and Scotland with some from the US.

Adults with an autistic spectrum disorder (ASD) are a heterogeneous group. Based on limited data, the report highlights that 16,379 to 23,079 adults aged 18-64 with an ASD and without an intellectual disability live in Ireland and that many of this group are likely to be undiagnosed.

This report found that in general there is a lack of research, and a consequent lack of evidence, around the optimal configuration of services and the most effective and efficient supports required to ensure that adults with autism without an ID can live as independent and fulfilling a life as possible. For autism services to be successfully embedded in existing services extensive training of service providers is needed. This includes both autism awareness training as part of routine disability awareness training and more comprehensive training for those who will be providing more in-depth services for adults with autism.

A census of day services for people with disabilities conducted by the HSE as part of the New Directions review of day services (2012)<sup>57</sup> identified 25,000 people receiving HSE-funded adult day services, with 357 adults identified as having a primary diagnosis of autism (1 per cent of the overall day service population).

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	This document defines good practice within services that adopt a social approach to disability within its culture. This is defined as a culture where persons with disabilities are supported to achieve independence, social inclusion and participation according to the individual needs of each person.
<b>Person-centred approach to education provision</b>	No relevant information.

56 NDA, (2017). Models of good practice in effectively supporting the needs of adults with autism, without a concurrent intellectual disability, living in the community. Dublin: National Disability Authority. [Viewed May 20th, 2019]. Available from: <http://nda.ie/Publications/Disability-Supports/Autism/Good-practice-in-supporting-adults-with-autism.pdf>

57 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

Criterion	Details
<b>Staff capacity to deliver education provision</b>	<p>There is the need for extensive training of service providers with specific autism awareness training included as part of routine disability awareness training.</p> <p>ASD specific training for professionals and service providers including managers involved in ASD services should be further developed.</p> <p>Autism education and training must be available at a range of levels to suit a range of staff development needs from basic awareness through to advanced specialist knowledge.</p>
<b>Outcomes</b>	<p>A positive outcome is experienced by the individual through good transition support – for people with autism, this will carry through to supports at times of transition such as leaving school or college and starting a job. Ultimately this extra support facilitates transition without disruption and enhances the quality of life of the individual as a result.</p> <p>People with autism should become more confident, willing to share ideas, support each other and ready to take on new and exciting challenges. Students should be confident and able to make a positive contribution within the local community and interact with a mix of people, which is crucial to their personal and social development.</p>
<b>Other</b>	<p>Generic awareness raising can be done as part of general disability training for staff or as a stand-alone training.</p>

### 3.1.8 Review of the Fund for Students with Disabilities (Higher Education Authority, 2017)<sup>58</sup>

#### Summary

The report evaluates the role of Fund for Students with Disabilities (FSD) in supporting their access and participation in higher education and whether the policies, guidelines and practices relating to the fund are fit for current and future purpose. The review considered four main areas: financial provision of the FSD; HEA model and guidelines; student experience of the fund; and educational institutions and the fund.

This review has suggested that since 2008, over €70 million has been allocated through the fund thus enabling the participation of over 38,000 students with disabilities in further and higher education. The number of fund-supported students has grown from 3,800 in 2008 to almost 10,500 last year. €9.6 million will be allocated through it in 2017.

The fund’s purpose is to support higher and further education institutions in ensuring students with disabilities have the necessary assistance to enable them to fully participate in their chosen course of study.

58 Higher Education Authority & RSM Consultants, (2017), Review of the Fund for Students with Disabilities. Dublin: Higher Education Authority. [Viewed May 20th, 2019]. Available from: <https://hea.ie/assets/uploads/2017/10/HEA-Review-of-the-Fund-for-Students-with-Disabilities.pdf>

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	No relevant information.
<b>Person-centred approach to education provision</b>	<p>Elements of current good practice that respondents stated were happening in their institution included:</p> <ul style="list-style-type: none"> <li>• individual needs assessments</li> <li>• tailored/personalised support</li> </ul>
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	<p>The National Plan for Equity of Access to HE 2015-19 includes targets for increased participation in higher education by people with disabilities. This would need a gradual increase in the total proportion of students with disabilities (new entrants) from 6 to 8 per cent by about 1,000 a year.</p> <p>On the impact of the Fund for Students with Disabilities (FSD) on students, positive outcomes were identified as a result of it, in particular:</p> <ul style="list-style-type: none"> <li>• It had a significant influence on participation in further and higher education;</li> <li>• Retention and completion in further and higher education;</li> <li>• Progression to access further study;</li> <li>• Development of independent learning and transferable skills.</li> </ul>
<b>Other</b>	<p>There is evidence of good practice in supporting students with disabilities that could be shared among institutions. Respondents to the staff survey identified what they are doing well to support students with disabilities (maximising impact from existing resources) that other institutions could learn from. Examples included:</p> <ul style="list-style-type: none"> <li>• Provision of assistive technologies and other accommodations;</li> <li>• Provision of learning support;</li> <li>• Needs assessments;</li> <li>• Tailored/personalised support; and</li> <li>• Promoting inclusivity.</li> </ul>

### 3.1.9 Guidance for the Assessment of Centres for Persons with Disabilities (2017, Health Information and Quality Authority)<sup>59</sup>

#### Summary

The Health Information and Quality Authority (HIQA) through the Office of the Chief Inspector of Social Services is responsible for registering and inspecting designated centres and assessing whether the registered provider follows the regulations and standards. This document offers guidance in the inspection of service providers, and how they are assessed for compliance with regulations and standards set out by HIQA.

Inspections are structured around two main dimensions each of which is underpinned by a number of regulations that include capacity and capability dimensions and quality and safety dimensions.

HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the safety and quality of health and social care services across its full range of functions. The regulations aim to ensure:

- A consistent and timely assessment and monitoring of compliance with regulations and standards.
- A responsive and consistent approach to regulation and assessment of risk within designated centres.
- Contribute to the improvement of the service being inspected through application of the inspection process.

Guidance on each individual regulation from three to 34 is presented in the document with each regulation described by five sections:

1. The standard associated with the regulation, where applicable.
2. What a service striving for quality improvement looks like.
3. Examples of the information/evidence reviewed to assess compliance.
4. Indicators that demonstrate the registered provider's and or person in charge's level of compliance with the regulations and standards.
5. Risk rating of compliance.

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<sup>59</sup> Health Information and Quality Authority. (2017). *Guidance for the assessment of centres for persons with disabilities*. Dublin: Health Information and Quality Authority. [Viewed May 20th, 2019]. Available from: [https://www.hiqa.ie/sites/default/files/2018-02/Assessment-of-centres-DCD\\_Guidance.pdf](https://www.hiqa.ie/sites/default/files/2018-02/Assessment-of-centres-DCD_Guidance.pdf)

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<p><b>Organisation culture</b></p>	<p><b>Regulation 3 – Statement of Purpose</b></p> <p>Discusses how the service should have a "statement of purpose that promotes transparency and responsiveness by accurately describing the designated centre's aims and objectives and the services provided, including how and where they are provided. The service that is defined in the statement of purpose is reflected in other related policies and procedures".</p> <p>The policies and procedures in place must be pertinent to the individual service, and staff should have the opportunity to be included in the discussion of their content.</p> <p>The person in charge must have a clear understanding and vision of the service to be provided. Furthermore, a culture that promotes the individual and collective rights of the residents must be fostered. There must be support for a culture of openness where the views of all involved in the service are sought and taken into consideration.</p> <p><b>Regulation 23 – Governance and Management</b></p> <p>"Effective governance ensures positive outcomes for residents using the service through care and support that is person-centred and promotes an inclusive environment where each resident matters." The culture within the centre encourages regular feedback from residents, relatives, staff and others, and this feedback informs practice.</p> <p><b>Regulation 13 – General Welfare and Development</b></p> <p>"The organisational culture supports residents to effectively exercise their right to independence, social integration and participation in the life of the community."</p>
<p><b>Person-centred approach to education provision</b></p>	<p><b>Regulation 5 – Individualised Assessment and Personal Plan</b></p> <p>Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.</p> <p>There is a clear planned approach to admissions with opportunities to visit the centre before admission. Each resident is given the opportunity to visit the centre and meet a staff member to discuss the process and key aspects of the service before they make a decision to stay there.</p> <p>Excellence in achieving individualised assessment and personal planning is evidenced when there is a strong and visible person-centred culture within an organisation and residents receive the care they actually need.</p> <p>Individual assessment and personal planning are a process to find out about the person, their abilities and needs to ensure their views are respected and the support required is planned for in an individualised way. This is a dynamic and fluid process that is constantly evaluated and updated. The process is documented in a clear and concise way that can inform continuity of care.</p> <p>A quality personal plan cannot be created without a comprehensive and appropriate assessment. To ensure a comprehensive assessment and to develop a personal plan that is truly individualised, the person must be involved in decisions about their own care. "A quality personal plan is one that recognises the intrinsic value of the person by respecting their uniqueness."</p> <p>A quality personal plan cannot be created without a comprehensive and appropriate assessment. To ensure a comprehensive assessment and to develop a personal plan that is truly individualised, the person must be involved in decisions about their own care. Balancing the rights of the resident to privacy and the engagement of family in the development of a personal plan.</p> <p><b>Regulation 6 – Healthcare</b></p> <p>"The resident's ability to be autonomous and make decisions is supported and developed."</p>

Criterion	Details
<b>Staff capacity to deliver education provision</b>	<p><b>Regulation 14 – Person in charge</b></p> <p>Staff management must be competent with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. They must also demonstrate appropriate knowledge of relevant best practice and guidance, alongside evaluating his or her own personal strengths or challenges and proactively seek out areas for development. The person in charge should have a strong focus on person-centred care and manage the centre in ways that avoid institutional procedures.</p> <p><b>Regulation 16 – Training and Staff Development</b></p> <p>Staff are supported to develop professionally in an atmosphere of respect and encouragement. All are trained to provide person-centred services and supports to residents underpinned by an approach that upholds the resident’s core human rights principles of fairness, respect, equality, dignity and autonomy. The workforce is organised and managed to ensure staff have the required skills, experience and competencies to respond to the needs of residents with disabilities. Key workers have the skills required to plan and coordinate care and supports and to liaise effectively with other organisations and professionals.</p> <p>Ongoing CPD: a training needs analysis is completed periodically with staff, and relevant training is provided as part of CPD. The service must support staff to continuously update and maintain their knowledge and skills.</p> <p>Regulation 23 – Governance and management: “Staff are provided with access to support as well as development opportunities, and their performance is appraised at regular specified intervals by appropriately qualified and experienced staff.”</p>
<b>Outcomes</b>	<p>The document summarised that compliance with these standards ensures a personal development and an overall enhancement of quality of life of individuals due to their individualised plans, alongside a respect for their views on their support. Individuals should be able to develop the social skills, confidence and self-esteem that underpins their ability to make and sustain personal relationships.</p>
<b>Other</b>	No relevant information.

### 3.1.10 European Agency for Special Needs for Inclusive Education (EASNIE)<sup>60</sup>

#### Summary

The European Agency for Special Needs and Inclusive Education (EASNI) is an independent organisation that acts as a platform for collaboration for its member countries (31 countries covering 35 jurisdictions – England, Northern Ireland, Scotland and Wales, as well as Belgium’s French and Flemish communities are each represented separately) working towards ensuring more inclusive education systems.

The agency is co-funded by education ministries in its member countries and by the European Commission via an operating grant within the European Union (EU) [Erasmus+ education programme](#) (2014-20).

60 European Agency for Special Needs for Inclusive Education., (2019). The European Agency for Special Needs for Inclusive Education. [Viewed May 25th, 2019]. Available from: <https://www.european-agency.org/>

It is the only European body maintained by its member countries with the specific mission of helping them improve the quality and effectiveness of their inclusive provision for all learners. It aims to ensure equity, equal opportunities and rights for all learners, in particular those vulnerable to marginalisation and exclusion, such as students with disabilities and/or special educational needs.

Their work focuses on improving learner achievement at all levels of inclusive lifelong learning, with the aim of expanding learners' life chances and opportunities for actively participating in society. The agency's member countries "shared ultimate vision for inclusive education systems is that all learners of any age are provided with meaningful, high-quality educational opportunities in their local community, alongside their friends and peers.

The website includes country specific information: data, information about specific projects and resources.

Relevant publications – available on or signposted from – the website detailed below.

## **20 Key Factors for Successful Vocational Education and Training<sup>61</sup>**

These factors were published to provide guidance for policy-makers and practitioners from the VET project. VET policies and practices were analysed in 26 countries with the analysis focused on what works, why and how in VET for learners with SEN and/or disabilities. These factors were found in most practices analysed with a high degree of coherence across countries.

## **Policy Guidelines on Inclusion in Education (UNESCO, 2009)<sup>62</sup>**

The EASNIE website includes resources dedicated to increasing inclusive capability<sup>63</sup>. This provides material including UNESCO guidelines that provide some useful narrative which helps to define inclusive education:

"Inclusive education is a process of strengthening the capacity of the education system to reach out to all learners."

"Inclusion is thus seen as a process of addressing and responding to the diversity of needs of all children, youth and adults through increasing participation in learning, cultures and communities, and reducing and eliminating exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision that covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children."

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61 European Agency for Special Needs and Inclusive Education. *20 Key Factors for Successful Vocational Education and Training*. EASNI.

62 UNESCO, (2009). *Policy Guidelines on Inclusion in Education*. Paris: UNESCO.

63 European Agency for Special Needs and Inclusive Education. *Increasing Inclusive Capability*. EASNI. [Viewed May 20th, 2019] Available at: <https://www.european-agency.org/projects/organisation-provision-support-inclusive-education/increasing-inclusive-capability/what-does-inclusive-education-mean-stakeholders-our-nationallocal-context>

The guidelines explain that there are several justifications for this: educational (requirement for inclusive schools to educate all children together means they have to develop ways of teaching that respond to individual differences and that therefore benefit all children); social (inclusive schools can change attitudes toward diversity by educating all children together, and form the basis for a just and non-discriminatory society); and economic (less costly to establish and maintain schools that educate all children together than to set up a complex system of different types of schools specialising in different groups of children).

The guidelines also include important components that help to ensure the education system is equipped to handle diversity through:

- Flexible teaching and learning methods – adapted to different needs and learning styles.
- Reorienting teacher education.
- Flexible curriculum – responsive to diverse needs and not overloaded with academic content.
- Welcoming of diversity.
- Involvement of parents and the community.
- Early identification and remediation of children at risk of failure.

The guidelines detail common barriers and challenges faced by policy makers (see box below) – but also useful checklists to help explore the core elements within each of these.

## Challenges for Policy Makers

### A. Attitudinal Changes and Policy Development

- The term inclusive education needs to be further clarified and adopted by educators, governmental and non-governmental organisations, policy-makers and social actors.
- The lack of understanding, awareness and support in society about inclusive education needs to be addressed through advocacy and dialogue at regional and national levels.
- Long-term sustainable policies of economic and social development need to take inclusive education into account.
- An integral multi-sectoral and collaborative approach is needed to guarantee the right to education.
- Regional and national dialogues are needed to ensure public understanding, awareness and support of policies.

### **B. Ensuring Inclusion through Early Childhood Care and Education**

- Early childhood interventions should be seen as a sustainable way to guarantee the right to education for all children from the start.

### **C. Inclusive Curricula**

- Cohesive transition and articulation of the curriculum between early childhood, primary and secondary education are key factors in preventing drop-outs from level to level and ensuring retention.
- Curricular changes are necessary to support flexible learning and assessment.
- Opportunities for informal and non-formal education should be developed in the curriculum.
- A highly academic, heavily overloaded curriculum is counterproductive to inclusive education.
- Multiple stakeholders should be encouraged to participate in curriculum design.

### **D. Teachers and Teacher Education**

- Teacher-education programmes, (both pre-service and in-service) should be reoriented and aligned to inclusive education approaches to give teachers the pedagogical capacities necessary to make diversity work in the classroom and in line with reformed curricula.
- Training of all education professionals, including members of the community, is essential to supporting an inclusive school.
- The creation of incentives renewing teachers' social status and improving their living conditions are necessary preconditions to professionalising their role, for example increasing salaries, providing better living quarters, providing home leaves, increasing respect for their work, etc.

### **E. Resources and Legislation**

- National legislation should be changed and revised to incorporate notions of inclusive education.
- International conventions should be signed and ratified and reflected in national legislation.
- Implementation of policy and laws should be promoted and enforced.
- Budgetary allocations for inclusive education should be equitable, transparent, accountable and efficient.

Source: UNESCO, (2009). Policy Guidelines on Inclusion in Education.

### Evidence Relevant to Draft Good Practice Framework (from Website and Associated Resources)

Criterion	Details
<p><b>Organisation culture</b></p>	<p>The 20 Key Factors document identifies relevant areas including:</p> <ul style="list-style-type: none"> <li>• <b>Motivation and commitment:</b> head teachers/directors/staff are highly motivated, committed, dedicated and open in expressing their enthusiasm. An authentic atmosphere of commitment, caring and belonging together with positive attitudes contributes to creating equal opportunities. Staff believe in learners' abilities and see opportunities rather than challenges.</li> <li>• <b>Leadership:</b> The school director's leadership needs to implement the 20 key factors driving best practice for supporting people with disabilities.</li> </ul>
<p><b>Person-centred approach to education provision</b></p>	<p>The EASNIE website includes details of the special educational needs initiative Youthreach<sup>64</sup>, an action to give learners with SEN (aged 15-20) in Ireland an opportunity to develop their educational needs and opportunities.</p> <p>The initiative received € 2 million in 2007 to develop individual plans for each student, set up a mentoring support system and engagement in inter-agency work as required for each student.</p> <p>The document about the project highlights the importance of flexible and personalised education, and how the learner is placed at the centre of their learning and development, aided by individual planning processes and inter-agency work.</p> <p>The 20 Key Factors document identifies relevant areas including:</p> <ul style="list-style-type: none"> <li>• <b>Assessment:</b> learners take part in assessment schemes prior to starting the VET programme. This means the most appropriate VET programmes are selected, matching learners' abilities and wishes.</li> <li>• <b>Learner-centred approaches:</b> this approach tailors pedagogical methods and materials, the curriculum, assessment methods and goals and so on to individual need. The focus is on learner capabilities.</li> </ul>

64 Gordon, M., (2009). *Report of the Pilot Phase of the Special Educational Needs Initiative in Youthreach*. National Development Plan. [Viewed May 20th, 2019]. Available at: <https://www.etbi.ie/wp-content/uploads/2021/06/SEN-INITIATIVE-REPORT-May-09.pdf?x77347>

Criterion	Details
<p><b>Person-centred approach to education provision (continued)</b></p>	<ul style="list-style-type: none"> <li>• Individual plans: individual education/learning/training/transition plans are developed and implemented, and lead to individual curricula.</li> <li>• Pathways: there are options to improve a qualification or grade, to switch to a different programme, to choose between different professions and to have an academic and/or professional certificate.</li> </ul> <p>The UNESCO guidelines include important components that help to ensure the education system is equipped to handle diversity through:</p> <ul style="list-style-type: none"> <li>• Flexible teaching and learning methods: adapted to different needs and learning styles.</li> <li>• Flexible curriculum: responsive to diverse needs and not overloaded with academic content.</li> </ul>
<p><b>Staff capacity to deliver education provision</b></p>	<p>The EASNIE website refers to centre coordinators having a responsibility for managing and leading the work in their centres and a need to ensure appropriate accreditation and experience of staff. The agency outlines guidelines on how effective support for inclusivity must be ensured through flexible training and CPD opportunities for all staff. Furthermore, staff have the knowledge and the increasing general responsibility to the individual needs and circumstances of their learners.</p> <p>The 20 Key Factors document identifies relevant areas including:</p> <p>High qualifications: teachers, staff and support personnel are highly qualified, through formal university-level qualifications, a vocational qualification and/or industry-based experience;</p> <p>Further training and educational opportunities: In-service or further training opportunities are offered to all educational and support staff to ensure quality in education. Educational staff receive sufficient support to ensure and safeguard a learner-centred approach.</p> <p>Availability of staff and resources: staff, such as job coaches, career counsellors and mentors, as well as resources are permanently available throughout the transition to work and during employment. Formal job coaching programmes, career guidance and support services, including after-care and preparation of employers, are permanently available.</p>

Criterion	Details
<b>Outcomes</b>	<p>The 20 Key Factors document identifies relevant areas including:</p> <ul style="list-style-type: none"> <li>• Certificates: documents/portfolios are kept on the learners’ skills and achievements and on the support, they require in the workplace.</li> <li>• Quality assurance: stakeholders are committed to quality assurance and improvement strategies. Programmes are implemented and certified to enhance VET quality and continuously improve learners’ preparation for the labour market.</li> </ul>
<b>Other</b>	<p>The 20 Key Factors document identifies relevant areas including:</p> <ul style="list-style-type: none"> <li>• Dropout reduction strategy: the school develops and implements efficient educational measures that prevent or reduce dropouts and finds new educational alternatives for disengaged learners.</li> </ul> <p>The UNESCO policy guidelines reference issues around the need for inclusive curricula.</p>

### 3.1.11 Education and Disability: Analysis of Data from 49 Countries (UNESCO, 2018)<sup>65</sup>

#### Summary

This paper examines educational disparities linked to disability based on data from 49 countries (Ireland is not included). The Sustainable Development Goal (SDG) 4 calls for “inclusive and quality education for all”. Persons with a disability are among the population groups most likely to suffer from exclusion from education from five education indicators:

- Proportion of those aged 15-29 who ever attended school (those with disabilities are less likely to ever attend school).
- Out-of-school rate (primary school age, lower secondary school age) (poorer out of school rate for those with disabilities).
- Completion rate (primary education, lower secondary education) (poorer completion rate for those with disabilities).
- Mean years of schooling of the population aged 25-plus (fewer for those with disabilities).
- Adult literacy rate (aged 15-plus) (those with disabilities less likely to possess basic adult literacy skills).

65 UNESCO, (2018). Education and Disability: Analysis of Data from 49 countries. Paris: UNESCO.

The paper concludes with key recommendations to improve the evidence base for future analytical work and for policy guidance in support of efforts to achieve SDG 4:

- A comprehensive inventory of currently available data should be undertaken to establish national baselines for SDG 4 monitoring of disability.
- Data collection on disability must be increased to fill gaps in current data coverage.
- To ensure that data on disability are comparable across countries and between years, all surveys and censuses should use the sets of question developed by the Washington Group on Disability Statistics and UNICEF.
- Censuses, which are not subject to sampling error and can provide detailed information about small population groups, should always include questions on disability.
- Administrative data on disability should be improved.

### **Evidence Relevant to Draft Good Practice Framework**

No relevant information identified in this source.

### **3.1.12 SENEL: Erasmus Plus Project-SEN Employment Links: Working with Employers and Trainers to Support Young People with Special Educational Needs/Disability into Employment<sup>66</sup>**

#### **Summary**

The international project Special Education Needs Employment Links (SENEL) prioritises for young people with special educational needs and disabilities (SEND), support for their transition into the labour market from vocational education and training (VET) and further education (FE) and making employment accessible for young people with SEND by providing essential information and guidelines for employers.

The SENEL project is funded by the European Union's Erasmus+ Key Action 2 programme. This cooperation for innovation and exchange of good practices aims to help young people with SEND move successfully from vocational training and further education into employment. The project's development work focuses on three outcomes:

- A portable exhibition of best practices (Outcome 1) – best practices analysis will be produced from well-established practices in project partner countries in supporting transition from school to work and during early stages of employment.

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<sup>66</sup> SENEL: Erasmus Plus Project. SEN Employment Links: Working with Employers and Trainers to support young people with Special Educational Needs/Disability into Employment. SENEL. [Viewed May 20th, 2019]. Available at: <https://www.jamk.fi/en/Research-and-Development/RDI-Projects/senel/home/>

- A tool for employers: “A Mini Guide for Employers of Young People with Special Educational Needs and Disability” (Outcome 2) – will provide essential information and guidelines for employers and other stakeholders involved in making employment accessible for young people with SEND.
- A tool for young people with SEND: “The Passport to Employment for Young People with Special Educational Needs and Disabilities” (Outcome 3) – will be aimed at VET students with SEND, teachers, counsellors and other VET personnel.

### **Relevant Publications – Available on or Signposted from – the Website Detailed Below**

Evidence of the Link Between Inclusive Education and Social Inclusion A Review of the Literature (European Agency for Special Needs and Inclusive Education, 2018).

The review highlights evidence to suggest a link between inclusive education and social inclusion in the areas of education, employment and living in the community. It also suggests that attending segregated settings minimises the opportunities for social inclusion both in the short and long term. The review is expected to be useful to different education stakeholders and at different levels, for example policy-makers who wish to develop evidence-based policies for inclusive education. The review’s main findings are:

- Inclusive education increases the opportunities for peer interactions and for close friendships between learners with and without disabilities.
- For social interactions and friendships to take place in inclusive settings due consideration needs to be given to several elements that promote learners’ participation (that is access, collaboration, recognition and acceptance).
- Learners with disabilities educated in inclusive settings may perform academically and socially better than learners educated in segregated settings.
- Attending and receiving support within inclusive education settings increases the likelihood of enrolling in higher education.
- Attending an inclusive education setting is one factor that increases the likelihood of people with disabilities being employed.
- The nature of the curriculum can either limit or increase opportunities for young people with disabilities to be employed.

The report comments on fighting segregation through inclusive education. The Council of Europe Commissioner for Human Rights (2017) adopts the following definition of inclusive education: “A process that addresses and responds to the diversity of needs of all children, youth and adults through increasing participation in learning, cultures and communities, and reducing and eliminating exclusion within and from education” (UNESCO 2017, p5).

### Evidence Relevant to Draft Good Practice Framework (from website and Associated Resources)

Criterion	Details
<b>Organisation culture</b>	Inclusive education systems ensure that all learners of any age have meaningful, high-quality educational opportunities. Inclusive education policy concerns short-term social inclusion since it requires academic and social achievements: "The school ethos and culture are guided by school strategic plans that have high expectations for the academic and social achievements of all learners" <sup>67</sup> .
<b>Person-centred approach to education provision</b>	Inclusive education is a process that entails: <ul style="list-style-type: none"> <li>• Raising awareness of inclusive education; and</li> <li>• Planning educational provision for the individual.</li> </ul>
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	The EASNIE literature review highlights the potential benefits of inclusive education: <ul style="list-style-type: none"> <li>• Inclusive education increases the opportunities for peer interactions and for close friendships between learners with and without disabilities.</li> <li>• Learners with disabilities educated in inclusive settings may perform academically and socially better than learners educated in segregated settings.</li> <li>• Attending and receiving support within inclusive education settings increases the likelihood of enrolling in higher education.</li> <li>• Attending an inclusive education setting is one factor that increases the likelihood of people with disabilities being employed.</li> <li>• The nature of the curriculum can either limit or increase opportunities for young people with disabilities to be employed.</li> </ul>

### 3.1.13 Parental Educational Expectations of Children with Disabilities (Joanne Banks, Bertrand Maitre, Selina McCoy and Dorothy Watson, 2016)<sup>68</sup>

#### Summary

This report, commissioned by the National Disability Authority, used data from the Growing Up in Ireland study to explore the role of parental expectations for children with disabilities and the factors shaping such expectations. This research provides a longitudinal examination of parental expectations for children and young people with disabilities relative to those without a disability. Using data on children aged nine to 13 from the Growing Up in Ireland (GUI) study

67 European Agency for Special Needs and Inclusive Education, 2018. *Evidence of the Link Between Inclusive Education and Social Inclusion A Review of the Literature*. [Viewed May 20th, 2019]. Available from: [https://www.european-agency.org/sites/default/files/Evidence%20%E2%80%93%20A%20Review%20of%20the%20Literature\\_0.pdf](https://www.european-agency.org/sites/default/files/Evidence%20%E2%80%93%20A%20Review%20of%20the%20Literature_0.pdf)

68 Banks, J., Maitre, B., McCoy, S. and Watson, D., (2016). Parental Educational Expectations of Children with Disabilities. *Economic and Social Research Institute (ESRI) Research Series*.

– the National Longitudinal Study of Children in Ireland. The study’s data allow researchers to measure the extent to which social and academic outcomes for these children are shaped by the assessments, expectations, attitudes and behaviours of parents. It used a broad classification of disability and distinguished between four types:

- General learning/intellectual disability.
- Specific learning disability (including dyslexia or dyspraxia).
- Socio-emotional or behavioural disability.
- Physical disability (including disabilities affecting mobility, vision or hearing).

The study assesses parental expectations by addressing the following research questions:

1. What factors influence parental educational expectations for children with disabilities?
2. To what extent do parental expectations of children in primary school impact on young people’s socio-emotional outcomes at age 13?
3. To what extent do parental expectations at primary level influence the development of academic skills by age 13?

The study examined how far parents expected their children to progress in full-time education and has found that parental expectations for children with disabilities, particularly general learning/intellectual disabilities and specific learning and emotional/behavioural disabilities are lower than those for children without disabilities. The report found that, in some cases, these expectations were lower than might be expected based on the child’s actual academic achievement but noted that they could be influenced by other factors not measured in this study, including a child’s interest in a subject or difficulties with parts of the curriculum.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	The report provides recommendations. The following are applicable to adult day services: <ul style="list-style-type: none"> <li>• Enable regular feedback and support from schools to parents so that difficulties, progress and expectations can be fully understood and supported. This support can help maximise the potential of persons with disabilities.</li> <li>• Suggests a need to promote people with disabilities living full and satisfying lives as positive role models to younger individuals with disabilities.</li> </ul>
<b>Person-centred approach to education provision</b>	No relevant information.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	No relevant information.

Criterion	Details
Other	The report highlights how family factors such as education, family economic vulnerability and family structure, appear to play an important role in understanding differences in parental expectations and academic performance of students with disabilities.

### 3.1.14 Educating Persons with Autistic Spectrum Disorder – A Systematic Literature Review (Caroline Bond, Wendy Symes, Judith Hebron, Neil Humphrey and Gareth Morewood, 2016)<sup>69</sup>

#### Summary

The NCSE commissioned this review of the research evidence available on educational interventions for children with ASD. It provides a systematic review of the ASD educational intervention literature from 2008 to 2013. In addition, five country case studies and a review of guidance documents explore how practice is informed by best evidence and good practice.

The researchers considered over 1,000 studies and determined that 176 of these were relevant for inclusion. Eighty-five of these were rated high enough to be included in the final report. The final group of 85 best evidence studies included in the review were assessed as being of at least medium standard in terms of the criteria on which they were assessed:

- Quality of evidence criterion related to the methodology used to conduct and report the research, and was assessed through application of quantitative or qualitative evaluation criteria.
- Methodological appropriateness criterion related to the extent to which the research could address the review questions posed for this research.
- Effectiveness of the intervention criterion assessed the extent to which the intervention was effective.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	Evidence from UK <sup>70</sup> : participating schools illustrated a diverse range of settings and a number of shared key themes were identified. These included high aspirations of the setting; good relationships with pupils and listening to pupil's views; individualising the curriculum; a range of assessments to inform individual planning; trained and motivated staff; multi-agency working; strong leadership; broader participation; good communication; and partnership with parents.

69 Bond, C., Symes, W., Hebron, J., Humphrey, N. and Morewood, G., (2016). *Educating Persons with Autistic Spectrum Disorder – A Systematic Literature Review*. Trim, IRL: National Council for Special Education.

70 Charman, T., Pellicano, L., Peacey, L.V., Peacey, N., Forward, K. and Dockrell, J. (2011) *What is good practice in autism education?* London: Autism Education Trust.

Criterion	Details
<p><b>Person-centred approach to education provision</b></p>	<p>Good practice principles identified include<sup>71</sup>:</p> <p><b>Assessment</b></p> <p>Assessment of individual child strengths and needs in all relevant areas (for example communication, cognitive development) should guide intervention content and provide information about the best techniques for an individual.</p> <p><b>Individualised planning</b></p> <p>The basic goals of an individual plan are to document:</p> <ul style="list-style-type: none"> <li>• the child’s strengths and needs;</li> <li>• goals for intervention, identified through a collaborative process with those involved with the child and including the family; and</li> <li>• information about how these goals will be achieved and monitored.</li> </ul> <p>Every child receiving intervention should have an IP developed by all those involved, including family, early intervention providers, preschools or childcare services. IPs should be developed at least annually and reviewed at least every six months.</p> <p>Review, evaluation and adjustment</p> <p>Intervention programmes need to be evaluated regularly to ensure they continue to meet the needs of the child. This process involves a review of the IP goals, review of the child’s skills and needs to ensure the programme is relevant, and collaborative development of revised/new goals, as appropriate.</p> <p>Programmes should be planned in collaboration with parents and professionals. Inclusion of typically developing peers and focus on independence are also identified as aspects of good practice.</p>
<p><b>Staff capacity to deliver education provision</b></p>	<p>Evidence from Queensland<sup>72</sup>: Positive Partnerships is a national programme funded through the Helping Children with Autism (HWCA) – to support access to multidisciplinary early intervention programmes and therapy services and resources considered essential for the child’s therapy. This provides professional development training for teachers, school leaders and other education professionals about how to best support students with an ASD in the classroom, and how to create an ASD-friendly school culture. It is a five-day programme available for staff to enhance their skills in working within children with ASD. Workshops are also provided to parents of children with ASD.</p>

71 Prior, M., Roberts, J., (2011). *Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Good Practice 2012*. [Viewed May 20th, 2019]. Available at: [https://www.dss.gov.au/sites/default/files/documents/08\\_2014/6006\\_-\\_accessible\\_-\\_early\\_intervention\\_practice\\_guidelines\\_0.pdf](https://www.dss.gov.au/sites/default/files/documents/08_2014/6006_-_accessible_-_early_intervention_practice_guidelines_0.pdf)

72 Prior, M., Roberts, J., (2011). *Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Good Practice 2012*. [Viewed May 20th, 2019]. Available at: [https://www.dss.gov.au/sites/default/files/documents/08\\_2014/6006\\_-\\_accessible\\_-\\_early\\_intervention\\_practice\\_guidelines\\_0.pdf](https://www.dss.gov.au/sites/default/files/documents/08_2014/6006_-_accessible_-_early_intervention_practice_guidelines_0.pdf)

Criterion	Details
<p><b>Staff capacity to deliver education provision (continued)</b></p>	<p>Evidence from New Zealand<sup>73</sup>: In relation to professional learning the importance of training for all health, education and social care professionals working with children and adults with ASD was stressed. It was recommended that this should be supported by standards and competencies.</p> <p>In addition, staff working directly with children with ASD need to ensure they have sufficient training and ongoing CPD so they have the necessary skills and competencies to support children with ASD and implement evidence-based interventions in education settings.</p> <p>Staff should have a minimum of two years' experience of working with children with ASD and undertake regular professional development.</p> <p>Positive staff attitudes and quality training were emphasised in relation to educational provision. As for training, all staff working with children with ASD should receive quality training supported by standards and competencies.</p>
<p><b>Outcomes</b></p>	<p>Five interventions from the total of 85, were identified as having a moderate amount of evidence to develop the communication skills of children in special school. Outcome measures showed increases in target behaviours from the interventions which included:</p> <ul style="list-style-type: none"> <li>• Communication skills and positive social interaction changes.</li> <li>• One-to-one behavioural interventions to teach discrete skills such as reading single words and recognising letters, or numbers also showed a positive impact on these targeted skills.</li> </ul> <p>A clustered randomised design was used in which 28 inclusive preschool classrooms were randomly assigned to receive two years of training and coaching to fidelity in the LEAP (Learning Experiences and Alternative Program for Preschoolers and Their Parents) preschool model, and 28 inclusive classes were assigned to receive intervention manuals only. In total, 177 intervention classroom children and 117 comparison classroom children participated. As a result of two years of training and coaching for intervention teachers, there was significantly more progress made by children receiving support in areas related to ASD, learning, language and social skills<sup>74</sup>.</p> <p>A randomised field trial in 2013 compared Strategies for Teaching based on Autism Research and Structured Teaching (STAR) enrolled educators in 33 kindergarten-through-second-grade autism support classrooms and 119 students, aged five to eight in the school district of Philadelphia, US. Where staff received 28 hours of training in an applied behaviour analysis based programme, alongside eight days of coaching across the academic year. This resulted in a greater educational outcome experienced by users receiving support<sup>75</sup>.</p>

73 Ministries of Health and Education. (2008). *New Zealand Autism Spectrum Disorder Guideline*. Wellington: Ministry of Health.

74 Strain, P. S. and Bovey, E. H. (2011) Randomized, controlled trial of the LEAP model of early intervention for young children with autism spectrum disorders, in *Topics in Early Childhood Special Education*, 31:3, pp133-154.

75 Mandell, D. S., Stahmer, A. C., Shin, S., Xie, M., Reisinger, E. and Marcus, S. C. (2013) The role of treatment fidelity on outcomes during a randomized field trial of an autism intervention, in *Autism: The International Journal of Research and Practice*, 17:3, pp281-295.

Criterion	Details
Other	Monitoring the effectiveness of policy and provision is also important for day services. This report identifies the potential for collecting data as a means of mapping current provision and future need. Collecting a range of social, academic and wellbeing outcome data is also important for evaluating policy effectiveness. The report specified no particular tools to collect such information.

### 3.1.15 ANED Country Report on the Implementation of Policies Supporting Independent Living for Disabled People (Centre for Disability Law and Policy, National University of Ireland (Galway), 2009)<sup>76</sup>

#### Summary

This paper examines the nature of support of independent living for people with disabilities in Ireland and the provision available. But it also looks at what barriers exist, such as waiting lists and lack of quality control of community-based assistance and services. The issue of independent living for people with disabilities has been addressed and highlighted as a desirable goal in several policy documents, There has, however, been no definitive statement of a policy imperative to move away from providing support in segregated residential institutions to independent living in the community. In December 2008, the NPSDD stated that 29,946 people were registered on the NPSDD: 23,500 (86.1 per cent) of those registered lived with family members and 2,591 (9.5 per cent) lived alone, a total of 922 (3.4 per cent) of were availing of residential services.

Significant barriers arise in support for people with disabilities who want to live in their own homes but cannot afford to buy a property. Provision for disabled people in Ireland still relies to a relatively significant degree on residential institutions especially for those with intellectual disabilities. Although a small number of people with physical or sensory disabilities remain in these institutions, a far higher number of those with intellectual disabilities are living in segregated residential institutions. Furthermore, additional disability-related costs mean the cost of living for people with disabilities is higher than for other members of the community, a fact that may also operate as a barrier to independent living.

#### Evidence Relevant to Draft Good Practice Framework: Other

The research illustrates how provision of appropriate support services enables people with disabilities to live independently. The two programmes listed below offer support and enable them as far as possible to lead full and independent lives, to participate in work and in society and to maximise their potential.

<sup>76</sup> Centre for Disability Law and Policy, National University of Ireland (Galway), (2007). ANED country report on the implementation of policies supporting independent living for disabled people. Ireland: Academic Network of European Disability.

The Centre for Independent Living: the first Irish centre for independent living was established in Carmichael House in 1992 by and for people with disabilities with the main aim of ensuring that they achieved independent living, choice and control over their lives and full participation in society as equal citizens. The Centre for Independent Living established the first personal assistance programme in Ireland, enabling people with disabilities to take greater control of their lives. This pilot project was known as INCARE and ran for two years, providing 15 people with severe disabilities with personal assistants.

Galway Centre for Independent Living: Galway Centre for Independent Living was established in 1994 by individuals with disabilities and other interested parties and was the first centre to be opened outside Dublin. It was originally funded through FAS via the operation of the Community Employment scheme. The Galway Centre for Independent Living value statement includes a commitment to providing user-driven services that are relevant and meaningful.

### **3.1.16 Report on the Employment of Disabled People in European Countries (Academic Network of European Disability Experts: Claire Bruton and Charles O'Mahoney, 2007)<sup>77</sup>**

#### **Summary**

The purpose of the report was to review national implementation of the European Employment Strategy from a disability equality perspective, and to provide the Commission with useful evidence in support of disability policy mainstreaming.

The issue of promoting employment for persons with disabilities raises complex issues. A number of different bodies in Ireland have examined and continue to investigate these issues. The National Disability Authority has found that people with disabilities in Ireland are far less likely to have a job than other people of working age. The number of people with disabilities in employment as a proportion of the total number of employed is 4 per cent, according to the 2006 Census.

The document also summarised a number of relevant laws and policies, one of which is Towards 2016, which is a ten-year framework agreement between the social partners that outlines key objectives for economic and social development in Ireland. Section 33 of the agreement concerns disability<sup>78</sup>: "The parties to this agreement share a vision of an Ireland where people with disabilities have, to the greatest extent possible, the opportunity to live a full life with their families and as part of their local community, free from discrimination."

#### **Evidence Relevant to Draft Good Practice Framework**

No relevant information identified in this source.

77 Bruton, C, O'Mahoney, C. (2007). *Report on the employment of disabled people in European countries*. Academic Network of European Disability experts.

78 Government of Ireland, (2006). *Towards 2016: Ten-Year Social Partnership Agreement, 2005-15*. Dublin: The Stationery Office.

### 3.1.17 Report on the Social Inclusion and Social Protection of Disabled People in European Countries (Academic Network of European Disability Experts: Roisin Webb, 2007)<sup>79</sup>

#### Summary

This report has been prepared as input for the thematic report on implementation of EU social inclusion and social protection strategies in European countries with reference to equality for disabled people. Its purpose is to review national implementation of the open method of coordination in social inclusion and social protection, and the national strategic reports of member-states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.

This report draws on national-level information to identify patterns and trends in approaches to social protection and disability. Furthermore, the report includes responses to hypothetical scenarios or case studies to facilitate a comparative analysis by providing a sense of how the range of policies and schemes is applicable in Ireland.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	Described as an example of best practice whereby organisations had a culture of knowledge sharing between other related organisations and had the required level of experience in helping improve the employability of people with disabilities and overcoming the related barriers. The organisation emphasised the importance of inclusivity in decision making between all parties to improve the service.
<b>Person-centred approach to education provision</b>	The document summarised provisions proposed by the Disability Act (2005) and explained how all individuals must have an independent, individualised, assessment of needs. Individualised packages of assistance should also be provided to people with disabilities to provide support in accessing employment and rehabilitation and vocational training and to staying in education.
<b>Staff capacity to deliver education provision.</b>	No relevant information.

<sup>79</sup> Academic Network of European Disability experts: Roisin Webb, (2007). Report on the social inclusion and social protection of disabled people in European countries. Ireland: ANED.

Criterion	Details
<b>Outcomes</b>	<p>The aim set out in Towards 2016 states: "...People with disabilities have, to the greatest extent possible, the opportunity to live a full life with their families and as part of their local community, free from discrimination." This is achieved through compliance with the framework set out in the Towards 2016 report. with the four long-term goals as follows:</p> <ul style="list-style-type: none"> <li>• Every person with a disability would have access to an income sufficient to sustain an acceptable standard of living.</li> <li>• Every person with a disability would, in conformity with their needs and abilities, have access to appropriate care, health, education, employment and training and social services.</li> <li>• Every person with a disability would have access to public spaces, buildings, transport, information, advocacy and other public services and appropriate housing.</li> <li>• Every person with a disability would be supported to enable them, as far as possible, to lead full and independent lives, to participate in work and in society and to maximise their potential.</li> </ul>
<b>Other</b>	No relevant information.

### 3.1.18 Independent Living an Evaluation of the Áiseanna Tacaíochta Model of Direct Payments (Dr Sinead Keogh and Professor Gerard Quinn, 2018)<sup>80</sup>

#### Summary

This research report was commissioned by Áiseanna Tacaíochta (ÁT) and carried out by the Centre for Disability Law and Policy at NUI Galway. It presents an evaluation of the experience, costs and benefits in monetary and social terms of the direct payments model of individualised funding facilitated and supported by ÁT and how this model, where the individual directs their own services, compares to the traditional dedicated service provision model.

Direct payments have been a goal of disabled persons organisations in Ireland and became a reality here with the establishment of Áiseanna Tacaíochta in 2010. ÁT is the first and main organisation to facilitate direct payments to people with disabilities in Ireland. A direct payment is a cash payment made directly to an eligible person with a disability to enable them to purchase their care or support needs. ÁT supports self-directed and family-led services by acting as an intermediary between its members, called leaders, and the Health Service Executive (HSE) and by supporting leaders to support themselves.

80 Keogh, S., Quinn, G., (2018). *Independent Living An Evaluation of the Áiseanna Tacaíochta model of Direct Payments*. Galway: NUI Galway. [Viewed May 20th, 2019]. Available from: [https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee\\_on\\_public\\_petitions/submissions/2018/2018-05-16\\_opening-statement-mr-owen-collumb-and-ms-eileen-daly-aiseanna-tacaiochta\\_en.pdf](https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee_on_public_petitions/submissions/2018/2018-05-16_opening-statement-mr-owen-collumb-and-ms-eileen-daly-aiseanna-tacaiochta_en.pdf)

This report highlights the key benefits of the model. The research indicates the significant need for a policy change in Ireland and an emphasis on a change to the current model of service provision in Ireland. There is strong evidence showing the direct payments model of service provision gives those directing their own services a greater sense of control and empowerment.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	The direct payments model of service provision is facilitated by ÁT places. Leaders (Áiseanna Tacaíochta, or ÁT, act as an intermediary between the HSE and members – known as leaders – to establish a direct payment to the individual) at the centre of the decision-making process, recognises their strengths and preferences and gives them the confidence, support and means to shape the way in which their care is provided by transferring choice and control over funding decisions to them and allowing them to identify their unique individual needs.
Staff capacity to deliver education provision	No relevant information.
Outcomes	This report finds the outcomes for persons with disabilities with ÁT support reaffirm the findings of international literature that point to considerable benefits for users of direct payments, arising from greater flexibility, choice, independence, continuity of support. Suitable and adequate support types, such as individualised assistance, can help persons with disabilities to achieve social and community integration and increased independence. The support can also help the individual achieve personal life goals and economic independence and participation.
Other	No relevant information.

### 3.1.19 Supported Accommodation Services for People with Intellectual Disabilities (Patricia Walsh, Eric Emerson, Valerie Bradley, Robert Schalock and Charles Moseley, 2007)<sup>81</sup>

#### Summary

In 2005, the National Disability Authority (NDA) commissioned research on the outcomes and costs of supported accommodation for people with intellectual disabilities. The methodologies used to evaluate the quality and costs of residential service provision for them were also reviewed. This report addresses the following questions:

81 Walsh, P.N., Emerson, E., Lobb, C., Hatton, C., Bradley, V., Schalock, R.L. and Moseley, C., (2010). Supported accommodation for people with intellectual disabilities and quality of life: An overview. *Journal of Policy and Practice in Intellectual Disabilities*, 7(2), pp137-142.

- What are the major outcomes for persons with intellectual disabilities?
- What are the strengths and weaknesses of the approaches used to date to evaluate outcomes for those people in supported accommodation, including quality of life?
- What are the contemporary approaches to the measurement of quality of life experiences of people with intellectual disabilities living in supported accommodation?

The report contains a summary of the main findings of the literature review including:

1. A review of deinstitutionalisation and post-institutionalisation studies carried out in the 11-year period, 1995-2006.
2. An examination of the instruments used to measure outcomes.
3. The comparative costs and benefits associated with different approaches to providing supported accommodation for people with intellectual disabilities.

The report also presents the authors' views on the evaluation of the outcomes of supported accommodation and possible quality indicators that could be used, based on their professional expertise as well as on the findings of the literature.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	The research indicated how organisational culture is an important factor often absent when determining quality in supported accommodation – the importance of its presence may also be applied to the day service setting. It highlights the importance of staff activity and support in enhancing the quality of life of those with a disability, where staff management practices that are highly organised will positively affect the satisfaction of users towards the service.
<b>Person-centred approach to education provision</b>	The rights and dignity of each person is the focus of a vision that considers the life possibilities of every person with disabilities.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	Support for people with mild/moderate intellectual disabilities is provided in individualised settings which achieved a greater number of personal outcomes. For people with mild/moderate intellectual disabilities, support provided in individualised settings achieved a greater number of personal outcomes. Those included development of friendships and relationships among family members and the support staff and increasing the independent choices and personal social skills of people with mild/moderate intellectual disabilities. The impact of characteristic variables (disability, organisational size, residential type, or source of programme funding) are examined on the individual attainment of personal outcomes.
<b>Other</b>	No relevant information.

### 3.1.20 Guidelines for Inclusion: Ensuring Access to Education for All (UNESCO, 2005)

#### Summary

In UNESCO's efforts to assist countries in making national plans for education more inclusive, it recognised the lack of guidelines. Thus the inclusive education Team began an exercise to develop these tools. The development of this manual has been informed by a dialogue with stakeholders who provided constructive and valuable feedback as well as critical insight.

This report is intended to systematise how excluded children are planned for in education. It begins with a brief introduction that provides a historical perspective on the origins of inclusion and describes the shift from integration towards inclusion. It is then divided into three main parts. The first provides a theoretical framework. It defines inclusion as "a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education". The report identifies four key elements that have tended to feature strongly in the conceptualisation of inclusion:

1. Inclusion is a process.
2. Inclusion is concerned with the identification and removal of barriers.
3. Inclusion is about the presence, participation and achievement of all students.
4. Inclusion involves a particular emphasis on those groups of learners who may be at risk of marginalisation, exclusion or underachievement.

Furthermore, when defining inclusion the report highlights that it must be about welcoming diversity, benefiting all learners, not only targeting the excluded, children in school who may feel excluded, and providing equal access to education or making certain provisions for certain categories of children without excluding them.

The report also looks at more practical changes at school level. It outlines key elements in the shift towards inclusion with a particular focus on key players including teachers, parents and educational policymakers as well as curricula. The final part brings together the first two sections by providing tools for policymakers and educational planners for hands-on analysis of education plans.

These guidelines are intended to provide information and awareness, to be a policy tool for revising and formulating EFA plans and to serve as a basis for discussion among policymakers, educators, NGOs and international organisations impacting policy in private and public education and concerned with promoting access for ALL learners. They also attempt to demystify notions surrounding inclusion and demonstrate that challenges can be overcome through a willingness to change attitudes towards it.

By following these guidelines, those working with and analysing national plans for education can identify gaps and strategies to take steps to ensure that inclusion is achieved within their educational systems and that every child has access to a quality education.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	<p>Discusses how for inclusion to be implemented effectively, countries need to define a set of inclusive principles together with practical ideas to guide the transition towards policies addressing inclusion in education.</p> <p>Furthermore, promoting inclusion is about improving educational and social frameworks and involves improving inputs, processes and environments to foster learning at learner level and that of the system which supports the learning experience.</p> <p>Discusses the importance of positive teacher attitudes towards inclusion, and how it depends strongly on their experience with learners perceived as challenging. Negative attitudes towards differences and resulting discrimination and prejudice in society manifests itself as a serious barrier to learning. However, it is a barrier that can be overcome through the practice of inclusion and is not a necessary precursor to the process.</p> <p>The implementation of more inclusive systems of education is also mentioned as possible if schools themselves are committed to becoming more inclusive. The development of enabling mechanisms such as <b>national policies on inclusion, local support systems and appropriate forms of curriculum and assessment</b> are important in creating the right context for developing inclusion.</p>
<b>Person-centred approach to education provision</b>	No relevant information.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	No relevant information.
<b>Other</b>	No relevant information.

### 3.1.21 Comprehensive Employment Strategy for People with Disabilities 2015-24 (Government of Ireland, 2015)<sup>82</sup>

#### Summary

The National Disability Strategy Implementation Plan contains a commitment to publish a comprehensive employment strategy for people with disabilities. This sets out a ten-year approach to ensuring that people with disabilities who are able and want to work are supported and enabled to do so. The strategy framework is accompanied by a detailed, phase-one, three-year action plan covering 2015-17. This has over 80 time-bound commitments that constitute the building blocks for the strategy’s full implementation. Revised action plans will be developed at three-year intervals over the lifetime of the employment strategy. Its six strategic priorities are:

82 Government of Ireland, (2015). *Comprehensive Employment Strategy for People with Disabilities 2015-24*. [Viewed May 20th, 2019]. Available from: <http://www.justice.ie/en/JELR/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf/Files/Comprehensive%20Employment%20Strategy%20for%20People%20with%20Disabilities%20-%20FINAL.pdf>

- Build skills, capacity and independence.
- Provide bridges and supports into work.
- Make work pay.
- Promote job retention and re-entry to work
- Provide coordinated and seamless support.
- Engage the employer.

The strategy extends across the range of people with disabilities, whatever the impairment – people with physical or sensory disabilities/mental health conditions/acquired or intellectual disabilities/autism.

Successful implementation of this strategy requires continuing interdepartmental cooperation and a joined-up approach to supports and services for jobseekers and workers with disabilities.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	The comprehensive employment strategy will work together to develop an effective coordinated policy approach, to assist individuals with disabilities, including those who require a high level of support, to obtain and retain employment having due regard to the implementation of New Directions.
<b>Person-centred approach to education provision</b>	The strategy details how it aims to focus on a person’s capacity not incapacity. The person can receive individualised support from a job coach who works to prepare them for employment, to make the links with the employer, and to support the individual on-site in settling in and managing job tasks.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	The strategy details how it will continue to support people with disabilities to access further training and employment opportunities through the relevant programmes that include the employability service, the wage subsidy scheme, the reasonable accommodation fund, JobBridge and the back-to-education allowance. Each person with a disability will have the education, skills, competence and independence to obtain employment.
<b>Other</b>	No relevant information.

### 3.1.22 Implementation Plan for FET 2014-19 (SOLAS, 2016)<sup>83</sup>

#### Summary

The Further Education and Training Strategy for Ireland is the first ever five-year plan for further education in Ireland. It aims to deliver a higher quality learning experience leading to better outcomes for all those who engage in FET by giving direction to and guiding transformation of the sector for the next five years.

Its overall aim is to develop a world-class integrated system of further education and training in Ireland that will promote economic development and meet the needs of all citizens.

The strategy was developed by SOLAS with assistance from the ESRI which was commissioned to carry out evidence-based research and assist in its development.

Five high level strategic goals have been identified:

- Skills for the Economy: to address the current and future needs of learners, jobseekers, employers and employees and to contribute to national economic development.
- Active Inclusion: to support the active inclusion of people of all abilities in society with special reference to literacy and numeracy.
- Quality Provision: to provide high quality education and training programmes and to meet the appropriate national and international quality standards.
- Integrated Planning and Funding: FET provision will be planned and funded on the basis of objective analysis of needs and evidence of social and economic impact. and
- Standing of FET: to ensure a valued learning path leading to agreed employment, career, developmental, personal and social options.

The FET strategy also reflects the priorities articulated in the Action Plan for Jobs, Pathways to Work and wider policy reform in education. It aims to deliver a higher quality learning experience by supporting economic development, increasing social inclusion and meeting the needs of all learners, communities and employers who engage with FET, and to prioritise provision of education and training to long-term unemployed and other priority DSP clients in areas of identified skills needs.

The FET strategy notes the specific goal in the National Disability Strategy Implementation Plan (2013-15), that "people with disabilities get the education and training that enables them to reach their potential". To facilitate the realisation of this goal, SOLAS, through the annual business planning process with the ETB sector and with DES, DSP/Intreo and the disability sector, will agree FET targets and associated supports for people with disabilities participating in FET (SOLAS 2014, p97).

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<sup>83</sup> SOLAS, (2016). Implementation Plan for FET 2014-20. SOLAS and Further Education and Training Authority. [Viewed May 20th, 2019]. Available at: <https://www.education.ie/en/Publications/Policy-Reports/Further-Education-and-Training-Strategy-2014-2019.pdf>

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information
Person-centred approach to education provision	The FET sector will seek to increase levels of active inclusion through provision of high quality, more accessible and flexible education and training programmes and supports suited to the identified needs of the individual.
Staff capacity to deliver education provision	No relevant information.
Outcomes	The strategy calls for better outcomes from participation in FET (and in the labour market) across a diverse range of individuals with a disability.
Other	No relevant information.

### 3.1.23 Transforming Lives Supporting Person-Centred Disability Services (HSE, 2016)<sup>84</sup>

#### Summary

The Transforming Lives programme is a national collaborative effort to build better services for people with disabilities. It is part of the wider national effort for building a better health service. The report sets out the progress made in 2016 and highlights some personal stories of people with a disability who are being supported to bring about positive changes in their lives. The vision is to contribute to the realisation of a society where they are supported. to participate to their full potential in economic and social life, and to have access to a range of quality personal social support and services that enhance their quality of life and well-being. Six priority areas are focused on:

- Strategic planning – planning for future needs and piloting new approaches, for example national needs assessment for people with an ID over the next 10 years.
- Implementing policy – putting policy into practice in three main areas; services for children and young people, day services and residential services.
- Community involvement – engaging with people who use the services, their families and communities.
- Quality and standards – ensuring standards are consistently met and measured and underpinned by quality of life outcomes.
- Management and information – developing the right tools and technology to capture the right information for example standard assessment tools to identify people’s needs.
- Governance and accountability – putting in place formal arrangements to underpin transparency and accountability for example service agreements.

84 HSE. (2017). *Transforming Lives: Supporting Person-Centred Disability Services: Progress Report, 2016 (HSE)*. Dublin. HSE. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/622591/Transforming-lives-Progress-Report-2016.pdf?sequence=1&isAllowed=y>

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	The report has identified that using standard person-centred assessment tools to identify individual needs across the sector will best provide the information needed to plan and manage service delivery to meet those needs.
Staff capacity to deliver education provision	No relevant information.
Outcomes	No relevant information.
Other	The report highlights the need to support people with disabilities to live active engaged lives and to be connected to other local community services. It also suggests a need to ensure an inclusive approach is taken to planning and policy so that they and their family members are engaged in the process.

### 3.1.24 Towards Personalised Budgets for People with a Disability in Ireland Report of the Task Force on Personalised Budgets (Department of Health, 2018)<sup>85</sup>

#### Summary

A personalised budget is an amount of funding that people with a disability can get from the Government for their supports and services. They can choose to get a personalised budget or not. They can also choose to keep their traditional services from the HSE or an HSE-funded service provider. Personalised budgets can give individuals with disabilities more choice and control over the services and supports they get. The Task Force on Personalised Budgets consists of a strategy group and an advisory and consultative group. Its remit was to make recommendations on potential models of personalised budgets that will give people with disabilities who wish to avail of a personalised budget more control in accessing health-funded personal social services, giving them greater independence and choice in accessing services which best meet their individual needs.

The task force had a clear vision for people wanting to use a personalised budget. That vision was that such budgets would enable a person with disabilities to have choice and control over individualised supports in all aspects of their lives, to live an independent life and to be an active participant in their community. The task force has produced 18 recommendations outlining the overarching framework for the introduction of these budgets in Ireland under thematic headings which included: national framework for personalised budgets, operation of personalised budgets, supports for individuals, demonstration projects, and additional considerations.

<sup>85</sup> Department of Health. (2018). *Towards Personalised Budgets for People with a Disability in Ireland Report of the Task Force on Personalised Budgets*. Dublin: Department of Health. [Viewed May 20th, 2019]. Available from: <https://health.gov.ie/wp-content/uploads/2018/07/Task-Force-Report.pdf>

Research has shown that better outcomes, such as an enhanced feeling of well-being on the part of budget holders, are achieved, but it should be noted there has been little formal evaluation of personalised budget systems in other countries. International experience, however, did draw attention to the risk of increasing expectations and new demand, leading to higher costs if not carefully managed.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	Personalised budgets seek to provide more choice and control for people with disabilities in selecting their supports and services.
Staff capacity to deliver education provision	No relevant information.
Outcomes	Personalised budgets are outcome focused and are built around the Transforming Lives nine high-level outcomes framework; making sure the services and supports are arranged to supply the best chance for the person of achieving them as relevant and appropriate to their individual circumstances and goals.
Other	No relevant information.

### 3.1.25 A Literature Review to Inform the Development of a National Framework for Person-Centred Planning in Disability Services (HSE, 2017)<sup>86</sup>

#### Summary

This literature review on person-centred planning (PCP) was commissioned by the Health Service Executive (HSE) and the National Disability Authority (NDA) to inform the development of a national framework on PCP across services provided to adults with disabilities in Ireland. A set of guidelines was developed by the NDA in 2005 on the principles and implementation of PCP. This examines evidence on PCP implementation and effectiveness in the international literature during 2005-16.

The literature review was conducted in three areas:

- Evidence available on use of the key elements identified in the 2005 guidelines.
- Evidence available on the effectiveness and implementation of PCP with a particular focus on transitions, social inclusion, independence and risk taking.
- Evidence of models of best PCP practice for an exploration of employment.

86 Iriarte, E., O'Donoghue M., Keenan P. and Feely M. (2017): *A Literature Review to Inform the Development of a National Framework for Person-Centred Planning in Disability Services*. Dublin: Health Service Executive. [Viewed September 24th, 2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/research-report-person-centred-planning-literature-review.pdf>

The methodology employed to conduct the literature review consisted of thorough searches of seven electronic databases: Web of Science, Psycinfo, Cinhal, Pubmed, Embase, Eric and Proquest Dissertations. The search was filtered by years (2005-16), full-text articles, published books and peer-reviewed journals in English. Manual searches of journals, bibliography lists, and searches in Google and Google Scholar completed the search. The work was conducted with support from a panel of expert members. Before presenting a review summary, clarification on differences between PCP and other forms of planning, with which it is commonly mistaken, is outlined:

- Person-centred active support: everyday person-centred micro-planning of activities and support.
- Care management: planning for provision of services based on an assessment of need and linked to resources.
- Individual support planning and individual person planning: planning that focuses on the needs of people as assessed by inter-disciplinary teams.
- Individual education planning: planning that occurs during and focuses on the needs and supports at school and transition out of school.
- Personalisation: service provision that focuses on the self-determination of the person with disability to shape services and support.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation Culture</b>	<p>The challenges identified from the literature review found that changing the culture of organisations has been identified as one of the biggest inhibiting factors to development of PCP. This is even harder in larger traditional settings where flexible support for PCP is difficult with all-in-one service packages. Services' culture determines the relationships between users and providers and is reflected in the relationship gap between managers and those receiving services. Changing the culture is aggravated by the slow pace of change and practice levels. Part of the challenge is that PCP has become dependent on its champions and enthusiastic individuals rather than on service organisations.</p> <p>Related to the transformation of services' culture is the risk that PCP becomes the same for everyone and not person-centred.</p> <p>Within the recommendations emerging from the literature on PCP implementation it was found that there should be development of a person-centred culture in the organisation.</p> <p>PCP should be underpinned by person-centredness and should permeate all levels of service provider organisations. It should be implemented as part of a broader organisational change and not adopted as a new service and should not be tied to care management, but it should underpin it.</p>

Criterion	Details
<p><b>Organisation Culture (continue)</b></p>	<p>This includes approaching PCP from an advocacy perspective. It should be considered as a form of self-advocacy with organisations and facilitators working on broader systems change to increase the options for people with disabilities to participate in employment, education, community life, etc. PCP should be implemented along with other strategies that enable the person to accomplish goals such as inter-agency collaboration and connections with wider self-advocacy networks.</p>
<p><b>Person-centred approach to education provision</b></p>	<p>It was found that the choices for people with intellectual disabilities are limited by various factors: lack of person-centredness and a top-down approach, conservative risk assessment, community barriers, and systematic barriers.</p> <p>A top-down approach strongly limits possibilities for flexible, individualised support arrangements. When PCP is professional-dominated, the choices of people with intellectual disabilities may be limited. This is the case if others judge their wishes as unrealistic, or involve high risk for the person, when there is a conflict of views between the person and the family/representative, or if the person has communication difficulties. The limited life experience of persons with intellectual disabilities can narrow the range of goals set in a plan. In this context the review found a recommendation to use the experiences of other people to help the person articulate their own goals and wishes for the future. A communication ally with integrity and guided by a person-centred vision is recommended to support and advocate for people with communication difficulties.</p> <p>Also identified were systematic barriers that can prevent accomplishment of goals. These include unavailability of services (day services, housing, waiting lists and employment opportunities), lack of involvement of the local community (difficulty developing circles of support), transport, staff time, participant behaviour, goals that do not reflect participants' wishes and unrealistic goals. Positive action to complement PCP and remove barriers to employment, mainstream housing options and specialist services is recommended in order to play a stronger role in enabling more inclusive social networks.</p> <p>It was recommended the PCP should involve the person, paid support and informal support. Involvement of people with intellectual disabilities in the plan should be made clear:</p> <ul style="list-style-type: none"> <li>• People with intellectual disabilities should avail of individualised preparation to participate in their PCP meetings.</li> <li>• People should have access to an independent advocate to facilitate training and/or provision of information.</li> </ul> <p>Facilitators ideally independent of the main service provider organisation should facilitate coordination of plans involving different types of support and services including those not provided by the organisation facilitating PCP.</p> <p>Training is recommended on PCP and self-directed planning, decision-making, choice-making skills, identifying preferences, goal setting, communication skills, self-advocacy and rights, self-determination, social capital, funding options, individualised supports, expectations of the approach, and availability of services.</p>

Criterion	Details
<p><b>Staff capacity to deliver education provision</b></p>	<p>It was found that one of the most common reasons challenges to implementation of a PCP was facilitators leaving or not being available as well as a lack of time and staffing issues. The practicalities of organising meetings in relation to time and scheduling constraints, organising people to attend and venues, and plans created in times of crisis have limited the authenticity of the process. This is emphasised by a lack of staff supporters.</p> <p>Another issue highlighted is an over-reliance on standardised planning tools (for example, the completion of a lengthy document by the service provider to have formal requirements met). The focus of PCP should be on the quality processes and outcomes rather than on tools. A best-case study found providing the best outcomes for the individual did not use formal tools or processes, individual needs planning was carried out in a regular informal way, without specific directed questions.</p> <p>Staff training is recommended on PCP, communication (stepping back, following the lead of the person, deep listening, planning and developing accessible materials), community inclusion, human rights to facilitate an advocacy function, individualised support, and training on active support. Staff and managers should be trained in person-centredness and PCP implementation strategies.</p>
<p><b>Outcomes</b></p>	<p>An aim to prioritise individual outcomes and services accountability to individuals was recommended. Organisations should collaborate to provide services to individuals that enable them to accomplish their goals. The PCP should be a three-stage process involving preparation and training, facilitation of meetings and, importantly, implementation of plans and follow up.</p> <p>Notably, PCP should be accessible and ownership of the plan and outcomes should lie with the person who is its focus. It should include goals on lifestyle areas and these should not be constrained by the services provided by an organisation and should be monitored and reviewed regularly.</p> <p>PCP should be implemented in combination with other naturally occurring circumstances to increase the personal networks of people with intellectual disabilities while being responsive to personal and cultural characteristics. It should aim to achieve a balance between empowering people to develop skills to manage their own risks and taking responsibility for those risks.</p>

## 3.2 Literature Review – Research by NGOs/Non-Profits

### 3.2.1 European Association of Service Providers for Persons with Disabilities (EASPD)<sup>87</sup>

EASPD, a non-profit non-government organisation (NGO) in the disability sector, promotes the views of over 15,000 social services and their umbrella associations. There are over 80 million people with a disability throughout Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.

Relevant publications – available on or signposted from – are available at the website link below.

### 3.2.2 Inspiring Practices: Education for Learners with Intellectual Disabilities (EASPD, 2016)<sup>88</sup>

#### Summary

This document identifies inspiring practice taken across the EU in addressing the educational needs of learners with an intellectual disability. They are drawn from projects funded through the Lifelong Learning programme which addressed the provision of education and training opportunities for adults with a learning disability including those focused-on integration and the use of ICT in education and training of people with disabilities persons to support their further integration into mainstream provision.

#### Evidence Relevant to Draft Good Practice Framework (from Website and Associated Resources)

Criterion	Details
<b>Organisation culture</b>	This discusses the implementation of the UN Conventions of the Rights of Persons with Disabilities requiring a paradigm shift, which means a change in organisational culture to ensure success.
<b>Person-centred Approach to education provision</b>	<p>Outlines the Voluntary European Quality Framework which aims to develop a common understanding of the quality of social services within the EU. A key requirement set out in the framework is that services should “be built around people with disabilities and their changing needs: tailor made – person-centred”.</p> <p>Objectives set out by EASPD outline its work toward the provision of high quality, and user-centred services running in an accountable, efficient and effective way.</p>

87 European Association of Service Providers for Persons with Disabilities., (2019). The European Association of Service Providers for Persons with Disabilities. [Viewed May 29th, 2019]. Available from: <https://www.easpd.eu/>

88 EASPD, (2016). Inspiring Practices: Education for Learners with Intellectual Disabilities. Brussels: EASPD. [Viewed May 20th, 2019]. Available from: [https://www.easpd.eu/sites/default/files/sites/default/files/AnnualReports/5.6\\_easpd\\_report\\_inspiring\\_practices\\_education\\_for\\_learners\\_with\\_intellectual\\_disabilities.pdf](https://www.easpd.eu/sites/default/files/sites/default/files/AnnualReports/5.6_easpd_report_inspiring_practices_education_for_learners_with_intellectual_disabilities.pdf)

Criterion	Details
<b>Person-centred Approach to education provision (continued)</b>	The Inspiring Practices document emphasises the importance of: 1) Personal access to information and knowledge. 2) Personal communication and interaction.
<b>Staff capacity to deliver education provision</b>	Within the Voluntary European Quality Framework a key requirement is "sufficient, well trained and managed staff" to raise awareness and understanding of the concepts and advantages of inclusive education and universal design. It describes how EASPD is working towards ensuring lifelong learning opportunities for staff employed in services. It outlines the need for a change in the training needed in staff in order to comply with the UN Conventions of the Rights of Persons with Disabilities.
<b>Outcomes</b>	No relevant information.
<b>Other</b>	No relevant information.

### 3.2.3 AHEAD (Association for Higher Education Access and Disability)<sup>89</sup>

AHEAD, the Association for Higher Education Access and Disability, is an independent non-profit organisation working to promote full access to and participation in further and higher education for students with disabilities and to enhance their employment prospects on graduation. AHEAD provides information to students and graduates with disabilities, teachers, guidance counsellors and parents on disability issues in education.

There is considerable diversity in its higher education system including many students from traditionally under-represented groups such as those from socio-economically disadvantaged backgrounds, mature students, migrants, and students with disabilities. The numbers of students with disabilities in higher education is increasing year-on-year and now stands at over 11,000, representing 5.2 per cent (AHEAD 2016) of the student population. The increasing number of students with disabilities participating in third level education has raised awareness on the need to challenge the myths and misconceptions about disability which still abound.

Relevant publications – available on or signposted from – the website detailed below.

<sup>89</sup> Association on Higher Education and Disability., (2019). Dublin: AHEAD. [Viewed May 29th, 2019]. Available from: <https://www.ahead.org/home>

### 3.2.4 Inclusive Education Position Paper, A Road Map for Disability Support in Higher Education in Ireland (DAWN and AHEAD, 2017)<sup>90</sup>

#### Summary

Inclusive Learning and the Provision of Reasonable Accommodations to Students with Disabilities in Higher Education in Ireland is a report produced by the Disability Advisers Working Network (DAWN) in collaboration with the Association for Higher Education Access and Disability (AHEAD). It brings together two years of research on inclusion of students with disabilities in higher education and concludes that an inclusive approach based on universal design for learning (UDL) principles would provide an effective framework to include and improve the retention of, not only students with disabilities, but a diverse range of students including migrants, mature students, international students, and students from different socio-economic backgrounds. This paper also outlines the benefits of taking such an approach to catering for diversity in higher education.

The paper outlines inclusive strategies that can be adopted at national and institutional level to create a model of inclusive practice based on the principles of universal design.

The adoption of a UDL framework recognises that every student is different and aims to design curricula to meet those different needs. It has a significant advantage as multiple approaches do not have to be developed for different categories of students. Therefore UDL is sufficiently flexible to work for ALL students with disabilities.

### 3.2.5 Universal Design: A Good Practice Guideline (AHEAD, 2016)<sup>91</sup>

#### Summary

This document outlines seven key guidelines designed to support institutions that wish to develop and implement universal design for learning principals as a strategy for inclusion. The seven guidelines are:

1. Create a sustainable and coherent policy through clear visions and strategies.
2. Build on strong networks and value all partnerships.
3. Engage the students as UDL partners.
4. Redesign the curriculum process.
5. Modernise teaching and learning while maintaining standards.

90 DAWN and AHEAD, 2017. *Inclusive Education. Position Paper: A road map for disability support in higher education in Ireland*. Dublin: AHEAD. [Viewed May 20th, 2019]. Available from: <https://www.ahead.ie/userfiles/files/shop/free/Position%20Paper%20Online.pdf>

91 AHEAD and UDLL Partnership, (2017). *Universal Design for Learning: A Best Practice Guideline*. Ireland: AHEAD. [Viewed May 20th, 2019]. Available from: <https://ahead.ie/userfiles/files/shop/free/UDLL%20Online.pdf>

6. Reviewing academic assessment – How to provide inclusive learning methods to reach the right learning outcomes for all.
7. Identify the UDL ambassador: how disability services staff can be the agent for change.

### **3.2.6 The Role of the Disability Officer and the Disability Service in Higher Education in Ireland: A Vision for Future Development (Patricia McCarthy, Mary Quirke and Declan Treanor, 2018)<sup>92</sup>**

#### **Summary**

This publication has been developed as a collaboration between AHEAD and DAWN and recognises that students with disabilities must be included in all aspects of college life. The challenge is to recognise that collaboration is required across the whole college, along with the commitment of senior staff. While disability services have and will continue to provide an essential and unique service, essential investment is needed across institutions to upskill all staff, such as staff working in admissions, librarians, academics and those involved with Erasmus initiatives, placement and careers. To make this happen the values of inclusion, embedded in disability support services, need to be recognised and promoted across institutions, and the role of disability support officers professionalised. This latter move is a step in facilitating the officers' changing role on campus from one of supporting the student to one that works collaboratively with staff across the campus to create a fully inclusive college.

This paper outlines the role of the disability service in higher education and the responsibility it has to individuals with a disability in Ireland. The paper points to a: 1) clearly identifiable role for the disability officer in the system, 2) explains the philosophy that underpins the clear, measurable standards they strive towards as they anticipate and advocate for reasonable accommodations, and 3) clearly establishes how this philosophy can be used to guide all system components.

### **3.2.7 Good Practice Guidelines: For the Providers of Supports and Services for Students with Disabilities in Higher Education (AHEAD, 2008)<sup>93</sup>**

#### **Summary**

It is the Higher Education Authority's (HEA) intention to increase the number of students with sensory, physical and multiple disabilities at third level. As their number in third level continues to grow, so too does the need to examine practices and challenge views. These guidelines have been developed with a view to creating a better understanding of the needs of these students and is a useful resource for a range of personnel working within the sector.

92 McCarthy, P., Quirke, M. and Treanor, D., 2018. *The Role of the Disability Officer and the Disability Service in Higher Education in Ireland*. DAWN & AHEAD.

93 McKernan, C., (2008). *Good Practice Guidelines: for the Providers of Supports and Services for Students with Disabilities in Higher Education*. Dublin: AHEAD. [Viewed May 20th, 2019]. Available from: <https://ahead.ie/userfiles/files/shop/pay/AHEADGoodPracticeGuidelines.pdf>

The document's focus is on meeting the challenge of providing accommodations for students with disabilities. It seeks to support institutional staff on building on existing good practice and developing a planned and systematic approach to making learning relevant and accessible to this group in higher education

### **3.2.8 Teaching and Learning for FE Sector: Making Learning Accessible for Students in Further Education and Training (Higher Education Authority, 2016)<sup>94</sup>**

#### **Summary**

This guide has been designed to assist teaching staff in further education and training to have a better understanding of the needs of students with disabilities. It provides information on different disabilities and offers support to teachers through suggesting strategies that can be adopted to ensure learning is more accessible for these students. It also emphasises ways of using the principles of Universal Design in the design and delivery of courses so that all students have access to the same learning opportunities. Building accessibility and inclusive practices into course design and delivery will benefit all students and ensure that further education and training reflects the spirit and requirements of current legislation. Therefore, adopting a UD approach will also help to ensure that inclusion of students with disabilities is embedded into mainstream practice thus reducing the need for specialist supports to be put in place at a later stage.

### **3.2.9 Charter for Inclusive Teaching and Learning (AHEAD and HEA, n.d.)<sup>95</sup>**

#### **Summary**

This charter aims to support institutions to enhance teaching and learning practices so students with disabilities can fully participate and succeed in higher education. It promotes good practice by presenting inclusive strategies that support all students so they have equitable access to the learning environment. It also seeks to contribute to the work on strategies to deal with the complex environment in which higher education now operates. The charter's subject matter therefore serves a number of objectives: reflect good practice, inspire and encourage debate, and influence and determine policy and practice.

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94 HEA, (2016). *Teaching and Learning for FE Sector: Making Learning Accessible for Students in Further Education and Training*. Dublin: Higher Education Authority.

95 AHEAD, (2016). *Charter for Inclusive Teaching and Learning*. Dublin: Higher Education Authority. [Viewed May 20th, 2019]. Available from: [https://www.ahead.ie/userfiles/files/documents/Charter\\_4\\_Inclusive\\_Teaching\\_&\\_Learning\\_Online\\_Version.pdf](https://www.ahead.ie/userfiles/files/documents/Charter_4_Inclusive_Teaching_&_Learning_Online_Version.pdf)

### Evidence Relevant to Draft Good Practice Framework (from Website and Associated Resources)

Indicator	Details
<b>Organisation culture</b>	<p>There is a need to provide a supportive environment and inclusive educational practice<sup>96</sup>. To do this the values of inclusion must be recognised and promoted across services and a multi-tiered approach is required that involves leadership, teaching, learning, assessment and a universal design for learning. This approach refers to design of curricula, teaching practices, assessment methods, support services and physical environment that can accommodate the ever-increasing diversity of individuals in education.</p> <p>Providing a fully inclusive learning environment for all students is complex and requires creating a culture of engagement and inclusion. This may be achieved through strong, effective and committed leadership in inclusion that can be provided by senior teams to reduce the barriers faced by students with disabilities<sup>97</sup>.</p>
<b>Person-centred approach to education provision</b>	<p>Equality of opportunity should be a priority to help widen access and participation for students with disabilities<sup>98</sup>.</p>
<b>Staff capacity to deliver education provision</b>	<p>Running the disability support service requires the staff member to act as an agent for change to influence policy sharing ideas about inclusive practice, delivering staff training and, not least, building relationships of trust.</p> <p>Addressing staff training and development needs, and making the necessary changes to increase disability awareness<sup>99</sup>.</p>
<b>Outcomes</b>	<p>Students to become aware of lifelong learning skills and become independent learners as a result of improved teaching methods learned through improved training<sup>100</sup>.</p>
<b>Other</b>	<p>The various publications detailed above highlight a number of enabling factors to be put in place to support the integration of people with disabilities into the tertiary education sector including:</p> <ul style="list-style-type: none"> <li>• Universal design;</li> <li>• Reasonable accommodations for students integrating into tertiary education – providing an assessment and examination that is student-centred, flexible and transparent;</li> <li>• Support services such as disability support officers;</li> <li>• Provision of material to support staff in the sector for teaching and learning;</li> <li>• A charter for inclusive teaching and learning.</li> </ul>

96 McCarthy, P., Quirke, M. and Treanor, D., 2018. The Role of the Disability Officer and the Disability Service in Higher Education in Ireland. DAWN & AHEAD.

97 DAWN and AHEAD, 2017. *Inclusive Education. Position Paper: A road map for disability support in higher education in Ireland.* AHEAD. [Viewed May 20th, 2019]. Available from: <https://www.ahead.ie/userfiles/files/shop/free/Position%20Paper%20Online.pdf>

98 McCarthy, P., Quirke, M. and Treanor, D., 2018. *The Role of the Disability Officer and the Disability Service in Higher Education in Ireland.* DAWN and AHEAD.

99 HEA, (2017). *Good Practice Guidelines.* Dublin: Higher Education Authority.

100 HEA, (2016). *Teaching and Learning for FE Sector: Making Learning Accessible for Students in Further Education and Training.* Dublin: Higher Education Authority.

### 3.2.10 IATSE Irish Association for Teachers of Special Education<sup>101</sup>

#### Summary

The Irish Association of Teachers in Special Education (IATSE) is a group that meets at an annual conference to share and collaborate on working with people with special educational needs.

#### Evidence Relevant to Draft Good Practice Framework

No relevant information identified in this source.

### 3.2.11 IASE (Irish Association of Supported Employment)<sup>102</sup>

#### Summary

The IASE is a not-for-profit organisation set up in 1994 to promote a system called supported employment. This is used in many countries to support people with disabilities and other marginalised groups to find and keep a fairly paid job of their choosing.

Its vision statement is: "The IASE believes that everyone has an equal right to the purpose and dignity of a job. The IASE work to break down barriers to employment for people with disabilities."

The primary focus of the material/resources relates to employment though some elements noted below are transferable to other settings.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	The leadership and management of the service provider should set a clear direction that leads to delivery of a high-quality service.
<b>Person-centred Approach to education provision</b>	A person-centred approach is used to collect relevant information about the person's aspirations, interests and abilities for work, and an individual flexible plan is developed with each one.
<b>Staff capacity to deliver education provision</b>	Training and accreditation are available for supported employment professionals for example certificate in supported employment, and the Essential Supported Employment Toolkit, which is an accredited course with an introduction to the principles and practices of supported employment. During its eight weeks, participants learn the core skills required to put the supported employment process into practice. The course is suitable for staff and volunteers supporting people with disabilities, and others with disadvantage, into employment.

<sup>101</sup> Irish Association of Supported Employment., (2019). The Irish Association of Supported Employment. [Viewed May 29th, 2019]. Available from: <http://www.iase.ie/>

<sup>102</sup> Ibid.

Criterion	Details
<b>Staff capacity to deliver education provision (continued)</b>	Training and support should be appropriate and effective and encourage workplace independence and progression, alongside continued opportunities for career development. These standards act as a benchmark to enable providers to develop and improve the quality of their service.
<b>Outcomes</b>	No relevant information.
<b>Other</b>	No relevant information.

### 3.2.12 Innovative Models of Education and Their Assessment Approach (Dearbháil Lawless, AONTAS<sup>103</sup>, 2018<sup>104</sup>)

#### Summary

This blog discusses the skills for work programme and how its innovative education model and assessment approach can help learners with low basic skills.

Ireland’s current rate of adult participation in lifelong learning stands at 6.5 per cent, well below the EU-28 average of nearly 11 per cent, with higher-ranking countries such as Denmark reaching 31 per cent. Ireland boasts key innovative models, however, that are widely recognised across Europe in the community education sector and the skills for work programme. This blog discusses the educational journey of adults throughout their lifetime and the practices that can meaningfully engage disadvantaged groups. It highlights the importance of a personalised approach to community education and programmes where each learner’s needs can be assessed and they are offered a learning experience relevant and applicable to their lives. This offers the chance to provide needs-based personal learning experiences and a helping hand to those who may be in need.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	No relevant information.
<b>Person-centred approach to education provision</b>	Discusses the importance in involving the person’s own needs when developing a relevant learning approach. This is based on individual learning styles, needs and strengths.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	Individuals are offered a learning experience that is relevant and applicable to their lives.
<b>Other</b>	No relevant information.

103 National Adult Learning Organisation, Ireland.

104 Lawless, D., (2018). *Innovative models of education and their assessment approach*. [online] EPALE. [Viewed May 20th, 2019]. Available from: <https://ec.europa.eu/epale/en/blog/innovative-models-education-and-their-assessment-approach>

### 3.2.13 Accessing Mainstream Training: Barriers for People with Intellectual Disabilities (WALK, 2015)<sup>105</sup>

#### Summary

This report examines the barriers to accessing mainstream training experienced by WALK service users, who are people with intellectual disabilities. WALK (walk.ie) offers person-centred services to people with disabilities in Leinster. It supports people with intellectual disabilities to live self-determined lives within socially inclusive communities.

The aims of this report are:

- To provide information about the barriers currently experienced by WALK service users.
- To obtain local service providers views on the barriers.
- To identify areas for improvement.
- To provide a basis for engagement with other education and training bodies to facilitate the opening up of dialogue addressing the barriers faced by people with intellectual difficulties in accessing mainstream provision.

People with intellectual disabilities experience significant barriers in accessing mainstream training and education. This is borne out by national statistics which demonstrate low participation in higher and further education by this group.

The barriers identified by this study include barriers arising from attitudes; stigma; a hierarchy of disabilities; low expectations; barriers arising from lack of capacity in the sector; lack of coherent policies – failure to mainstream; structural; and practical barriers.

The report notes that although the barriers exist, many could be addressed through training, better structural support and more widespread access to financial and other means of support. It is noted that experiences are different for people with intellectual disabilities than those with physical disabilities and that even among those with ID access is more difficult for those with certain types of disability than another.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	No relevant information.
Staff capacity to deliver education provision	No relevant information.
Outcomes	No relevant information.

<sup>105</sup> WALK, (2015). *Accessing Mainstream Training: Barriers for People with Intellectual Disabilities*. Dublin: WALK funded by the Equality Mainstreaming Unit.

Criterion	Details
Other	The right to education is enshrined in Irish and international law and a specific requirement is made in Irish equality legislation for the reasonable accommodation of people with disabilities to access services such as training and education. WALK operates rights-based services, actively supporting service users to know and exercise their rights as full and equal citizens, and as customers of its services.

### 3.3 Literature Review – Ireland

#### 3.3.1 Day Service Provision for People with Intellectual Disabilities: A Case Study Mapping 15-Year Trends in Ireland, Padraic Fleming, Sinead McGilloway and Sarah Barry, (2017)<sup>106</sup>

##### Summary

This academic peer reviewed research article maps changing trends in day service utilisation to highlight how policy, emergent patterns and demographic trends influence service delivery. Using aggregate secondary data from the NIDD the data cover adults aged 18-plus and is broken down by county of residence. Data range across six specific years, 1998-2013, covering a 15-year period at three yearly intervals. The study’s objective is to map changing trends in day service provision in Ireland by highlighting national policy changes, driven by international best practice, that may influence delivery of day services. It highlights the potential future service needs and lessons for similar high-income, underperforming countries in Europe and elsewhere, based on emergent patterns and changing demographic trends.

Its main findings are:

- The total number of adults (18-plus) with an intellectual disability registered on the NIDD in 1998 was 14,897, increasing to 18,275 in 2013.
- Generally, more men than women availed of day services with the gap widening over time, increasing from 5.3 per cent (n = 785) in 1998 to 8.7 per cent (n = 1,585) in 2013.
- In all, 31 distinct types of day services were recorded, 23 (74 per cent) of which have been in place since 1998; the most popular, according to uptake figures, were sheltered work centres and activation centres with (62 per cent in 1998; 55 per cent in 2013).
- Personal care plan (PCP) data were available from 2004 onwards, and those in receipt of a PCP more than doubled, increasing by over 40 per cent from 37.1 per cent (n = 6,237) to 78.7 per cent (n = 14,374).

<sup>106</sup> Fleming, P., McGilloway, S. and Barry, S., 2017. Day service provision for people with intellectual disabilities: A case study mapping 15-year trends in Ireland. *Journal of Applied Research in Intellectual Disabilities*, 30(2), pp.383-394.

For Ireland, person-centred planning remains the most innovative approach for achieving current policy goals related to individualisation of services. This is reflected in the considerable increase in those with a person-centred plan during the 15-year period, indicating progress. But the research article suggests that, while a limited number of new services were introduced during the latter part of the 15-year period, demand for services was generally not met by providers. Therefore service developments in Ireland and other developed countries must also be responsive to these kinds of trends within their individual jurisdictions and not become overly focused on urban centres. Government funding, in Ireland and other countries with similar patterns of service limitations (Austria, Finland, France, Romania and Bulgaria) should aim to promote individualised supports by redistributing funds from traditional, congregated service delivery to individualised models.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	The research article discusses how personal care plans have increased by over 40 per cent from 2004. Individualised developments should be led by the voices of those with a disability and their natural supports. Furthermore, this support must move beyond provision of a such plans, but also to ensure the resources and skills are in place to utilise and realise them.  The Value for Money and Policy Review of Disability Services in Ireland (2012) is used as the benchmark for achieving disability sector improvements and recommends offering supports rather than services in supporting the transition from a largely institutionalised to a personalised model of support.
Staff capacity to deliver education provision	No relevant information.
Outcomes	No relevant information.
Other	No relevant information.

### 3.3.2 Transition from Special Education into Postschool Services for Young Adults with Intellectual Disability: Irish Parents' Experience, Diane Gillan and Barry Coughlan (2010)<sup>107</sup>

#### Summary

This research article addresses the gaps in the literature for parents' experiences of their child's transition child from special education to postschool mainstream services. It explores the nature, factors and psychological impacts of this transition using a qualitative theory approach with semi-structured interviews of a small sample of parents of children with mild intellectual disability living in the southern region of Ireland.

<sup>107</sup> Gillan, D. and Coughlan, B., 2010. Transition from special education into postschool services for young adults with intellectual disability: Irish parents' experience. *Journal of Policy and Practice in Intellectual Disabilities*, 7(3), pp.196-203.

The study's sample group consisted of four married couples and four single mothers, of which the 12 parent/carer participants were aged 42-65. Their children were aged 19-24 years and all were diagnosed in the mild range of intellectual disability.

The findings were identified across the following three sections:

- Meaning of the transition process;
- Psychological impact of the transition; and
- Barriers and facilitative factors of the transition process.

The study's main findings indicate that the transition process was generally stressful, uncertain and problematic, particularly in its administrative aspects. As for its psychological impact, all parents reported a range of negative elements during the transition, with a core theme of stress and anxiety experienced by all parents at this period, particularly in the context of uncertainty about and lack of options for services. It emerged that all 12 parents experienced two rewarding aspects of caregiving, however, in the early postschool years: the availability of support to them during the transition and child's positive adjustment to new roles and setting.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	The study recommends that service systems have to be responsive and flexible to the needs of the individual and family, with a focus on the individual's developmental needs.
<b>Person-centred approach to education provision</b>	Service systems have to be responsive and flexible to the needs of the individual and family, with a focus on individual developmental needs.
<b>Staff capacity to deliver education provision</b>	The study recommends that professionals and staff members involved in the transition process need to develop a clearer need and relationships between families and professionals.
<b>Outcomes</b>	No relevant information.
<b>Other</b>	The study records that there should be adequate information of the needs to be provided to families on the full range of options, rights, and entitlements.

### 3.3.3 Identifying the Key Concerns of Irish Persons with Intellectual Disability, Edurne Garcia Iriarte, Patricia O'Brien, Roy McConkey, Marie Wolfe and Siobhan O'Doherty, (2014)<sup>108</sup>

#### Summary

This paper aims to define the key concerns of adults with an intellectual disability around their participation in society using an inclusive research strategy for data gathering and analysis.

The project's core group consisted of five co-researchers with intellectual disability recruited through national advocacy groups. They worked together to define the issues to be addressed by the project and to formulate the main research questions, specifically: 'What was life like for adult persons with an intellectual disability in Ireland' and 'How could life be better?'

The study involved 23 focus groups and 168 persons from Ireland, for people with intellectual disability, held in 10 locations over three months in 2010. A thematic analysis was undertaken of the verbatim transcripts initially by university co-researchers and 19 themes were identified<sup>109</sup>. The main findings were then centred around eight key themes: living options, employment, relationships, rights, leisure, money, self-advocacy, and communication.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	The research article identifies that participants should recognise the importance of self-advocacy and their need to be good communicators so they can fight for their rights, identify discriminatory practices and gain greater control of their lives.
Staff capacity to deliver education provision	No relevant information.
Outcomes	The research article highlights how participants wished to become self-advocates and this requires the need to upskill people with intellectual disability to achieve the outcomes and confidence they strongly desire to increase their quality of life.
Other	No relevant information.

<sup>108</sup> García Iriarte, E., O'Brien, P., McConkey, R., Wolfe, M. and O'Doherty, S., 2014. Identifying the Key Concerns of Irish Persons with Intellectual Disability. *Journal of Applied Research in Intellectual Disabilities*, 27(6), pp.564-575.

<sup>109</sup> 19 key themes identified are: where and how we live, work, academic article, work becoming a paid employee, freedom (and paid employee), boyfriend/girlfriend, friendships, attitudes, trusting, adventure, holidays, fun and free time, money (and paid employee), advocacy and rights, respected citizen, becoming a self-advocate, communication.

### 3.3.4 Growing Older with an intellectual Disability in Ireland 2011, First results from the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS – TILDA) University of Dublin, Trinity College, (2011)<sup>110</sup>

#### Summary

The Irish Longitudinal Study on Ageing (TILDA)<sup>111</sup> is a large-scale, nationally representative, longitudinal study on ageing in Ireland the overarching aim of which is to make Ireland the best place in the world to grow old.

IDS-TILDA is a longitudinal study researching ageing in Ireland among people with an intellectual disability aged 40-plus. It is the first study of its kind in Europe, and the only one able to directly compare the ageing of people with intellectual disability with the general ageing population.

The underpinning values of IDS-TILDA are inclusion, choice, empowerment, person-centred, promotion of people with intellectual disability, promotion of best practice and to make a contribution to the lives of people with intellectual disability.

This academic research article is about people growing older with an intellectual disability in Ireland. The research uses the Irish Longitudinal Study on Ageing (TILDA) which is large-scale and nationally representative. TILDA collects information on all aspects of health, economic and social circumstances from people aged 50-plus in a series of data collection waves once every two years. It is unique among longitudinal studies in the breadth of physical, mental health and cognitive measures collected. The individuals used in this study were registered on the National Intellectual Disability Database, 753 people took part aged 41-90. This research provides an understanding of the health characteristics and status of persons with an ID as they age.

#### Key findings:

- All levels of Intellectual disabilities (ID) were represented in the sample, with the highest number of participants (44 per cent) falling within the moderate range of ID.
- A third had no formal education, about half completed some or all of their primary education and only three reported completing secondary level education.
- Most participants lived in out-of-home placements; those living with families and in the community tended to be younger, with a mid/moderate range of ID; and those in residential type accommodation tended to be older with more severe to profound levels of ID.
- Over half the population reported having access to 24-hour support, with some reporting they were not receiving any paid support.

110 McMarron, M., Swinburne, J., Burke, E., McGlinchey, E., Mulryan, N., Andrews V., Foran S. and McCallion, P., (2011). 'First results from the Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing (IDS – TILDA)'. Dublin: School of Nursing and Midwifery, Trinity College Dublin.

111 The Irish Longitudinal Study on Ageing., (2019). The Irish Longitudinal Study on Ageing. [Viewed May 29th, 2019]. Available from: <https://tilda.tcd.ie/>

Key findings from day services:

- Most adults with an ID (79.4 per cent) attended a day service, with 43.5 per cent reporting they had choices in their activities there and 32.7 per cent reporting they rarely or never had such choices.
- Just over a third (66.8 per cent) reported they received assistance going to and from their day service.

Key findings from personal choice and planning for daily life:

- Many people with an intellectual disability reported accessing a great deal of support in making personal choices in their life.
- Overall, adults with an ID reported a good level of choice in basic day-to-day issues in their lives.

### Evidence Relevant to Draft Good Practice Framework

No relevant information identified in this source.

### 3.3.5 The Successes and Challenges of Implementing Individualised Funding and Supports for Disabled People: An Irish Perspective, Padraic Fleming, Sinead McGilloway and Sarah Barry (2016)<sup>112</sup>

#### Summary

This article presents findings from an evaluation of four pilot programmes in Ireland. It explores the importance of natural supports and how overly protective behaviour may unintentionally act as a barrier to full implementation.

The objectives of the study were to assess whether individualised funding was:

- Perceived to be effective at improving health and social care outcomes in Ireland.
- Acceptable and feasible within the Irish context.
- An appropriate mechanism for supporting disabled people to gain independence and self-determined lives, fully integrated within the community.

Four individualised funding pilot initiatives, grant funded by an Irish non-profit organisation called Genio (currently Genio works to improve the lives of disabled people, people with mental health difficulties and those with dementia) were evaluated as part of this study. These pilots consisted of three brokerage models and one direct payment model and were based on international best practice and policy. In total of 24 interviews were conducted with 35 individual participants and, in some cases, project participants and advocates were interviewed together.

<sup>112</sup> Fleming, P., McGilloway, S. and Barry, S., 2016. The successes and challenges of implementing individualised funding and supports for disabled people: an Irish perspective. *Disability and Society*, 31(10), pp.1369-1384.

The findings indicate that unnecessarily complex systems can lead to individual burnout. The individualised funding model can now be considered a feasible option in Ireland, with perceived improvements across a range of domains for disabled people, their families, advocates and the organisations with whom they engage.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	No relevant information.
Staff capacity to deliver education provision	The findings suggest a need for appropriate training for paid and natural supports to facilitate a culture of equality where everyone is a valued citizen and where disabled people are not expected to compromise.
Outcomes	No relevant information.
Other	Natural supports such as family and friends are very important when implementing individualised funding; however, training is required to help families through the process.

The need for strong family/natural support has been identified within the current study, where a lack of such support was seen to lead to participant drop-out or as a potential deterrent for organisations interested in facilitating individualised funding.

### 3.3.6 What Works in the Provision of Higher, Further and Continuing Education, Training and Rehabilitation for Adults with Disabilities: A Review of the Literature (Carmel Duggan and Michael Byrne for NCSE, 2014)<sup>113</sup>

#### Summary

This literature review set out to explore existing evidence of what works in higher, further, continuing education, vocational training and rehabilitation provision for adults with disabilities and to present evidence of effective practice that may contribute to the development of policy in Ireland for their education, training and rehabilitation. This document has examined 98 articles literature from jurisdictions (Australia, New Zealand, UK, Ireland, USA and Canada) from the last 12 years (2000-12). The search focused on measures to facilitate adults with disability to access, participate in and progress from higher education, further education, adult and continuing education, vocational training and vocational rehabilitation. The search strategy focused on relevance of the material, appropriateness of the methodology and inclusion of data on outcomes. The literature review contained evidence from material published in journals, by international disability organisations, and by international organisations in education. Literature

<sup>113</sup> Duggan, C. and Byrne, M., (2013). *What Works in the Provision of Higher, Further and Continuing Education, Training and Rehabilitation for Adults with Disabilities: A Review of the Literature*. Trim, IRL: National Council for Special Education.

on adult education provision for adults with disabilities is particularly scarce and an imbalance in it has been identified: most material in peer reviewed journals relates to specific interventions within higher education whereas literature on vocational training is more likely to take the form of composite international reports.

The report, "What Works in the Provision of Higher, Further and Continuing Education, Training and Rehabilitation for Adults with Disabilities? uses the European Agency for Development in Special Needs Education (EADSNE) to define inclusive education in terms of the following dimensions<sup>114</sup>:

- "Presence: access to education and school attendance.
- Participation: quality of the learning experience from the learner perspective.
- Achievement: learning processes and outcomes."

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	<p>The literature review identifies generic features of effective provision; in relation to organisation culture, this includes:</p> <ul style="list-style-type: none"> <li>• Informed by an understanding of the terms: inclusive education or inclusive training;</li> <li>• Clear targets and objectives set;</li> <li>• Barriers to access, participation and progression identified and removed;</li> <li>• Client-centred approach within an overall inclusive context;</li> <li>• Empowering the disabled individual through self-determination and self-advocacy; and</li> <li>• Provision of high-quality guidance.</li> </ul>
<b>Person-centred approach to education provision</b>	<p>The research indicates that <b>individualised planning</b> for people with disabilities is essential to accessing educational and training programmes that are directly relevant to their needs.</p> <p>Evidence from the literature review states that individuals should increase self-awareness of their disabilities, including their strengths, weaknesses, and compensatory strategies, which are necessary for a person-centred approach to education. Self-determination training involves a range of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, and autonomous behaviour.</p> <p>Well-resourced programmes focusing on improving student participation and retention, good information for students and their families to enable them to make informed choices and professional involvement from specially trained transition specialists are effective in supporting persons with disabilities in their progression to higher and further education.</p>

<sup>114</sup> The European Agency for Development in Special Needs Education (EADSNE) is the former name for the European Agency for Special Needs and Inclusive Education (EASNI), which is detailed in section 3.1.10.

Criterion	Details
<p><b>Staff capacity to deliver education provision</b></p>	<p>The report stresses the need for relevant staff training to teach adults with disabilities. In Ireland customised training exists for inclusive education and employment practices. These include:</p> <ul style="list-style-type: none"> <li>• Including students with dyslexia in nursing.</li> <li>• Including and supporting specific disabilities in the learning environment.</li> <li>• Identifying reasonable accommodations.</li> </ul> <p>The teachability project referenced in the paper has a strong focus on staff training. It began in 2000 when the Scottish Higher Education Funding Council audited provision for students with disabilities. Its remit was extended to provide academic staff with the resources and support to conduct their own self-audit of provision for disability students. The teachability project has helped provide an example of a systematic approach to upskilling staff and ensuring the curriculum’s accessibility. The project’s overall objective conforms with UK legislative requirements by providing curricula that are prepared by and accessible to diverse learners including those with disabilities. The resources from it include:</p> <ul style="list-style-type: none"> <li>• Creating accessible lectures, seminars and information on courses.</li> <li>• Accessible course design.</li> <li>• Creating accessible placements and practical classes, e-learning resources for disabled students, and examinations.</li> </ul> <p>The document stresses the importance of adequate staff training to ensure a successful implementation of support measures, for example improve access to the curriculum for disabled students and to inform those institutions not already engaged in developmental work.</p> <p>Specialised personnel – there should be induction training and ongoing support for training centre management, instructors and other staff to ensure adequate preparation for the introduction of an inclusive approach.</p>
<p><b>Outcomes</b></p>	<p>The primary objective of the vocational rehabilitation programme is to assist individuals with disabilities to find employment. Effective measures to enable them to find and retain employment can include:</p> <ul style="list-style-type: none"> <li>• Choices and decisions are consistent with their strengths.</li> <li>• Adequate and available resources.</li> <li>• Aligned priorities to ensure the vocational rehabilitation programme meets the needs of potential employers and individuals with disabilities.</li> <li>• Concerns are alleviated and confidence is increased.</li> </ul> <p>Activities needed to deliver these outcomes include:</p> <ul style="list-style-type: none"> <li>• School must establish and maintain resilient connections with employers to ensure support for employers if needed; the transition phase must be adequately supported by career counsellors/officers; and competent staff must engage in follow-up activities to meet the needs of the person transitioning.</li> <li>• Programmes giving the opportunity for individuals with disabilities to get experience, and/or test their suitability for a job. They are generally job placements.</li> </ul>

Criterion	Details
Other	The importance of including the young person and their family in decision making and planning is frequently referenced as contributing to effective transition. The report highlights how student and parent active involvement in the transition process is critical for students with disabilities to achieve promising postschool outcomes in such areas as employment, independent living, and post-secondary education participation.

### 3.3.7 Educational and Employment Experiences of People with a Disability in Ireland: An Analysis of the National Disability Survey. ESRI Research Series no.41, July (Watson, D., Banks, J. and Lyons, S. (2015))<sup>115</sup>

#### Summary

This research analysed the micro-data on education and employment from the National Disability Survey 2006. The study, funded by the National Disability Authority, was carried out by the Economic and Social Research Institute.

It drew on the 2006 National Disability Survey (NDS) that included over 7,000 working-age people with nine different types of disability. Its focus investigated how employment prospects are related to an individual’s access to services and aids. Services most frequently used by people with disability included physiotherapy (mobility and dexterity), psychiatric and counselling services for emotional, psychological and mental health disability (EPMH disability), pain management (pain); and psychology services (intellectual disability). This analysis suggested that the unmet needs for services or devices were a barrier to employment, but their significance as a barrier varied by type of disability.

Key findings from the research:

- 70 per cent of working-age adults with a disability acquired their disability in adult life, with 30 per cent affected from birth or childhood.
- People affected by their disability during their school years tended to have lower levels of educational qualifications than the wider population.
- 17 per cent of people with disabilities missed some time in school because of their disability and 15 per cent left school sooner than they would have liked.
- Most working-age people with a disability had worked in the past (56 per cent) or were currently working (29 per cent).

<sup>115</sup> Watson, D., Banks, J. and Lyons, S., 2015. Educational and Employment Experiences of People with a Disability in Ireland: An Analysis of the National Disability Survey. *Economic and Social Research Institute (ESRI) Research Series.*

- The highest proportion who had never had a job or who had left a job because of a disability is among those with poor health, low stamina, or mental health difficulties.
- There is low employment among people with intellectual disabilities which is linked to low levels of education.

The report describes how adult education is important to people with early-onset disability as this group tends to have left school with a lower level of qualifications than those whose disability does not emerge until later in life. Among those with later onset disability, the high proportion leaving a job because of their disability suggests that at least a proportion of this group will need retraining for a different line of work.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	Organisations must have a culture that emphasises lifelong learning opportunities geared to the needs of people with intellectual or learning disability
Person-centred approach to education provision	No relevant information.
Staff capacity to deliver education provision	No relevant information.
Outcomes	Greater availability of programmes and improved access to the curriculum for students with disabilities may allow students to maximise their educational achievement and make the transition to further education or the labour market.
Other	No relevant information.

### 3.3.8 Navigating the Transition from School: Voices of Young People and Parents (Dublin City University, 2018)<sup>116</sup>

#### Summary

This report examines the barriers to accessing opportunities in further/higher education, training and employment for disabled people. Greater efforts are required to support young people with disabilities in their transition from education to the labour market. In 2012, the ESF funded a number of initiatives under the Disability Activation Project (DACT).

One initiative was the WALK PEER programme, a “supported transition” model. The WALK PEER model was developed to engage young people with intellectual disabilities while they are in school to support them to develop their career aspirations, explore mainstream opportunities, and implement ambitious transition plans.

<sup>116</sup> Scanlon, G., and Doyle, A. (2018). *Progressing Accessible Supported Transitions to Employment. Navigating the transition from school: Voices of young people and parents*. Dublin: Dublin City University.

In addition, the Progressing Accessible Supported Transitions to Employment (PASTE) project investigated the concept of supported transition for school leavers with intellectual disabilities. This study aimed to:

- Examine the concept of supported transition for young people with intellectual disabilities to determine its efficacy and suitability to inform the development of a national framework of transition for all young people with disabilities moving from compulsory education to FE/HE or employment.
- To document and identify the critical elements in the Irish context necessary to develop a system of seamless support to facilitate transitions for career progression for young people with disabilities.
- To explore the effectiveness of current national policy pertaining to the practice for young people with disabilities entering mainstream HE/FE and the labour market.

People with intellectual disabilities experience significant barriers in accessing mainstream training, education and employment. Barriers include perceptions, experiences and descriptions of negative cultural and societal attitudes. There is an urgent need for greater clarity around options and financial implications. This is borne out by national statistics which demonstrate low participation in higher and further education and the labour market by people with disabilities.

The report notes that young people with disabilities face complex issues in their endeavours to engage with education and training. However, engaging in the supported transition programme has given parents and these young people access to information, options, confidence and some of the hard/soft skills required for successful transition into education and employment. The report highlights a need for more focus on personal/social skills required to navigate not just unfamiliar environments, but unanticipated events and outcomes.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	An organisation committed to providing people with the disabilities the same opportunities as anyone else.
<b>Person-centred approach to education provision</b>	The supported transition model is facilitated by keeping with the core principles of transition planning. This places the young person at the centre of the process by assisting them to explore their aspirations and brings them to a point in their lives where they are able to make an informed choice about their future.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	The report findings suggest employers are willing and open to giving work experience opportunities to young people with intellectual disabilities but require a structured support programme or mechanism to do so. The input of WALK PEER is essential in that not only does it provide a bridge between student and employer, it represents a bank of knowledge and strategies the employer can reliably depend on, and a guide and mentor that students, parents and schools know and trust.

Criterion	Details
Other	The declaration of human rights states: "Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment." Specific requirements are made in Irish equality legislation for the reasonable accommodation of people with disabilities in accessing education and employment. WALK operates rights-based services, actively supporting users to know and exercise their rights as full and equal citizens and as customers of its services.

### 3.4 Literature Review – UK Wide

#### 3.4.1 Self-Directed Support and People With Learning Disabilities: A Review of the Published Research Evidence (Mary Anne Harkes, Michael Brown and Dorothy Horsburgh, 2013)<sup>117</sup>

##### Summary

This is a systematic academic literature review undertaken in 2013 to determine the evidence base underpinning the strategy of self-directed support (SDS). Such policies have been adopted by the Scottish and Westminster governments to move forward the agenda of personalisation in social care. The systematic literature review included a mixed-method approach that identified one research paper, two quantitative studies, seven qualitative studies and four literature reviews.

The research also sought to identify whether there were any barriers to SDS for people with severe or profound learning disabilities and if so how these could be overcome. The following were the review's research questions:

1. What is the research-based evidence that underpins the UK policy of SDS for people with learning disabilities?
2. Does evidence demonstrate that UK policy of SDS is offered to everyone with a learning disability?
3. What is the research-based evidence in the UK of the barriers to take up SDS by people with learning disabilities?
4. Is there evidence on how these barriers can be overcome?

The findings indicated that very few studies pertain specifically to people with learning disabilities and little account has been taken of their range of ability or the distinction between adults with legal capacity and those without. It is evident from the literature that SDS is not, as yet, attainable for everyone with a learning disability but those able to access it have reported an improvement in their quality of life.

<sup>117</sup> Harkes, M.A., Brown, M. and Horsburgh, D., 2014. Self-Directed Support and People With Learning Disabilities: A Review of the Published Research Evidence. *British Journal of Learning Disabilities*, 42(2), pp.87-101.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	No relevant information.
Staff capacity to deliver education provision	No relevant information.
Outcomes	Individuals with learning disabilities who had access to SDS reported an increase in overall quality of life, more control and choice over their lives, and better inclusion with the local community.
Other	No relevant information.

### 3.4.2 Having a Good Day? A Study of Community-Based Day Activities for People With Learning Disabilities (Angela Cole and Val Williams, 2007)<sup>118</sup>

#### Summary

This academic knowledge review brings together key themes and issues emerging from a review of the UK literature and a survey of best practices during 1997-2007. The work was commissioned by SCIE (Social Care Institute for Excellence) and was undertaken by the Foundation for People with Learning Disabilities (FPLD) and Norah Fry Research Centre (NFRC) working in partnership in 2007. The knowledge review addresses a specific question: What has, and what has not contributed to the successful provision of community-based day activities for all people with learning disabilities?

Successful provision of community-based day activities was taken to imply that people would be "having a good day". National policy indicates that "a good day" is about people with learning disabilities:

- Undertaking activities with a purpose.
- Being in ordinary places, doing things most members of the community would be doing.
- Doing things that are right for them personally.
- Receiving support that meets their individual and specific requirements and overcomes inequalities.
- Meeting local people, developing friendships, connections and a sense of belonging.

<sup>118</sup> Cole, A., Williams, V., Lloyd, A., Major, V., Mattingly, M., McIntosh, B., Swift, P. and Townsley, P., (2007). *Having a Good Day?: A Study of Community-based Day Activities for People with Learning Disabilities*. London: Social Care Institute for Excellence.

- In essence, the “having a good day” study was about how to develop and organise opportunities, support and services so people can take up ordinary opportunities and have ordinary lifestyles. It was about how things have changed.
- What services are doing to help people to ‘have a good day’ using ordinary community places.
- What services are finding it hard and the support they need.

In addition to a review of the current research, interviews were also conducted with eight services that appeared to be achieving best practice. The results from these visits help define the key ingredients for achieving successful community-based provision.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<p><b>Organisation culture</b></p>	<p>Leadership can be evident in people with learning disabilities, family carers, staff, employers and community members. It is evident in practice through the influence of national policies and support. There is also clarity on the outcomes for participation, independence, relationships and choice.</p> <p>Leadership can also be seen in self-advocacy groups in developing local social opportunities to enable integration. Leaders will also take the wider view by developing networks committed to achieve community inclusion.</p> <p>A key factor defined in success is skilled team management that gives day-to-day direction, actively focuses staff time on delivering results that people with learning disabilities want to achieve, support with problem-solving and systematically monitoring service delivery to ensure quality.</p> <p>Clear direction and leadership, a supervision structure, enabling systems and good partnerships are important to providing a committed body of staff with the flexibility to support people in new and person-centred ways.</p>
<p><b>Person-centred approach to education provision</b></p>	<p>Family involvement in the person-centred plan is linked to the positive changes achieved through such planning. Families can and should also be involved as change leaders as they can influence other families in ways that managers and paid staff cannot.</p>
<p><b>Staff capacity to deliver education provision</b></p>	<p>Staff need to be targeted to the needs of the individuals, and to work in person-centred ways – achieved through improved job descriptions, real career opportunities and increased training.</p> <p>Staff are offered underpinning values training that emphasises applying the same standards to the lives of people we support as we do to our own.</p>

Criterion	Details
<b>Outcomes</b>	<p>Person-centred planning can help young people plan for the ordinary patterns of adult life, rather than getting caught up in traditional segregated services. It will also enhance community involvement, contact with friends, and contact with family and choice.</p> <p>Outcomes from day services may fall in to four categories:</p> <ul style="list-style-type: none"> <li>• Engagement in meaningful activities.</li> <li>• Time spent in a non-segregated setting.</li> <li>• Extending people's social networks.</li> <li>• Generating income for people (including wages, benefits, charges).</li> </ul>
<b>Other</b>	No relevant information.

### 3.4.3 A Worthwhile Investment? Assessing and Valuing Educational Outcomes for Children and Young People With SEND (SEN Policy Research Forum, 2017)<sup>119</sup>

#### Summary

This paper presents issues covered at a UK seminar that addressed questions on what sorts of educational outcomes are relevant and appropriate, how these can be assessed, how to ensure they are properly valued, and the implications for how the educational performance of schools, settings and services is judged. The seminar included presentations by Professor Graeme Douglas (Birmingham University); Graham Easterlow (National Education Union Joint Executive Council); Dr Jean Ware (Bangor University) and Anne Heavey (ATL).

Firstly, this document discusses the complexity of inclusive assessment dilemmas and how to address them. This proposes an inclusive assessment framework that should: (1) include all, (2) be accessible and appropriate and (3) assess areas of relevance, based on an international study of inclusive assessment policies and practices. Within this the concept of inclusive education is addressed. The complexity and ambiguity of definitions for inclusive education were noted. However, an analysis of the literature drew out particular areas of dilemma: identification-non-identification of some children having SEND; curriculum commonality-differentiation (inclusive curriculum); common-separate teaching (inclusive pedagogy); and common-separate learning settings (inclusive schooling).

Assessment issues from a special school perspective are also discussed. This refers to a holistic model that covers all the different aspects of being a person used to creating educational outcomes that are personally relevant.

<sup>119</sup> Ware, J., (2017). A Worthwhile Investment? Assessing and Valuing Educational Outcomes for Children and Young People With SEND. SEN Policy Research Forum.

Assessment issues for children and young people with significant/complex learning difficulties is also examined. This is based on an overview of recent policy and practice for assessment policy that argues for assessment policy that ensures what is assessed is what matters most, for moderation within and between settings and for data collected to be used to inform teaching and learning.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	Highlights how inclusive assessment should aim to celebrate diversity by identifying and valuing all pupils' individual learning progress and achievements. Furthermore, a wide range of assessment methods are necessary in inclusive assessment to make sure of wide coverage of non-academic and academic areas assessed.
<b>Person-centred approach to education provision</b>	No relevant information.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	The paper refers to the "crucial" relationship between assessment and curriculum. As an example, it refers to England defining a national curriculum, "but broader educational policy makes reference to schools being required to provide a broad and balanced curriculum, which attends to wider educational outcomes: "(a) promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and (b) prepares pupils at the school for the opportunities, responsibilities and experiences of later life" (Education Act, 2002. Part 6:78)."
<b>Other</b>	No relevant information.

## 3.5 Literature Review – England

### 3.5.4 The Quality of Residential and Day Services for Adults with Intellectual Disabilities in Eight Local Authorities in England: Objective Data Gained in Support of a Social Services Inspectorate Inspection (Felce, Lowe, Perry, Jones, Baxter and Bowley, 1999)<sup>120</sup>

#### Summary

This academic research article presents findings from objective data on the quality of 15 residential homes and 17-day centres collected as part of a social services Inspectorate inspection of services for adults with learning disabilities in eight local authorities in England.

<sup>120</sup> Felce, D., Lowe, K., Perry, J., Jones, E., Baxter, H. and Bowley, C., 1999. The quality of residential and day services for adults with intellectual disabilities in eight local authorities in England: objective data gained in support of a social services inspectorate inspection. *Journal of Applied Research in Intellectual Disabilities*, 12(4), pp.273-293.

A sample of 56 residents was drawn from the former and information collected on their behavioural characteristics, social and community integration, autonomy, receipt of attention and assistance from staff, and participation in activity.

Four-day long visits were conducted with day centres to profile each setting for service users, staff numbers and current activities. The results found that day centres have a varying emphasis on curriculums offered to service users. Therefore, the study highlighted that the service user's overall experience user will be primarily determined by their place of residence and the balance of activities offered by the centre serving their catchment area.

The main value of the data presented here are that they gave a snapshot of the quality of day services in a number of local authorities in England in 1997, concluding with the suggestion that their function and organisation at the time of this study's release (1999) were still to be clarified.

### **Evidence Relevant to Draft Good Practice Framework**

No relevant information identified in this source.

### **3.5.5 Working Lives: The Role of Day Centres in Supporting People with Learning Disabilities into Employment (Beyer, Grove, Schneider, Simons, Williams, Herman, Swift and Krijnen-Kemp, 2004)<sup>121</sup>**

#### **Summary**

This research explored the employment activities and support undertaken by day centres and other organisations, and the views and experiences of people with learning disabilities and their carers, to understand how people can be helped most effectively into employment and draw lessons from current practice. The research team carried out qualitative research in nine local authorities (LA) in England to obtain the perspectives of day services users, their carers, managers and centre staff, and managers of employment-related providers, in the local authority and independent of it. The research was carried out between July 2003 and September 2003 and consisted of in-depth interviews with a range of people who had a perspective on employment opportunities for people with disabilities within day centres and services. They were conducted with managers and staff directly involved in employment work and vocational training programmes. There were 30 interviews with managers of day centres or services, 24 with managers of LA or non-LA employment agencies and 158 people with learning disabilities who attended participating day centres. People with learning disabilities who attended participating day centres were also interviewed.

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<sup>121</sup> Beyer, S., Grove, B., Schneider, J., Simons, K., Williams, V., Heyman, A., Swift, P. and Krijnen-Kemp, E., 2004. Working Lives: *The role of day centres in supporting people with learning disabilities into employment* (No. 203). Corporate Document Services.

The research uncovered how people with disabilities view work, the views of carers toward employment of people with learning disabilities and identified a broad range of benefits of employment and barriers to address in the future. Three basic approaches were identified from this regarding provision of employment for this group:

1. Hands-on services: day services have their own specialist teams to help secure employment.
2. Hands-on partnership services: day services refer people to employment through partner specialist employment services.
3. Hands-off partnership services: day centres provide general activities and experiences they felt contributed to people’s employment potential.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	Services that talk to carers, provide transport, put explicit safeguards in place against exploitation and effectively monitor progress can make a significant impact in relieving concerns regarding the service user.
<b>Person-centred approach to education provision</b>	Emphasises individualised and flexible services to enhance the individual’s skills and employability. This can be achieved by raising the profile of work in individual plans.  The paper proposes how the inclusion of family members as “partners in helping people get and keep employment” can be a rich source of job opportunities through their own networks and initiatives.  Promotes the ethos of valuing people, through the use of person-centred planning approaches to explore employment as well as other life domains.
<b>Staff Capacity to deliver education provision</b>	Carers play a key role in the employment process as advocates for and inhibitors of employment. Some recognised that they could enable employment, for instance, by allowing the person they cared for to take risks, and so they themselves had to tolerate a measure of anxiety over the experience of the individual working. These carers need to be seen as “consumers of employment support”.  Training programmes must be clearly focused on paid employment, with a clear exit strategy to paid work. It must also be relevant to the real job market and be effective at meeting the needs of people with learning disabilities.
<b>Outcomes</b>	Overall outcomes from employment opportunities include: <ul style="list-style-type: none"> <li>• Increased self confidence.</li> <li>• A sense of purpose and relief from boredom.</li> <li>• A sense of discipline and responsibility.</li> <li>• Keeping physically active.</li> <li>• Making friends and being accepted.</li> <li>• Forming a connection with the real world.</li> </ul>
<b>Other</b>	No relevant information

### 3.5.6 Knowledge Exchange and Integrated Services: Experiences from an Integrated Community Intellectual (Learning) Disability Service for Adults (C. Farrington, I. C. H. Clare, A. J. Holland, M. Barrett and E. Oborn, 2015)<sup>122</sup>

#### Summary

This journal article examines knowledge exchange dynamics in a specialist integrated intellectual (learning) disability service. It considers the specialist healthcare provision and social care commissioning and management in terms of their significance to an integrated service delivery. The latter has become increasingly prominent as a model for health and social care policy and practice in the past two decades (1995-2015). The research defines Integrated service delivery as (inter-sectoral) cooperation (coordination/networking) between care providers from both the health (medical) and social care sector in order to deliver seamless/continuous care to people with multiple needs. This paper presents findings from a study of community-based teams within an integrated (healthcare/care management) ID service, focusing on issues of knowledge exchange in order to consider their influence on service integration.

Data were collected through semi-structured interviews with 25 participants from the urban and rural teams. Team meetings and workplace interactions allowed for informal exchange of explicit and tacit (non-codifiable) knowledge but presented challenges in terms of knowledge exchange completeness and sustainability. Exchange of explicit (codifiable) knowledge between health and care management components of the service is problematic because of a lack of integrated clinical governance and related factors such as IT and care record systems and office arrangements.

The findings indicate that knowledge exchange processes play an important role in the functioning of integrated services incorporating health and care management components. Managers need to ensure that knowledge exchange processes facilitate explicit and tacit knowledge exchange and do not rely excessively on informal, ad hoc interactions.

#### Evidence Relevant to Draft Good Practice Framework

No relevant information identified in this source.

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<sup>122</sup> Farrington, C., Clare, I.C.H., Holland, A.J., Barrett, M. and Oborn, E., (2015). Knowledge exchange and integrated services: Experiences from an integrated community intellectual (learning) disability service for adults. *Journal of Intellectual Disability Research*, 59(3), pp.238-247.

## 3.6 Literature Review – Scotland

### 3.6.1 Changing Day Services: Do You Agree? (Campbell, 2012)<sup>123</sup>

#### Summary

This peer reviewed journal analyses day services in Scotland using questionnaires distributed to 60 carers, service users and staff. It included evaluating day activities available, care plans, opening times, transport and the most valued aspects of existing day services.

The results found that participants in this study, predominantly carers and services users, valued friendships, the security of the day service and its activities most highly. There was also general satisfaction with existing day services, but recognition of the need to review and update them to adapt to changing needs. The paper also classes the day centre as a social hub where great value is placed on participation in activities based at the centres. It is noted, however, that there is a need to differentiate different aspects of day services – the building, the services and the relationships – and to evaluate outcomes of these separately in redesign.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	Outlines how day opportunities should mean that service users have the choice and the chance to experience activities they have identified as meaningful and valued.
Staff capacity to deliver education provision	No relevant information.
Outcomes	Employment obtained by people with intellectual disabilities are found to ensure valuable outcomes such as an improvement in self-esteem and social integration.
Other	No relevant information

### 3.6.2 Social Exclusion and People with Intellectual Disabilities: A Rural-Urban Comparison (Nicholson and Cooper, 2013)<sup>124</sup>

#### Summary

This academic research article suggests social exclusion is a problem for people with intellectual disabilities (ID) and for people living in rural areas. The term social exclusion describes exclusion from participation in key aspects of society. This includes objective aspects of participation (such as employment, purchasing goods and voting) and social aspects of participation (such as the opportunity to form relationships with friends and family). This study was designed to compare

123 Campbell, M., (2012). Changing day services: Do you agree?. *Journal of Intellectual Disabilities*, 16(3), pp.205-215.

124 Nicholson, L. and Cooper, S.A., (2013). Social Exclusion and People with Intellectual Disabilities: A rural-urban comparison. *Journal of Intellectual Disability Research*, 57(4), pp.333-346.

a number of measures of social exclusion in adults with ID living in rural and urban areas, with the aim of identifying whether a double disadvantage exists. Adults with ID were recruited from a rural and urban area in Scotland. Face-to-face interviews were conducted with participants and their medical notes were accessed. Social exclusion was investigated using measures including daytime opportunities, physical access to community facilities, recent contact with others, the quality of personal relationships and area deprivation by postcode.

The results of the study suggest that compared with adults with ID living in urban areas, those in rural areas are more likely to engage in opportunities such as employment, to participate in activities outside the home, and to go on holiday. They are equally likely to have contact with others in a wide range of social situations and they live in less deprived areas. This suggests that using more objective measures, adults with ID living in rural areas are less socially excluded from society. The results of this study, however, also suggest that the quality of their relationships may not be as positive as those held by those living in urban areas, and this may indicate greater subjective or personal social exclusion. The paper acknowledges the future requirement for research to be conducted that looks at ways to address inequalities.

### **Evidence Relevant to Draft Good Practice Framework**

No relevant information identified in this source.

### **3.6.3 Transition from School to Adult Services for Young People with Severe or Profound Intellectual Disability: A Systematic Review Utilising Framework Synthesis (Jacobs, MacMahon and Quayle, 2018)<sup>125</sup>**

#### **Summary**

This academic article provides a systematic review of what is known of the transition to adult services for young people with severe or profound intellectual disabilities. Its sample sizes ranged from four to 26 participants, and most of the studies reviewed used interviews to explore the transition process through the perspectives of parents.

Overall, the study highlighted the needs and life paths of young people with severe or profound intellectual disabilities and their families. It also highlighted how the pathways and needs for young people with severe or profound intellectual disability differ. Thus, it was argued that value exists in differentiating between degrees of intellectual disability and there seems to be a need to have more studies that focus on those with severe or profound intellectual disability.

On perceptions towards adult services, participants described a change in approach in adult services, and what appeared to be a conflict between adult norms, which may be encouraged within adult services, and their children's developmental age.

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<sup>125</sup> Jacobs, P., MacMahon, K. and Quayle, E., 2018. Transition from school to adult services for young people with severe or profound intellectual disability: A systematic review utilizing framework synthesis. *Journal of Applied Research in Intellectual Disabilities*, 31(6), pp.962-982.

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	The research outlines the current need for a greater involvement of family and service users in the wider decision-making processes, such as service commissioning.
Staff capacity to deliver education provision	No relevant information.
Outcomes	No relevant information.
Other	The parents interviewed described an ideal adult placement as centre-based with small, same-age groups, which facilitated learning and skills, and that was available four to five days per week. It would also be staffed with caring and qualified staff.

### 3.7 Literature Review – Wales

#### 3.7.4 A Comparison of Quality of Life Outcomes for People with Intellectual Disabilities in Supported Employment, Day Services and Employment Enterprises (Beyer, Brown, Akandi and Rapley, 2009)<sup>126</sup>

##### Summary

This academic article compares the subjective and objective quality of life, and quality of work environment for adults with intellectual disabilities in supported employment, employment enterprises and day services with non-disabled workers in community employment. Data were collected from 17 supported employees, ten employment enterprise workers, ten day service attendees, and 17 non-disabled work colleagues of supported employees. Survey results found that:

- Supported employees reported a higher objective quality of life than employment enterprise workers and day service attendees.
- Non-disabled co-workers reported higher objective quality of life and autonomy at work than the three groups of people with intellectual disabilities.
- Supported employees reported higher subjective quality of life than non-disabled co-workers.

The findings support the utility of supported employment as a means to provide constructive occupation and enhanced quality of life to people with intellectual disabilities. The findings also have implications for their broader social inclusion. The gap between the three groups of people with intellectual disabilities studied and non-disabled co-workers on objective quality

<sup>126</sup> Beyer, S., Brown, T., Akandi, R. and Rapley, M., 2010. A Comparison of Quality of Life Outcomes for People with Intellectual Disabilities in Supported Employment, Day Services and Employment Enterprises. *Journal of Applied Research in Intellectual Disabilities*, 23(3), pp.290-295.

of life measures represents a quality improvement agenda for employment agencies. But closing the current gap for non-disabled co-workers on objective quality of life measures represents a challenge and will require improving the quality of job finding and workplace support and the training provided.

### **Evidence Relevant to Draft Good Practice Framework**

No relevant information identified in this source.

## **3.8 Literature Review – Reference to UK Practice in International Research**

### **3.8.1 Employment for People with Intellectual Disability in Australia and the United Kingdom; Ian Dempsey and Jerry Ford (2009)<sup>127</sup>**

#### **Summary**

The article presents an academic review that considers the legislation, policy and employment in the jurisdictions of Australia and UK. It identifies the common policy practices in delivery of employment for people with intellectual disabilities and reviews their employment situation in both. Although the UK and Australia may not be representative of all industrialised countries due to cultural, social and economic differences, they share important similarities (and also differences) that will assist in informing employment policy and practice for this group.

The article's main findings indicate that Australia and the UK have implemented similar policy and legislative initiatives to enhance participation of people with intellectual disability in the workforce. These include:

- Increased funding for employment services for people with a disability.
- Strong policy statements on their inclusion in the workforce.
- Meaningful data on the employment of people with intellectual disability.
- Continuing high unemployment rates for this population.
- The lack of an outcomes-focused approach to evaluating whether employment services are meeting the needs of people with intellectual disability and their families.

#### **United Kingdom**

Some relatively minor variations in legislation, policy and practice exist across the UK. Local governments (local authorities) are significant providers of services to adults with intellectual disability in employment. There are also a large number of government departments (for example Department of Work and Pensions) providing services and supports to this group.

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<sup>127</sup> Dempsey, I. and Ford, J., 2009. Employment for People With Intellectual Disability in Australia and the United Kingdom. *Journal of Disability Policy Studies*, 19(4), pp.233-243.

## Legislation, Policy, and Employment

The government has initiated welfare reform activities in recent years that are prefaced by an agenda to limit the growth of the welfare budget in the United Kingdom and to empower people with a disability. These activities have included setting up:

- New Deal: provides personal advice and support to unemployed people seeking work;
- Jobcentre Plus: a government agency supporting people of working age from welfare into work and helping employers to fill their vacancies; and
- A consultation report aiming to increase the employment rate for people of working age from 75 to 80 per cent.

Between 1998-99 and 2002-03, the growth in employment of people with a disability in the UK public sector was 20 per cent, whereas the number without a disability grew by 3 per cent. From 2006, public authorities were required to promote equal opportunities for this population. The Incapacity benefit (IB) is paid to people who have made a national insurance contribution and is a means-tested benefit that most eligible people with intellectual disabilities receive. In 2005, nearly 2.7 million people of working age received this benefit, and the government estimates that more than 750,000 of these would like to work. Additionally, there are several types of work options for people with a disability in the UK:

- People on IB can work up to 16 hours per week and earn a set amount each week (£81) for a maximum of 52 weeks. This is defined as the "permitted work higher limit"
- People work up to 16 hours a week and receive support from an organisation in doing so. They may earn up to £81 for as long as they remain on IB. This is termed "supported permitted work".
- People wishing to work for very limited periods (earning up to £20 on either IB) form a category termed "permitted work lower limit". Some people transition here from permitted work higher limit because they have not secured full-time work after a year.

Finally, the document outlines several examples of important policy and legislation that affects people with a disability, including the Disability Discrimination Act, Valuing People, and Improving the Life Chances of Disabled People.

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	<p>Valuing People released in 2001 identifies significant difficulties in coordination of services for people with intellectual disabilities in the UK. It promotes four principles of rights that should be adopted in developing a vision for improving their life chances:</p> <ol style="list-style-type: none"> <li>1. Rights;</li> <li>2. Independence;</li> <li>3. Choice; and</li> <li>4. Inclusion.</li> </ol>

Criterion	Details
<b>Organisation culture (continued)</b>	The paper highlights the responsibility of local authorities in assessing the need for community care and how there must be a greater emphasis on promotion of employment for people with intellectual disability.
<b>Person-centred approach to education provision</b>	The Improving the Life Chances of Disabled People strategy states: "By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society." Furthermore, it highlights the need to consult with people with a disability in its improvement of support for people with a disability.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	No relevant information.
<b>Other</b>	The paper outlines the lack of reliable data on employment for people with ID in the UK, and how these data are important in reaching conclusions on the effectiveness of employment services. In response, they propose development of a framework to facilitate the testing of assumptions that underpin employment service provision for this population.

### 3.9 Literature Review – Australia

#### 3.9.1 Employment for People with Intellectual Disability in Australia and the United Kingdom; Ian Dempsey and Jerry Ford (2009)<sup>128</sup>

##### Summary

Summary of the article is presented in section 3.8.1.

##### Australia

Australia is vastly populated with approximately 20.2 million people the majority of whom live in capital cities. It is estimated that of the total population, up to four million people (20 per cent) are considered to have a disability. Attempts to estimate the extent of unemployment of this population have been complicated by inconsistent definitions of disability and are fragmented. However, it is understood there are serious levels of unemployment and underemployment among individuals with disabilities, especially those with more significant support needs.

<sup>128</sup> Dempsey, I. and Ford, J., 2009. Employment for People With Intellectual Disability in Australia and the United Kingdom. *Journal of Disability Policy Studies*, 19(4), pp.233-243.

## Legislation, Policy and Employment

The Australian government's employment reform legislation has enabled increased numbers of people with disabilities to access and participate in government-funded employment services. In 2003-04, the Australian government spent about \$301 million on disability employment services. The Disability Services Act provides a range of service options and aims to fully include people with disabilities into the economic and social mainstream of community life. Two specialist services are used in Australia to achieve community-based employment for people with disabilities: open-employment services and supported-employment services.

- Open-employment services aim to assist persons with disabilities to find and retain paid employment in the general workforce by identifying placement opportunities and providing appropriate training.
- Supported-employment services are targeted for persons with disabilities for whom competitive employment is considered to be improbable because of their disabilities and the need for substantial ongoing support to find or retain paid employment. Agencies therefore directly employ, train, support and pay employees in their charge or enter into contract agreements with employers in the open labour market.

From 1999 to 2009 more than 700 government-funded employment services have provided employment and employment preparation training for about 68,000 people with disabilities. However, in spite of policy initiatives and increased government funding, only a small proportion of the potentially eligible population of Australian people with disabilities has access to funded services. The vast majority of working age persons with disabilities, including people with intellectual disability, continues to remain unemployed.

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	The Disability Services Act highlights that people with disabilities should have the same rights as other members of Australian society to realise their capabilities to contribute fully to community life and to achieve positive outcomes, such as increased independence, inclusion, and opportunities for employment.
<b>Person-centred approach to education provision</b>	No relevant information.
<b>Staff capacity to deliver education provision</b>	No relevant information.

Criterion	Details
<b>Outcomes</b>	<p>Section 9.2 of the Disability Act encourages employment agencies to seek the placement of their target population (persons with additional/disability needs) with training, problem solving, and transportation.</p> <p>The disability reform package aims to improve participation of people with disabilities in employment and community life and ensure that those with more significant disabilities and who may be perceived to have more limited job prospects, receive adequate and secure income support.</p> <p>The Disability Discrimination Act 1992 is the principal piece of Australian legislation for people with disabilities. It is designed to address all areas of employment, including recruitment, access, training, promotion, and dismissal.</p> <p>Bridging Pathways is a national strategy to promote the participation of the population in vocational education and training. It ensures provision of:</p> <ul style="list-style-type: none"> <li>• National training packages are inclusive of people with a disability.</li> <li>• Establishment of regional disability coordination officer programmes – to provide a greater coordination of services for them in vocational education and training.</li> <li>• Establishment of frameworks and systems – for identifying and raising awareness of issues.</li> </ul>
<b>Other</b>	<p>The Australian federal government has focused its social policy efforts on improving employment and training opportunities for people with disabilities, in line with microeconomic reform.</p>

### 3.9.2 Delivering Decision Making Support to People with Cognitive Disability, What Has Been Learned from Pilot Programs in Australia from 2010 to 2015 (2017, Christine Bigby, Jacinta Douglas, Terry Carney, Shih-Ning Then, Ilan Wiesel, Elizabeth Smith)<sup>129</sup>

#### Summary

This academic research report conducted an evaluation in Australia during 2010-15 on a series of projects which piloted various models of delivering decision-making support. It focuses on six projects that had six to 36 people with cognitive disability participating as decision makers in each project. All six projects shared the common aims of exploring different ways of supporting greater involvement of people with cognitive disabilities in decision-making about their own lives and trialling models of support for specific subgroups of this population.

<sup>129</sup> Bigby, C., Douglas, J., Carney, T., Then, S.N., Wiesel, I. and Smith, E., 2017. Delivering decision making support to people with cognitive disability – What has been learned from pilot programs in Australia from 2010 to 2015. *Australian Journal of Social Issues*, 52(3), pp.222-240.

This academic research report suggests the evidence is sparse and highlights how the research is based on six small-scale projects for which the analysis is qualitative. The programmes offer potential insights into the feasibility and benefits of taking a more formal approach to delivery of support for decision making, and ways of organising delivery of support to different subgroups of people with cognitive disability. A critical review was conducted on the programme documents and evaluations of these pilot projects. The pilots were small scale, conducted by statutory and non-statutory bodies, and adopted similar designs centred on supporting a decision maker. Primarily, participants were people with mild intellectual disability. Themes included positive outcomes; uncertain boundaries of decision support; difficulty securing supporters; positive value of programme staff and support to supporters; limited experience and low expectations; and varying value of written resources.

The lack of depth and rigour of evaluations mean firm conclusions cannot be reached about programme logics, costs or outcomes of the pilots. The pilots demonstrate the feasibility of providing support for decision making and indicate that much more needs to be understood about effective programmes for delivering support for decision making. Furthermore, the research highlights a need for greater support from the Australian government to facilitate the role of decision supporters to help to engage others in a person’s life and integrate decision-making support across all life domains.

**Evidence Relevant to Draft Good Practice Framework**

Criterion	Details
<b>Organisation culture</b>	Formal acknowledgment, perhaps in the form of policies, for shared decision making for an individual and an inclusive environment for staff must be in place to ensure the best outcome for the service user.
<b>Person-centred approach to education provision</b>	Supporters who help individuals make decisions will have to find a balance between respecting a person’s autonomy, supporting their dignity of risk and ensuring their safety.
<b>Staff capacity to deliver education provision</b>	The design and approach to delivery support for decision making in the programmes reviewed in this study illustrated the value of training of staff in their support of decision making.
<b>Outcomes</b>	No relevant information.
<b>Other</b>	No relevant information.

### 3.9.3 Providing Support for Decision Making to Adults with Intellectual Disability: Perspectives of Family Members and Workers in Disability Support Services (2017, Christine Bigby, Mary Whiteside and Jacinta Douglas)<sup>130</sup>

#### Summary

This is an academic research article which provides an understanding of the experiences of family members and disability support workers in supporting adults with intellectual disability in Victoria, Australia. Enabling such decision making is an important issue for policy implementation yet there is little evidence of the practice of providing support. Twenty-three people drawn from these two groups participated in individual or focus group interviews. This study illustrates the complex and demanding work of such support to participate in decision making.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	No relevant information.
Staff capacity to deliver education provision	Specific strategies such as staff practice based on active support have also been found to play a role in shaping participation in choice and decision making. Active support is defined as a model of support which ensures that people are supported to participate in every aspect of their daily lives, irrespective of disability. Research has indicated the need for staff with adequate communication skills, knowledge of the impact of intellectual disability and awareness of their own values.
Outcomes	No relevant information.
Other: involvement of others in decision-making	In relation to the involvement of others in decision making, the research has identified practical strategies to the decision-making support and identified aspects, such as being neutral, managing risk, avoiding influence, and foreclosing options by being realistic too soon, that are more challenging for supporters to navigate than practical support. This research has identified that there should be a shared decision process between family and staff/workers to integrate the support provided to people who have disabilities. However, in some cases families may have assumptions about their right to the involvement in the decision-making process, which had led in some instances to tensions with workers.
Other	No relevant information.

<sup>130</sup> Bigby, C., Whiteside, M. and Douglas, J., 2017. Providing support for decision making to adults with intellectual disability: Perspectives of family members and workers in disability support services. *Journal of Intellectual and Developmental Disability*, pp.1-14.

## 3.10 Literature Review – Canada

### 3.10.1 A Quarter Century of Inclusive Education for Children with Intellectual Disabilities in Ontario: Public Perceptions, Philip Burge, Hélène Ouellette-Kuntz, Nancy Hutchinson and Hugh Box (2008)<sup>131</sup>

#### Summary

This article presents findings from an opinion poll conducted in 2004 by an alliance of researchers and community partners. It measures public perceptions of inclusive education of students with an intellectual disability and assesses the related impacts, obstacles and future recommendations.

In Ontario, Canada, a major public policy shift occurred in 1980 when Bill 82 introduced significant amendments to the Education Act. This meant that students with intellectual disabilities were entitled to an education in Ontario. This enabled inclusion in mainstream classrooms as well as into wider school culture. The article provides an improved understanding of public attitudes (using the opinion poll conducted in 2004) a quarter century after the major policy shift (Introduction Bill 82 in 1990) in favour of inclusive education in a region of Ontario, and thus helps to shape and target future public education strategies to foster enhanced inclusion.

Canada's policies on persons with disabilities highlight the importance of inclusion, and this is the dominant policy for the population in regular classrooms. Ontario's Standards for School Boards' Special Education Plans require that each school board's plan should acknowledge and provide student with disabilities in a regular class with immediate and specialised support. However, in reality, there continue to be many approaches to inclusion from one school board to another across Ontario, as well as among schools within boards.

The opinion poll included 680 adults across a large region of Ontario and focused on public views on inclusion in schools and asked about which kind of schooling was best for children with intellectual disabilities and whether these students should be taught in special classes or in integrated classes with non-disabled students.

The most important finding of the study relates to the degree of support for inclusive education. The public is almost evenly divided on it:

- 52 per cent viewed some degree of inclusive education in regular schools as best, whereas;
- 42.2 per cent of the Canadian sample favoured special schools, which is much lower than has been found in other western countries; for example, the Multinational Study of Attitudes Toward Individuals with Intellectual Disabilities reported rates of 65 per cent in the US, 71 per cent in Ireland, and 61 per cent in Germany.

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<sup>131</sup> Burge, P. et al., 2008. A Quarter Century of Inclusive Education for Children with Intellectual Disabilities in Ontario: Public Perceptions. *Canadian Journal of Educational Administration and Policy*, (87).

This research article highlights the limitation of the research and highlights how it is only measuring the public’s perceptions and it is therefore beyond the scope of the research to remark on whether these are real or only perceived findings.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	The article highlights that those with intellectual disabilities who participate or have the opportunities to make choices and to develop self-determination are more likely to participate fully in adult life and to have improved across multiple life categories including employment, access to health and other benefits, financial independence, and independent living. All individual education plans (IEPs) in Ontario must meet standards including a clear indication of the student’s strengths and needs, and the special education strategies, accommodations and resources that will be used to meet those needs.
Staff capacity to deliver education provision	Services should recognise the need to enhance in-service training efforts with the intention of improving teacher preparedness in educating children with intellectual disabilities and other disabilities.
Outcomes	No relevant information.
Other	The article emphasises that continued efforts are needed to regularly inform the public, including current students, about the many potential benefits of an inclusive school environment.

### 3.10.2 Community-Based Cooperative Ventures for Adults with Intellectual Disabilities, Carolyn Lemon and James Lemon (2003)<sup>132</sup>

#### Summary

This article describes the projects engaged by community-based cooperatives in Toronto that demonstrate an approach to encourage those with disabilities to live interdependently and to participate as partners in their own businesses. It presents community-based initiatives to enable the population to live interdependently and to participate as partners in their own businesses, these include:

1. Simple but effective provincial government legislation – the development of policy for people with intellectual disabilities living in the community emerged in Canada in the context of the Human Rights Act of 1977, and in 1985 the Charter of Rights and Freedoms. Policy solutions for the group proposed in Canada and the US have led to government funding for social service agencies. But such funding to meet the needs for housing and employment has been insufficient (at the time of writing the article in 2003);

<sup>132</sup> Lemon, C. and Lemon, J., 2003. Community-based cooperative ventures for adults with intellectual disabilities. *Canadian Geographer/Le Géographe Canadien*, 47(4), pp.414-428.

2. Dedicated subsidised and cooperative housing – research findings highlight the advantages of having a local community-based for the needs of people with intellectual disabilities. As the effort toward accommodation and independence has fallen on families of the individuals themselves and on social service agencies. Provincial governments in Canada today (at the time of writing in 2003) provide a subsistent income, through varying amounts of allowances and benefits, based on governments’ perceived needs, to people with intellectual disabilities, whether living with families or more independently. Agencies now offer apartment programmes where staff assist these individuals to find and acquire subsidised housing and part-time jobs to suit their needs, and live and work among the general population,
3. Transportation systems accessible to housing, workplaces and retail markets. Toronto and other major cities in Canada have long invested in public transit. However, people in newer suburbs of large cities or smaller communities with weak or no public transport are deprived of the freedom to move on their own and would gain from improved legislation to access better public transport.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	No relevant information.
<b>Person-centred approach to education provision</b>	The article describes how there can be greater benefits to people with intellectual disabilities if there is increased cooperation, human rights, community participation and community-centred planning, to ensure of the individual needs and in which the individuals plays a central role.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	The article describes how having the appropriate cooperative structures and entrepreneurial activity will help enable individuals with intellectual disabilities to gain choice and control over the running of their own households, increased independence and confidence with the organisation of their workplaces.
<b>Other</b>	Planning with people with intellectual disabilities must address: <ul style="list-style-type: none"> <li>• individualised and group projects;</li> <li>• integrated and mixed settings; and</li> <li>• independence and interdependence.</li> </ul>

## 3.11 Literature Review – United States

### 3.11.1 Self-Determination for Adults with Intellectual Disabilities: Effects on Goal Attainment<sup>133</sup>

#### Summary

This article seeks to examine the effect of teaching and self-determination skills on adults with intellectual disabilities. Its objective uses the “Take Action: Making Goals Happen (Marshall et al., 1999 treatment package” to ask the question: do these goal-related self-determination skills for adults with moderate to severe intellectual disabilities result in increased goal-oriented behaviour, as measured by the number of short-term goals met per day?

In this study adult day services are defined by the National Adult Day Services Association (NADSA) (2016), as government-funded programmes that provide social/therapeutic activities, transportation to and from the programme, meals and personal care. The NADSA has identified 5,685-day programmes operating in the US in 2014. More than 260,000 participants and family caregivers are serviced – an increase of over 100,000, or 63 per cent, since 2002.

In the US, individuals with an intellectual disability aged 22-plus have few options in adult life. They may: enter the workforce, either independently or in a supervised capacity; attend an adult day programme; or stay at home/their residential placement. While some do enter the workforce, many more attend adult day programmes, government-funded facilities where life and functional skills continue to be taught throughout the individual’s life.

Study participants were recruited from a local adult transition programme serving students aged 18-22. Three were chosen to participate based on shared characteristics, including disability label, level of intellectual disability, age, gender, and socioeconomic background. One primary investigator delivered the curriculum package to participants using the “The Take Action: Making Goals Happen (Marshall et al., 1999) instructional package”. Take Action is empirically validated and has demonstrated success in multiple sub-populations of individuals with an intellectual disability. This study took 6½ weeks to complete from the process of obtaining informed consent and informed assent to completing data collection and follow-up with all participants. Throughout its course participants had instruction in how to attain their choice of three short-term daily goals; the number attained per day was recorded. All were rated on a scale of difficulty from 1 to 6, where 1 was easiest and 6 was most difficult.

The findings indicate that one participant successfully met two or more goals across 80 per cent of days during the maintenance without prompts period, thereby meeting the mastery criterion. Remaining participants each successfully met two or more goals across 33 per cent of days during maintenance without prompts, thereby failing to meet the mastery criterion. The study’s purpose was to teach participants skills to practice autonomous goal-oriented behaviour, an essential component of self-determination.

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133 Pings, R., (2018). *Self-Determination for Adults with Intellectual Disabilities: Effects on Goal Attainment* (Doctoral dissertation).

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	According to new legislation (Affordable Care Act), all clients who attend adult day programmes must have self-directed individual service plans. These define measurable goals for clients in the system, as well as make known the individual's preferences for living, employment, friendship, and other quality of life-based facets of future planning. Adults with an intellectual disability and who receive services in an adult day setting must have an individual plan of care, referred to in many states as an individual service plan (ISP).
Staff capacity to deliver education provision	No relevant information.
Outcomes	No relevant information.
Other	No relevant information.

### 3.11.2 A Preliminary Investigation of Employment Data Collection in Postsecondary Education for Students with Intellectual and Developmental Disability, (Laura Chezana, Stefania Petcub and Lee Van Horn, 2017)<sup>134</sup>

#### Summary

The study examines the employment-related support services offered to students with intellectual and developmental disability (IDD) enrolled in postsecondary education (PSE) programmes across the US. In the US, one approach to assist individuals with IDD to enter the competitive employment market consists of postsecondary education (PSE). A main goal of PSE for these students is to help them acquire the employment skills required to obtain and maintain a job with the ultimate purpose of successfully transitioning to adulthood. The study's purpose was to conduct a preliminary investigation examining the data collection practices implemented by PSE programmes to:

- Gather information on student employment-related aspects.
- Make data-based decisions when revising the delivery of instruction and employment-related support services.
- Evaluate the overall programme effectiveness in preparing students for competitive employment.

<sup>134</sup> Chezana, L.C., Petcu, S.D. and Van Horn, M.L., (2018). A preliminary investigation of employment data collection in postsecondary education for students with intellectual and developmental disability. *Journal of Intellectual and Developmental Disability*, 43(4), pp.494-505.

The research method involved a survey to a national sample of directors and coordinators of postsecondary education programmes across the US who indicated they collected data to gather information on student employment-related aspects and programme effectiveness. The final sample included 166 programmes, each represented by a director or coordinator. Fifty-two participants indicated that they implemented assessment practices and were directed to the survey section addressing data collection procedures.

The findings indicate a wide variability in the type of data collection practices implemented by postsecondary education programmes for these students in the US. Results suggest additional research is needed to examine critically assessment practices implemented by PSE programmes in evaluating student employment-related outcomes and program effectiveness.

### **Evidence Relevant to Draft Good Practice Framework**

No relevant information identified in this source.

### **3.11.3 Teaching Program Development and Evaluation through a Service Learning Project in Community-Based Adult Day Services (Patricia Schaber, 2010)<sup>135</sup>**

#### **Summary**

This paper examines an instructional methodology, service learning, as a method for teaching programme development and evaluation in adult day service centres. The latter is an emerging practice area and provides an opportunity for students to learn programme development while they explore and meet the occupational needs of elders living in the community. The purpose of the adult day service learning project was to develop and teach:

- Programme development and evaluation.
- Increase knowledge of a wellness model of intervention with the elderly.
- Serve community-dwelling elders' occupational needs by designing and implementing activities that impact health and wellness.

In this study, 39 students were surveyed before and after a service learning experience to determine if they perceived service learning as effective in increasing knowledge and confidence to develop, implement, and evaluate an adult day services programme module. Six adult day service agencies collaborated with the programme in occupational therapy to provide the learning opportunities.

Research results indicated that students reported their knowledge and confidence increased significantly in assessing organisations and populations, designing and carrying out an activity with well elderly and creating an evaluation measure. Furthermore, they reported a high level of comfort in working with elderly populations before and after the service learning experience.

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<sup>135</sup> Schaber, P., (2010). Teaching program development and evaluation through a service learning project in community-based adult day services. *Occupational therapy in health care*, 24(1), pp.107-117.

## Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	No relevant information.
Staff capacity to deliver education provision	No relevant information.
Outcomes	No relevant information.
Other	Building self-efficacy is an appropriate outcome for community-based learning

### 3.12 Literature Review – Finland

#### 3.12.1 Deinstitutionalisation of People with Intellectual Disabilities in Finland: A Political Perspective (Miettinen and Teittinen, 2012)<sup>136</sup>

##### Summary

This article addresses an evident gap at the time (2012) between the basic principles of deinstitutionalisation programmes and reality using the deinstitutionalisation process in Finland. This process is used as an example of incongruity that existed at the time between progressive disability policy and economic policy. The article draws on earlier research and reports based on the neoliberal turn in economic policy in Finland and the current state of services for people with intellectual disabilities. The article defines which neoliberal economic policies are the most important concerning development of the system of services for people with intellectual disabilities and analyses their effects.

The article provides a summary of the development of service systems for people with intellectual disabilities in Finland. It highlights the rise of privately-run service providers and the increasing number of people living in group homes over institutions from the mid-1990s to 2012. Government has committed to reduce the number of residents in Finland with intellectual disabilities living in long-term institutions to zero by year 2020.

The article concludes that for the two decades prior to this article's release (1982-2012), development of the system of services for people with intellectual disabilities has taken place at the intersection of a progressive disability policy and a neoliberal economic policy. At the same time as long-term institutional care drastically diminished and the emphasis in service development shifted to social inclusion and self-determination, a political consensus emerged on the need to cut back the welfare state and develop a mixed economy welfare. The interaction of these two different, simultaneous processes directed service system development in ways

<sup>136</sup> Miettinen, S. and Teittinen, A.,(2014). Deinstitutionalisation of people with intellectual disabilities in Finland: A political perspective. *Scandinavian Journal of Disability Research*, 16(1), pp.59-76.

only observable if both disability policy and economic policy are observed together. While provision of deinstitutionalised services had undeniably grown, the financial austerity imposed on municipalities discouraged them from investing in quantity and quality enough to take them to a level at which the support needs of all people with intellectual disabilities could be met in a comprehensive way.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	Finnish disability policy has evolved to be based on three principles: equality, inclusion, and the provision of necessary services and supportive measures.
<b>Person-centred approach to education provision</b>	No relevant information.
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	No relevant information.
<b>Other</b>	No relevant information.

## 3.13 Literature Review – Sweden

### 3.13.1 Analysis of Cost and Quality Indicators of Day Activity Service Programmes in Sweden (Varja, Tholen and Hultkrantz, 2016)<sup>137</sup>

#### Summary

In this study, the distribution of the cost of day services per user across Swedish municipalities is examined along with how this relates to structure qualities and outcome quality variables. It outlines the role of day activity programmes in Sweden, from basic chores in groups to individual placements. The basis of these programmes is traditional activities conducted in groups at special premises, for instance doing simpler contract work, textile and wooden handicrafts, café or restaurant activities and work in gardens, agriculture or forestry. Training and rehabilitation activities may also be included. Some group activities, for instance theatre performances, target different subgroups (those with intellectual disabilities, young people with Asperger's syndrome). Activities in small groups are sometimes located at other municipal or private workplaces, such as in cafés, shops or day care centres for dogs. There are also individual placements in which a person has his or her activity located at an external workplace.

All but a few municipalities offer activities at least six hours a day on all weekdays.

<sup>137</sup> Värja, E., Larsson Tholén, S. and Hultkrantz, L., (2017). Analysis of cost and quality indicators of day activity service programmes in Sweden. *Scandinavian Journal of Disability Research*, 19(4), pp.347-361.

The results of the analysis highlighted that the younger generation of day centre users have higher demands for and expectations of content. To meet these demands, activities must be individualised, leading to higher costs. The main findings from the statistical analysis were that regular user surveys seem to raise service quality and that having a routine that annually examines whether each participant can be offered an internship or work is associated with higher probabilities for transitions from the day activity programme to employment at a regular workplace.

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	The study found regular surveys of user satisfaction are a core ingredient in improving quality of day activity programmes. Outlines quality indicators that highlight the importance of a routine being in place for offering service users individual plans, and a further routine for documenting that this plan has been offered. An indication of quality service is a routine for reviewing users' possibilities for a job or internship.
Staff capacity to deliver education provision	Emphasises the importance of having an overall plan committed to development of staff competencies based on organisation needs.
Outcomes	No relevant information.
Other	No relevant information.

### 3.13.2 After Upper Secondary School: Young Adults with Intellectual Disability Not Involved in Employment, Education or Daily Activity in Sweden (Luthra, Hogdin, Westberg and Tideman, 2018)<sup>138</sup>

#### Summary

This research article explores the post-upper secondary school situation for persons with intellectual disability not involved in traditional occupations. It sets out to address the current limited knowledge of young persons with intellectual disability in Sweden who are not in employment, education or daily activities. The study observed secondary data through a national database containing 2,955 persons, which represented 24.1 per cent of the total (12,269) number of pupils of upper secondary school for pupils with intellectual disability who graduated during 2001-11. Their postschool options are categorised into four groups:

- The majority participate in disability day programmes (46.9 per cent).
- Employment, mainly through subsidised jobs (22.4 per cent).

<sup>138</sup> Luthra, R., Högdin, S., Westberg, N. and Tideman, M., (2018). After upper secondary school: Young adults with intellectual disability not involved in employment, education or daily activity in Sweden. *Scandinavian Journal of Disability Research*, 20(1), pp.50-61.

- Enrolment in different education programmes (6.6 per cent).
- Not in employment, education or daily activity (24.1 per cent).

The results found the young adults in question constituted a heterogeneous group. They received various subsidies, some with significant gender differences. In 2011 most received long-term subsidies for reduced ability to work, involvement in labour market policy programmes or unemployed, on parental leave or receiving social assistance. Furthermore, most did not make use of services in accordance with the Swedish LSS Act, which outlines the right of persons with intellectual disability to services of support in everyday life that promote participation.

The present study is the first to describe persons with intellectual disability who are not engaged in employment, education or daily activity in terms of background, financial support and LSS services. In accordance with its findings, support or targeted actions designated to improve occupational status and promote participation in society for young adults with intellectual disability is advised to take account of the group's diversity. Finally, the study highlights that further research is needed to increase knowledge of the processes that lead to not being involved in traditional occupations and to facilitate a deeper understanding of persons in these situations.

### **Evidence Relevant to Draft Good Practice Framework**

No relevant information identified in this source.

## **3.14 Literature Review – Multiple Countries**

### **3.14.1 Young Adults with Intellectual Disability Transitioning from School to Post-School: A Literature Review Framed within the ICF (Foley, Dyke, Bourke and Leonard, 2012)<sup>139</sup>**

#### **Summary**

This review describes literature relating to the transition for young people with an intellectual disability and identify gaps within the current knowledge base. A narrative literature review was undertaken that specifically searched for used terms such as "intellectual disability", "transition", "employment" the "International Classification of Functioning, Disability and Health framework" (ICF). Database searches included: Medline, CINAHL, PsycINFO, ERIC, ISI Web of Science and ProQuest 500 International and supplied relevant research articles. The ICF presents a framework that provides a scientific basis and standardised language for describing and classifying health domains, health-related states and health outcome measurement.

This search captured results from international material across a broad range of countries, including the United Kingdom, Australia, United States, Europe, Canada, Israel and New Zealand.

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<sup>139</sup> Foley, K.R., Dyke, P., Girdler, S., Bourke, J. and Leonard, H., 2012. Young adults with intellectual disability transitioning from school to post-school: A literature review framed within the ICF. *Disability and Rehabilitation*, 34(20), pp.1747-1764.

Specific goals of this review were to:

1. Employ the ICF as a framework to holistically describe transition literature.
2. Describe transition issues internationally and evaluate the similarities and differences in Australia.
3. Describe changes in transition policy and services over time and identify impacts on outcomes.
4. Evaluate and describe the methodological challenges in transition research with young adults with intellectual disability.

This review highlights significant gaps and weaknesses within the literature investigating transition from school to postschool for young people with intellectual disability. Research involving the young people themselves is sparse and usually only involves those with mild intellectual disability. In addition, research has tended to focus on only one aspect of transition (for example employment or transition of health services) as opposed to taking a more holistic view of outcomes.

All the research articles in this review were rated as level four ( $n = 61$ , 63.5 per cent) or five ( $n=35$ , 36.5 per cent) on the level of evidence classifications as guided by the National Health and Medical Research Council. Thirty-five articles were opinion or comment pieces (27.3 per cent), 34 were quantitative (26.6 per cent) and 37 were qualitative (28.9 per cent) articles. Table 17 displays the number of research articles by country. Most literature identified for this review emerged from the United States (US; 42.2 per cent), followed by the UK (UK; 27.3 per cent) and then Australia (16.4 per cent).

**Table 17: Number of Research Articles by Country**

Country	Number of Research Articles	Per cent Research Articles
UK	35	27.3%
AUS	21	16.4%
US	54	42.2%
Europe	6	4.7%
Canada	7	5.5%
Other	5	3.9%
<b>Total</b>	<b>128</b>	<b>100%</b>

The overall picture indicates that policy and legislation adjustment as well as transition programmes and development of resources has so far had little impact on improving the transition experience from school to postschool for young people with intellectual disabilities. It is imperative that future research acknowledges the challenges and issues with current research and amends research designs to close the gaps in the knowledge base.

The paper presented its findings in accordance with the formal domains highlighted in the ICF<sup>140</sup> and outlined below.

## **Body Function and Structure**

The impairments of body functions and structures can have important impacts on a young adult's ability to participate in daily life and transition-related activities including attending school or work.

### **US**

Previous research in the US with young people with intellectual disability using the ICF framework emphasised the need to examine impairment by type and severity to adequately understand some of the complexities and differences in acquisition of adult social roles in the group.

### **Australia**

A population-based study indicated the prevalence of intellectual disability was 14.3/1000, with 10/6/1000 for children with mild or moderate intellectual disability and 1.4/1000 with a severe level of intellectual disability. Furthermore, it is suggested that youth with ID will confront additional barriers in their transition experience, with difficulties experienced in housing, social interactions and employment.

## **Activity and Participation**

### **Australia**

Research surveying families of young people with Down syndrome in Western Australia (n = 363) found young adults were most independent in their mobility and required greatest assistance in communication, higher cognitive functions and more complex self-care tasks. Over 60 per cent aged 18-25 could understand everyday conversations and only about 60 per cent could independently express their needs.

Evidence from Australia has suggested the best predictor of future capacity for work among young adults with a disability (40 per cent of whom had an intellectual disability) was the student's ability to manage activities of daily living.

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140 ICF, (2002). Towards a Common Language for Functioning, Disability and Health. Geneva: World Health Organisation. [Viewed May 20th, 2019]. Available at: <http://www.who.int/classifications/icf/icfbeginnersguide.pdf>

## Interpersonal and Social Skills

### Australia

The impact of social skills training, independent living skills and leisure activities included in transition programmes on postschool outcomes has received little attention in the literature. Research from Australia found friendships appear to decline for adolescents once they leave the more formal supports of school, and it is primarily through employment and involvement in day activities that new social networks are formed.

## Self-Determination

### US

Self-determination has been highlighted as a critical element in optimising outcomes in the process of transition from secondary school to adulthood for youths with intellectual disabilities, particularly in the US. Self-determination incorporates skills such as goal setting, decision making, problem solving, communication, self-awareness and self-advocacy and has been found to have a significant link with quality of life.

## Employment, Post-Secondary Education and Day Options

### Australia

A systematic review of 15 studies concluded there were positive outcomes for people with intellectual disabilities entering employment specifically for quality of life, wellbeing and autonomy.

Furthermore, families of children with Down syndrome in Western Australia reported that for those engaged in paid employment, a third were not satisfied with their options. Key issues identified were due to limited hours available in open employment and long delays in getting the opportunity to try a particular placement.

For individuals unable to engage in employment they may participate in a range of day services. These vary but usually involve activities that aim to promote skill development, recreation and community inclusion. Australian parents of young adults with intellectual disabilities have reported a lack of adequate full day adult services and called for increased funding in this area.

## Leisure

### US

Participation in leisure activities has been reported as similar across all levels of intellectual disability, mild to severe. US research involving 490 young adults with disabilities suggested high levels of engagement in leisure activities could be the result of parent-run groups and recreational environments. These environments and networks are easily accessible and accepting of individuals with impairment.

## Contextual Factors: Families

### Australia

Research investigating autonomy of young people with mild intellectual disability within the family unit through interviews in Australia identified three approaches to reaching independence: defiant, passive, and proactive. The authors presented the point that transition to adulthood for people with intellectual disabilities is not inevitably conflict ridden. Their involvement in service decision making and support from families to choose varied and valued roles and responsibilities within the family and community were shown to be important factors in reaching autonomy for these young people with mild intellectual disability

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
<b>Organisation culture</b>	<p>This paper highlights the importance of the service in the transition period, and how bureaucratic structures that exist within a service may make it more difficult to ease the transition of an individual with ID.</p> <p>Highlights the need to have readily available information for families on future options to ensure a successful partnership with young people with ID and their family.</p> <p>The service provider must have an understanding of family belief systems, which is reported as imperative to the development of effective working relationships with families and effective service delivery.</p>
<b>Person-centred approach to education provision</b>	<p>The review emphasises the importance of family involvement which it states continues to be considered an essential component of the transition process.</p> <p><b>US</b></p> <p>The Individuals with Disabilities Act (1997) states the development of an annually updated individualised education programme as central to its legislation. Outlines how this plan is designed with the young person and their family, outlining the needed transition services.</p> <p><b>Australia</b></p> <p>The Commonwealth/State Disability Agreement (1991) highlights the right of an individual with a disability to exercise maximum control over every aspect of their life.</p>
<b>Staff capacity to deliver education provision</b>	No relevant information.
<b>Outcomes</b>	<p>Overall, research has found that students who are more self-determined often have better outcomes across multiple life categories including employment, access to health and other benefits, financial independence and independent living.</p> <p>Participation in supported employment has been reported to provide opportunities for independence and choice-making and has been associated with improved psychological wellbeing</p>
<b>Other</b>	No relevant information.

### 3.14.2 Approaches to Inclusive Education and Implications for Curriculum Theory and Practice (Mercy M. Mugambi, School of Education, University of Nairobi, 2017)<sup>141</sup>

#### Summary

This academic research paper proposes that inclusive education should aim to strengthen the capacity of the education system to reach out to all children. Therefore learning should be based on the clear understanding that learners are individuals with diverse characteristics and backgrounds, and the strategies to improve quality should therefore draw on their knowledge and strength. The paper presents the human rights based and multicultural approaches to inclusive education and their implications for curriculum theory and practice for differentiated curriculum content, instructional process, differentiated assessment, reorienting teacher education and involvement of parents and community.

#### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	<p><b>Inclusion in a learning institution involves:</b></p> <ul style="list-style-type: none"> <li>a. Valuing all learners equally;</li> <li>b. Increasing the participation of learners;</li> <li>c. Acknowledging the right of learners to an education;</li> <li>d. Reducing exclusion of learners from their culture, curricula and communities of local learning institutions;</li> <li>e. Restructuring policies, practices and cultures in schools so they respond to the diversity of learners;</li> <li>f. Reducing barriers to learning and participation for all learners, not only those with impairment or those categorised as “having special learning needs”;</li> <li>g. Ensuring adequate teacher preparation;</li> <li>h. Enhancing support services to learners rather than moving them to other services;</li> <li>i. Providing an appropriate physical environment;</li> <li>j. Developing a culture of acceptance by removing barriers to educational outcomes;</li> <li>k. Removing discrimination;</li> <li>l. Providing adequate resources;</li> <li>m. Focusing on collaborative role of parents;</li> <li>n. Fostering mutually sustaining relationship between schools and communities;</li> <li>o. Reducing class size based on the severity of learner needs;</li> <li>p. Using authentic assessment approaches as opposed to traditional education where learners are assessed by standardised examinations; and</li> <li>q. Professional skill development in areas of cooperative learning, peer tutoring and adaptive curriculum.</li> </ul>

<sup>141</sup> Mugambi, Mercy M., (2017). Approaches to Inclusive Education and Implications for Curriculum Theory and Practice. *International Journal of Humanities Social Sciences and Education (IJHSSE)*. Vol 4, Issue 10, October 2017, pp92-106.

Criterion	Details
<p><b>Organisation culture (continued)</b></p>	<p><b>Important steps in policy promotion of inclusive education should include:</b></p> <ul style="list-style-type: none"> <li>a) Conducting a local situation analysis on the scope of the issue, available resources and their utilisation to support inclusion and inclusive education;</li> <li>b) Mobilisation of opinion on the right of education for everybody;</li> <li>c) Building of consensus around the concepts of inclusive and quality education;</li> <li>d) Making legislation reforms to support inclusive education in line with international conventions, declarations and recommendations;</li> <li>e) Supporting local capacity building to promote development towards inclusive education;</li> <li>f) Developing ways of assessing the impact of inclusive and quality education;</li> <li>g) Developing school and community-based mechanisms to identify children not in school and find ways to help them enter school and remain there;</li> <li>h) Helping teachers to understand their role in inclusive education and that inclusion of diversity in education is an opportunity and not a problem;</li> <li>i) Eliminating legislative or constitutional barriers to disabled people being included in the mainstream education system;</li> <li>j) Ensuring education policies and strategies promote inclusive learning environments;</li> <li>k) Initiating and facilitating national consultative processes, informed by international research, experience and standards, to develop national standards for inclusive education and for enhancing the quality of learning outcomes;</li> <li>l) Developing strategies that increase community and family involvement in school management committees and education offices, including encouraging inputs into budget priorities and the tracking of expenditure;</li> <li>m) Facilitating participation, develop awareness programmes for the parents of disabled children, and the children themselves, about their rights;</li> <li>n) Providing pre- and in-service training to teachers so they can identify and respond to the needs of each child (for example using peer-support and activity-based approaches) and promote diversity in the classroom. Ensure there is adequate support and expertise in skills such as Braille literacy and supply training and employment for disabled teachers; and</li> <li>o) Training and orienting educational administrators, school leadership, and support staff, as well as communities, on the rights of disabled children to education and on good practice in inclusion.</li> </ul>

Criterion	Details
<p><b>Organisation culture (continued)</b></p>	<p><b>Effective strategies to promote positive attitudes include:</b></p> <ul style="list-style-type: none"> <li>a) Ensuring all teachers are trained and feel able to assume responsibility for all learners whatever their individual needs;</li> <li>b) Supporting the participation of learners and their parents in educational decision making. This includes involving learner indecision about their own learning and supporting parents to make informed choices for their (younger) children. At the level of an individual learner’s educational career, the following aspects appear to make a significant contribution to achieving the goal of widening participation;</li> <li>c) A view of learning as process – not content based – and a main goal for all learners being the development of learning to learn skills, not just subject knowledge;</li> <li>d) Developing personalised learning approaches for all learners where the learner sets, records and reviews their own learning goals in collaboration with their teachers and families and is helped to develop a structured way of learning independently in order to take control of their own learning;</li> <li>e) The development of an individual education plan (IEP) or similar individualised teaching programme for some learners (possibly with more complex learning needs) who may require a more focused approach for their learning. IEPs should be developed to maximise learner independence and involvement in goal setting and also collaboration with parents and families;</li> <li>f) An approach to learning that aims to meet the diverse needs of all learners without labelling/categorising is consistent with inclusive principles and requires the implementation of educational strategies and approaches that will be beneficial to all learners;</li> <li>g) Cooperative teaching where teachers take a team approach involving learners themselves, parents, peers, other school teachers and support staff, as well as multi-disciplinary team members as appropriate;</li> <li>h) Cooperative learning where learners help each other in different ways, including peer tutoring within flexible and well-thought out learner groupings;</li> <li>i) Collaborative problem solving involving systematic approaches to positive classroom management;</li> <li>j) Heterogeneous grouping of learners and a differentiated approach to dealing with a diversity of learner needs in the classroom. Such an approach involves structured goal setting, reviewing and recording, alternative routes for learning, flexible instruction and different ways of grouping for all learners;</li> <li>k) Effective teaching approaches based on targeted goals, alternative routes for learning, flexible instruction and use of clear feedback to learners; and</li> <li>l) Teacher assessment that supports learning and does not label or lead to negative consequences for learners. Assessment should take a holistic/ecological view that considers academic, behavioural, social and emotional aspects of learning and clearly informs next steps in the learning process.</li> </ul>

Criterion	Details
<p><b>Organisation culture (continued)</b></p>	<p><b>Features of an inclusive curriculum:</b></p> <ul style="list-style-type: none"> <li>a) It reflects the kind of society to which we aspire in terms of demands and expectations and defines the role of education in society. Curriculum development should be a continuous process closely intertwined with social inclusion;</li> <li>b) It ensures both equity and quality by effectively responding to learner diversities and sustain education for all in the long term. Long-term approach to organisation of curriculum should serve as the integrative aspect to link different forms and types of learning;</li> <li>c) Should address and incorporate national, local and learner diversities;</li> <li>d) Helps to foster a comprehensive citizenship education;</li> <li>e) Promotes a balance between global, national and local expectations, realities and needs;</li> <li>f) Reflects diversification of models of instruction and learning material;</li> <li>g) Fosters appreciation of diversity and tolerance by incorporating principles of non-discrimination;</li> <li>h) Incorporates content relevant to needs and future of learners;</li> <li>i) Discusses education for sustainable development;</li> <li>j) Considers and builds on students' prior learning and experiences;</li> <li>k) Presents learning materials that reflect a diversity of viewpoints and representation;</li> <li>l) Provides examples and case studies in the subject areas reflecting diversity of knowledge, experiences and cultural values of all learners;</li> <li>m) Provides for a wide range of learning opportunities and a variety of learning activities.;</li> <li>n) Presents learning activities that promote interaction, collaboration and shared reflection among the learners;</li> <li>o) Provides for assessment tasks free of culturally and gender-based examples; and</li> <li>p) Provides assessment tasks designed to take account of diverse values, goals, experiences and perspectives of learners.</li> </ul> <p><b>Features of an inclusive classroom's procedures and practices:</b></p> <ul style="list-style-type: none"> <li>a) Establishment of classroom routine that is sensitive to individual needs and cultural norms of learners;</li> <li>b) Ensuring that classroom responsibilities are inclusive and not stereotyped;</li> <li>c) Provision of instructional resources that reflect diversity of learners;</li> <li>d) Ensuring that all learners feel accepted and gain a sense of belonging;</li> <li>e) Provides each learner with a balance of challenge and support to scaffold new learning;</li> <li>f) Emphasises and models values of fairness acceptance, kindness, respect and responsibility to and for all people;</li> <li>g) Making education relevant to student needs and interests;</li> <li>h) Teaching and modelling independent learning skills;</li> </ul>

Criterion	Details
<p><b>Organisation culture (continued)</b></p>	<ul style="list-style-type: none"> <li>i) Recognition and value for learner improvement and acknowledging success of each individual learner;</li> <li>j) Use of evaluation methods that are equitable and take into account the diversity of learners' life experiences and learning needs, for example refugee experience; and</li> <li>k) Use of flexible approaches to eliminate barriers and transform learning experiences. Teachers should provide differentiated instruction by acknowledging that students learn at different rates and in different ways.</li> </ul>
<p><b>Person-centred approach to education provision</b></p>	<p>Document discusses how all children should be provided with a curriculum that is relevant to their needs through a range of well planned, shared learning experiences. Meaningful learning experiences for students with disabilities must address individualised learning needs.</p> <p>To ensure quality of teaching and learning there is a need to shift to student-centred curriculum planning that is based on an assessment of learner strengths and weaknesses with differentiation evident in the creation of teaching strategies to meet individual needs.</p> <p>Discusses how the curriculum must be flexible and responsive to the diverse and complex needs of the individual learners.</p>
<p><b>Staff capacity to deliver education provision</b></p>	<p>Discusses how teacher development has to be at the heart of initiatives for developing inclusive practices in schools. This requires building the competencies of all regular teachers.</p> <p>Teacher education programmes should equip teachers with:</p> <ul style="list-style-type: none"> <li>a) Fundamental competencies that provide a knowledge base to teachers for understanding the philosophy assumptions underpinning inclusive education policies and practices, understand the nature and barrier to learning, learning style among others;</li> <li>b) Skills to examine and reassure attitudes towards other cultures;</li> <li>c) Skills to develop empathy and treat all students as individuals;</li> <li>d) Skills to promote the success of all students and strategies to deal appropriately with prejudice at school;</li> <li>e) Skills to work in multicultural settings including understanding of the value of diversity, and respect of differences;</li> <li>f) Practical competencies that require teachers to develop the skills to perform the action of creating a learning environment, undertaking analysis of barriers to learning, developing teaching strategies and resources to support learning;</li> <li>g) Reflective competencies that help teachers to reflect how language, disability, race. Gender, geographical locations and their differences affect learning and appropriate adaptation to teaching strategies to maximise participation of all learners;</li> <li>h) Skills to work in close collaboration with colleagues, parents and wider community;</li> </ul>

Criterion	Details
<b>Staff capacity to deliver education provision (continued)</b>	<p>i) Skills necessary to help learners acquire the competencies listed in the European Reference Framework of key competencies (communication, mathematical, competencies in science and technology, digital competence, learning to learn, social and civic competencies, sense of initiative and entrepreneurship and competencies in cultural awareness and expression [European Committee, 2007]); and</p> <p>j) Skills to monitor effectiveness of classroom interventions. Teacher education is therefore seen as a core element for building the capacities of education systems to move toward more inclusive system.</p>
<b>Outcomes</b>	No relevant information.
<b>Other</b>	No relevant information.

### 3.14.3 International Social Role Valorization (SRV) Association<sup>142</sup>

#### Summary

Social role valorisation (SRV) is a dynamic set of ideas useful for making positive change in the lives of people disadvantaged because of their status in society. It has been defined as: "The application of empirical knowledge to the shaping of the current or potential social roles of a party (that is, person, group, or class) – primarily by means of enhancement of the party's competencies and image – so that these are, as much as possible, positively valued in the eyes of the perceivers." SRV is utilised mainly in service to children and adults with impairments as well as elders, but it can be helpful to uplift the social situation of any person or group.

The basic premise of SRV is that people are much more likely to experience the "good things in life" if they hold valued social roles than if they do not. Therefore, the major goal of SRV is to create or support socially valued roles for people in their society because if a person holds such a role, they are highly likely to receive from society those good things in life available to that society and can be conveyed by it, or at least the opportunities for obtaining these.

There are two major broad strategies for pursuing this goal for (devalued) people: (1) enhancement of people's social image in the eyes of others, and (2) enhancement of their competencies, in the widest sense of the term.

SRV has helpful strategies that guide real change in our practice and expectations of what is possible for people with disabilities and their families.

142 SRV, (2014). *International Social Role Valorization (SRV) Association*. [Viewed May 20th, 2019]. Available from: <https://www.socialrolevalorization.com/en/international-association/purpose-of-the-association>

### Evidence Relevant to Draft Good Practice Framework

Criterion	Details
Organisation culture	No relevant information.
Person-centred approach to education provision	No relevant information.
Staff capacity to deliver education provision	No relevant information.
Outcomes	<p>The context of SVR in the framework will highlight how the individual can discover and obtain a vision of what life could be in the future which provides a powerful essential requirement for creating a better life.</p> <p>Therefore, when considering a person’s future/outcomes – SVR allows the service provider to consider what supports are needed; can they be offered in unpaid/informal ways, can we utilise services that valued people use; can they be used when they are typically used by others; what skills and images are needed by someone in these settings; what roles are we trying to develop with a person?</p>
Other	No relevant information.

## 4. Appendix 4: Definitions

### 4.1 Introduction

It is acknowledged at the outset that there are no standard fixed definitions for many terms associated with this study either internationally or in national contexts, nor are they specifically defined in legislation or guidance. While definitions exist, many are closely allied to the specific objectives of the source document and/or the specific purpose it is developed to address. This limits their applicability more generally. Some terms may be used interchangeably with others; in some cases, there is potential for overlap.

The research team has reviewed multiple definitions from credible and reputable sources (primarily Irish due to relevance and consistency) for 17 key terms associated with this research. In this document, for each of the key terms we present definitions considered (some may not be fully and directly relevant to the adult day service sector in Ireland though offer useful language and context) and then propose working definitions to be used and by doing so, the scope of this review. These are included in **blue text** after the range of definitions is presented in boxes under each heading.

### 4.2 Disability

#### Disability means...

...a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment<sup>143</sup>.

"Disability" in relation to a person means a substantial restriction in their capacity to carry on a profession, business or occupation in the State or to participate in its social or cultural life because of an enduring physical, sensory, mental health or intellectual impairment<sup>144</sup>.

Disability may exist in the form of neurological disability, physical disability, hearing loss/deafness, visual disability or speech and/or language disability<sup>145</sup>.

A long-term physical, mental, intellectual or sensory impairment which may hinder a person's full and effective participation in society on an equal basis with others<sup>146</sup>.

143 Government of Ireland, (2005). *Disability Act 2005*. Dublin: Governments Publications Office.

144 Government of Ireland, (2005). *Disability Act 2005 – Part 2*. Dublin: Governments Publications Office.

145 Doyle, A. and Carew, A.M., (2018). Annual Report of the National Physical and Sensory Disability Database 2017. Dublin: HRB.

146 Duggan, C. and Byrne, M., 2013. What works in the provision of higher, further and continuing education, training and rehabilitation for adults with disabilities. A Review of the Literature. Trim, IRL: National Council for Special Education).

## Disability means...

Is not considered a personal problem or attribute but is seen as a complex collection of conditions many of which are created by the social environment. That is, disability is a social problem and it is society's collective responsibility to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life<sup>147</sup>.

The result of the loss or limitation of opportunities for a person with an impairment to take part in society on an equal level with others due to social and environmental barriers<sup>148</sup>.

"Special educational needs mean, in relation to a person, a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition and cognate words shall be construed accordingly<sup>149</sup>."

Section 2 of the EPSEN Act 2004 requires that: "A child with special educational needs shall be educated in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with:

- The best interests of the child as determined in accordance with any assessment carried out under this Act
  - The effective provision of education for children with whom the child is to be educated."
- (a) The total or partial loss of a person's bodily or mental functions, including the loss of a part of the person's body, or
  - (b) The presence in the body of organisms causing, or likely to cause, chronic disease or illness, or
  - (c) The malfunction, malformation or disfigurement of a part of a person's body, or

147 Ibid.

148 UDLL Partnership, (2017). *Universal Design for Learning: A Best Practice Guideline*. Ireland: AHEAD. [Viewed May 20th, 2019]. Available from: [https://www.maynoothuniversity.ie/sites/default/files/assets/document/Universal%20Design%20for%20Learning%20Guidelines%20-%20UDLL\\_0.pdf](https://www.maynoothuniversity.ie/sites/default/files/assets/document/Universal%20Design%20for%20Learning%20Guidelines%20-%20UDLL_0.pdf)

149 Government of Ireland, (2004). *Education for Persons with Special Educational Needs Act*. Dublin: Governments Publications Office.

### Disability means...

- (d) A condition or malfunction which results in a person learning differently from a person without the condition or malfunction, or
- (e) A condition, illness or disease which affects a person's thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour<sup>150</sup>.

While recognising that the context for the research is the Education for Persons with Special Educational Needs Act (2004), there is also merit in definitions proposed by the Disability Act (2005) and Education Act (1998) which guide the provision of health, care and education services. Therefore, the definition for disability proposed by this research is:

A constraint in a person's ability to carry on a profession, business or occupation in the State or to participate in its social or cultural life by reason of an enduring physical, sensory, mental health or intellectual impairment.

For lifelong learning: a constraint in a person's ability to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition.

However, it is recognised that such constraints may be accommodated to allow individuals to achieve their full potential in line with their needs, abilities and aspirations.

## 4.3 Adult Day Services – Descriptors

### 4.3.1 Adult Day Services

#### Adult day services means...

Day services for adults in Ireland provide a network of support for people with physical and sensory disabilities, learning disabilities, mental health difficulties, autistic spectrum disorder, intellectual disabilities, or life-changing illnesses such as heart attack and stroke<sup>151</sup>.

<sup>150</sup> Education Act (Government of Ireland, 1998).

<sup>151</sup> HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

### Adult day services means...

The aim of adult day services is to: "...help people with disabilities make choices and plans to support their personal goals; to have influence over the decisions which affect their lives; to achieve personal goals and aspirations; and to be active, independent members of their community and of society<sup>152</sup>.

These services are for people who have significant support needs arising from disabilities and require extra help to access community and services in line with their wishes and needs<sup>153</sup>.

Based on the information reviewed, the definition of adult day service proposed for this research is:

Day services for adults in Ireland offer a network of support for people with physical and sensory disabilities, learning disabilities, mental health difficulties, autistic spectrum disorder, intellectual disabilities, or life-changing illnesses such as heart attack and stroke. The services aim to help this population make choices and plans to support their personal goals; to have influence over the decisions which affect their lives; to achieve personal goals and aspirations; and to be active, independent members of their community and of society.

### 4.3.2 Where Adult Day Services are Provided

#### Describing the physical location – where day services are provided...

##### Day Centre...

New Directions refers to the term "day centres" throughout its review, while the HSE specifically defines a day centre as a location to support rehabilitation, social inclusion, and recovery<sup>154</sup>.

NALA refers to service delivery locations as "centres" when describing service provision to adults with disabilities<sup>155</sup>.

152 NCSE. (2014). Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities, National Council for Special Education. Trim, IRL: NCSE. [Accessed May 20th, 2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

153 NCSE. (2018). *Leaving School? Information on some Post-School Options for Rehabilitative Training and Adult Day Services*. NCSE. [Viewed May 20th, 2019]. Available from: <http://ncse.ie/wp-content/uploads/2018/04/NCSE-Post-School-Options.pdf>

154 HSE National Vision for Change Working Group, (2012). *Advancing Community Mental Health Services in Ireland*, Guidance Papers. Dublin: HSE.

155 NALA, (2018). *Guidelines on the inclusion of people with intellectual disabilities in adult literacy services*. Dublin: NALA.

## Describing the physical location – where day services are provided...

### Setting

- New Directions refers to the "service delivery setting" throughout its review of adult day services<sup>156</sup>.

Based on the information reviewed, the definition of "where adult day care is provided" proposed in this research is:

The location of day service delivery can be defined as a setting that offers support for rehabilitation, social inclusion and recovery. This can be within the day centre itself or within the community.

### 4.3.3 Service User

## Describing those who use adult day services

### Service user means...

We [the HSE] use the term "service user" to include:

- People who use health and social care services as patients; carers, parents and guardians.
- Organisations and communities that represent the interests of people who use health and social care services.
- Members of the public and communities who are potential users of health services and social care interventions.

The term service user also takes account of the rich diversity of people in our society, regardless of age, colour, race, ethnicity or nationality, religion, disability, gender or sexual orientation, who may have different needs and concerns. We [the HSE] use the term service user in general, but occasionally use the term patient where appropriate<sup>157</sup>.

156 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-16. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

157 HSE, (2012). National Healthcare Charter. [Viewed June 19th, 2019] Available from: <https://www.hse.ie/eng/about/who/qid/person-family-engagement/national-healthcare-charter/national-healthcare-charter.pdf>

## Describing those who use adult day services

### An adult with a disability...

The HSE refers to this term throughout the New Directions review regarding adults with disabilities within day services. However, in the more recent 2015 publication of the Interim Standards for New Directions, this terminology has moved toward use of “adult with a disability” in its place<sup>158</sup>.

### A learner...

The European Agency for Special Needs for Inclusive Education and European Association of Service Providers for Persons with Disabilities specifically refers to recipients of special education as learners. Furthermore, the term “learner-centred” is used rather than “person-centred” approach to education provision<sup>159</sup>.

The National Adult Literacy Agency also describes adults with disabilities as “learners” in its guidelines for the inclusion of people with disabilities in adult literacy services<sup>160</sup>.

The NCSE refers to the active participation of learners as a primary aim of the inclusion of individuals with a disability<sup>161</sup>.

### A client...

Within the context of offering a service, it is sometimes necessary to use the term “clients”, for example when offering a “client-centred” approach within an inclusive context.<sup>162</sup>

Based on the information reviewed, the definition of service user proposed in this research is:

Service user encompasses a broad range of terms that refer to an individual who receives support from day service programmes including those focused on lifelong learning.

158 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

159 European Agency for Special Needs for Inclusive Education., (2019). The European Agency for Special Needs for Inclusive Education. [Viewed May 29th, 2019]. Available from: <https://www.european-agency.org/>

160 NALA, (2018). Guidelines on the inclusion of people with intellectual disabilities in adult literacy services. Dublin: NALA.

161 National Council for Special Education, (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. Trim, IRL: NCSE. [Viewed May 20th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework\\_InteractiveVersion.pdf](https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf)

162 Duggan, C. and Byrne, M., (2013). *What works in the provision of higher, further and continuing education, training and rehabilitation for adults with disabilities? A Review of the Literature*. Trim, IRL: National Council for Special Education).

### 4.3.4 Personnel who Deliver Education

#### Describing those who provide education/learning in adult day services

##### Service provider means...

The Interim Standards for New Directions describes this as the person(s) or organisations that provide disability services within the scope of their standards. This includes staff and management employed, self-employed, visiting, temporary, volunteers, contracted or anyone responsible or accountable to the organisation when providing a service to people with disabilities<sup>163</sup>.

##### Staff nurse (intellectual disability)

Within the HSE, the role of the staff nurse for intellectual disability (ID) is to provide holistic, person-centred nursing care, promoting optimum independence, enhancing the quality of life for service users with intellectual, physical or sensory disability in all aspects of daily living<sup>164</sup>.

##### Community support worker

Example: Sunbeam House Services (support providers to adults with intellectual disabilities in Ireland) define the community support worker as involved in supporting clients to achieve their personal outcomes to build on their potential and to develop positive roles within their home and in the community. Their key responsibilities may include:

- To facilitate and implement a person-centred approach for our clients appropriate to their wishes and goals;
- To promote and protect the rights of people in a manner that respects their dignity, their right to make choices and their privacy;
- To actively seek new interests and opportunities for people to develop meaningful roles in their communities;
- To ensure the overall wellbeing of clients in all areas of their lives including health and personal care; and
- To assist in the teaching of life skills in cooking, budgeting, cleaning and building confidence<sup>165</sup>.

163 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin. HSE. [Viewed May 20th, 2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

164 HSE. Job Details [ONLINE]. Health Service Executive. [Viewed May 20th, 2019] Available at: <https://www.hse.ie/eng/staff/jobs/job-search/nursing/nrs03654.html>

165 Job Description. Viewed [September 13th, 2018]. Available at: <https://www.medicalstaffireland.com/job/community-support-worker-2/>

## Describing those who provide education/learning in adult day services

### Tutor

In the context of the inclusion of adults with intellectual disabilities the National Adult Literacy Agency uses the term “tutors” to describe those who deliver support in the service or centre, and who can act as “inclusion development workers”<sup>166</sup>.

### Trainer

SENEL use the term “trainers” in the context of support provided to young people with special needs/disability into employment<sup>167</sup>.

### Special needs assistant

(The research team recognises that SNAs work in primary, secondary and special school settings to meet the care needs of students with disabilities; SNAs do not have a role in adult day service settings. This definition is included as one among several to inform the process of reaching definitions suitable for this study).

Provides support to individuals with disabilities to facilitate the inclusion of students in educational environments<sup>168</sup>.

Based on the information reviewed, the definition of personnel who deliver education in this research is:

Although some staff may view themselves as solely focused in the realm of health and social care service, the delivery of a personal care plan may involve formal and informal forms of education that support the lifelong learning of service users. Therefore, there is a wide range of personnel that provide services to individuals with disabilities and these personnel can be referred to as trainers or tutors who support the provision of learning programmes.

166 NALA, (2018). Guidelines on the inclusion of people with intellectual disabilities in adult literacy services. Dublin: NALA.

167 SENEL: Erasmus Plus Project. SEN Employment Links: Working with Employers and Trainers to support young people with special educational needs/disability into employment. SENEL. [Viewed May 20th, 2019]. Available at: <https://www.jamk.fi/en/Research-and-Development/RDI-Projects/senel/home/>

168 NCSE, (2018). *Comprehensive Review of the Special Needs Assistant Scheme: A New School Inclusion Model to Deliver the Right Supports at the Right Time to Students with Additional Care Needs*. Trim, IRL: National Council for Special Education.

## 4.4 Spectrum of Education Provision in Adult Day Services

### 4.4.1 Education

#### Education means...

Education is defined as organised and sustained communication designed to bring about learning<sup>169</sup>.

Adult education can be described as systematic learning undertaken by adults who return to learning having concluded initial education or training<sup>170</sup>.

Based on the information reviewed, the definition of education proposed for this research encompasses many of the terms included in the remainder of this section:

Lifelong learning, formal and informal learning and learning which may or may not be accredited and supports individuals to reach their potential.

### 4.4.2 Inclusive Education

#### Inclusive education means...

**...that people with special educational needs are educated in an inclusive environment.**

"A child with special educational needs shall be educated in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with:

- The best interests of the child as determined in accordance with any assessment carried out under this Act
- The effective provision of education for children with whom the child is to be educated<sup>171</sup>.

The presence (access to education and school attendance), participation (quality of the learning experience from the learner perspective) and achievement (learning processes and outcomes across the curriculum) of all learners in mainstream classes<sup>172</sup>.

169 UIS, OECD, Eurostat (2001). Data Collection on Education Systems: Definitions, Explanations and Instructions. Paris: UIS, OECD, Eurostat (2001).

170 Department of Education and Science, (2000). *Learning for Life: White Paper on Adult Education*. Dublin: The Stationery Office.

171 Government of Ireland, (2004). Education for Persons with Special Educational Needs Act. Dublin: Governments Publications Office.

172 Duggan, C. and Byrne, M.,(2013). *What works in the provision of higher, further and continuing education, training and rehabilitation for adults with disabilities. A Review of the Literature*. Trim, IRL: National Council for Special Education.

## Inclusive education means...

A process that addresses and responds to the diversity of needs of all children, youth and adults through increasing participation in learning, cultures and communities, and reducing and eliminating exclusion within and from education<sup>173</sup>.

The International Standard Classification of Education's (ISCED) definition of education, accepted by other international agencies, refers to the key features of the process of education as communication; organised; sustained; and learning. Extending these key features to the other categories looked at here, we can suggest that education, training and rehabilitation can be understood as (a) involving a process (b) incorporating the transfer of learning and (c) directed at outcomes which may or may not be specified<sup>174</sup>.

As cited by Duggan and Byrne<sup>175</sup> (see section 3.3.6 of this document), the European Agency for Special Needs and Inclusive Education (EASNIE) defined inclusive education in terms of the following dimensions:

- Presence: access to education and school attendance;
- Participation: quality of the learning experience from the learner perspective; and
- Achievement: learning processes and outcomes.

EASNIE proposes: "The ultimate vision for inclusive education systems is to ensure that all learners of any age are provided with meaningful, high-quality educational opportunities in their local community, alongside their friends and peers<sup>176</sup>."

### A definition of inclusive education in the Irish education system

"One of the objectives of the NCSE Consultative Forum was to suggest a definition of inclusive education that would reflect the Irish context. In light of the review of the current literature presented here, it was confirmed that there is no one agreed definition. The review highlighted a number of international definitions which were considered in the formulation of the definition below. It was agreed that the definition would be a combination of the UNESCO (2005) definition and the description included within the DES (2007) Post-Primary Guidelines for Inclusion of Students with Special Educational Needs.

173 SENEL: Erasmus Plus Project. SEN Employment Links: Working with Employers and Trainers to support young people with Special Educational Needs/Disability into Employment. SENEL. [Viewed May 20th, 2019]. Available at: <https://www.jamk.fi/en/Research-and-Development/RDI-Projects/senel/home/>

174 UNESCO, (1997). International Standard Classification of Education. Paris: UNESCO.

175 Duggan, C. and Byrne, M., (2013). *What works in the provision of higher, further and continuing education, training and rehabilitation for adults with disabilities? A Review of the Literature*. Trim, IRL: National Council for Special Education).

176 European Agency for Special Education Needs and Inclusive Education [June 6th, 2019]. Available at: <https://www.european-agency.org/about-us/who-we-are/agency-position-inclusive-education-systems>

## Inclusive education means...

The definition proposed below must be viewed in the context of the statutory remit of the Council as set out in the EPSEN Act.

Inclusion is defined as a process of:

- Addressing and responding to the diversity of needs of learners through enabling participation in learning, cultures, and communities.
- Removing barriers within and from education through the accommodation and provision of appropriate structures and arrangements to enable each learner to achieve the maximum benefit from his/her attendance at school<sup>177</sup>."
- The Irish Longitudinal Study on Ageing (TILDA)<sup>178</sup> is a large-scale, nationally representative, longitudinal study on ageing in Ireland, the overarching aim of which is to make Ireland the best place in the world to grow old. IDS-TILDA is a longitudinal study researching ageing in Ireland among people with an intellectual disability aged 40-plus. This study is the first of its kind in Europe and the only one able to directly compare the ageing of people with intellectual disability with the general ageing population.
- The underpinning values of IDS-TILDA are inclusion, choice, empowerment, person-centred, the promotion of people with intellectual disability, the promotion of best practice and to make a contribution to those people.
- Definition of inclusion: The issues for persons with an intellectual disability are no longer separately considered. Issues affecting this group are "at the table" when policies are formulated on health care reform, health promotion, the built environment, combating obesity and strategies to prevent the development of additional secondary disability<sup>179</sup>.

Based on the information reviewed, the definition of inclusive education proposed for this research is:

**Inclusive education is defined as education which provides learners with access to meaningful, high-quality education and learning opportunities in their local community, alongside their peers.**

177 Winter, E. and O'Raw, P., (2010) *Literature Review of the Principles and Practices Relating to Inclusive Education for Children with Special Educational Needs*. Trim, IRL: National Council for Special Education.

NCSE, (2011). *Inclusive Education Framework*, Ireland: National Council for Special Education.

178 The Irish Longitudinal Study on Ageing., (2019). *The Irish Longitudinal Study on Ageing*. [Viewed May 29th, 2019]. Available from: <https://tilda.tcd.ie/>

179 McCarron, M., McCallion, P., Carroll, R., Burke, E., Cleary, E., McCausland, D., McGlinchy, E., O'Donovan, M.A., Mulryan, N. and Shivers, C., (2014). *Advancing years, Different Challenges: Wave 2 IDS-TILDA: Findings on the ageing of people with an Intellectual Disability: An intellectual disability supplement to the Irish Longitudinal Study on Ageing*. School of Midwifery: TCD.

### 4.4.3 Lifelong Learning

#### Lifelong learning means...

Lifelong education and learning denote an overall scheme aimed at restructuring the existing educational system and at developing the entire educational potential outside the education system; in such a scheme men and women are the agents of their own education<sup>180</sup>.

Eurostat's definition of lifelong learning is that it "encompasses all purposeful learning activity, whether formal, non-formal or informal, undertaken on an ongoing basis with the aim of improving knowledge, skills and competence<sup>181</sup>".

SOLAS defines how lifelong learning comprises formal and informal education and training<sup>182</sup>.

The European Social Fund supports lifelong learning through the Lifelong Learning Program. The platform promotes a holistic vision of lifelong learning, describing it as "from cradle to grave", where the pattern of school-work-retirement is no longer the norm making it important to ensure people are supported throughout all their life transitions. It also describes how lifelong learning is not limited to formal education, but also integrates non-formal and informal learning<sup>183</sup>.

The European Foundation for the Improvement of Living and Working Conditions defines lifelong learning as a broad concept concerning an individual's education that is flexible, diverse and available at different times and places throughout life<sup>184</sup>.

New Directions defines lifelong learning as: "All learning activity undertaken throughout life with the aim of improving knowledge, skills and competencies within a personal, civic, social and/or employment-related perspective<sup>185</sup>."

Based on the information reviewed, the definition of lifelong learning proposed for this research is:

**Lifelong learning is all purposeful learning activity, whether formal, non-formal or informal, undertaken on an ongoing basis with the aim of improving knowledge, skills and competence.**

180 Duggan, C. and Byrne, M. (2013). *What works in the provision of higher, further and continuing education, training and rehabilitation for adults with disabilities? A Review of the Literature*. Trim, IRL: National Council for Special Education).

181 Ibid.

182 Solas, (2017). Lifelong Learning Participation Among Adults. Solas.

183 Lifelong Learning Platform. *About Us* [online]. Lifelong Learning Platform. [Viewed May 20th, 2019] Available at: <http://lllplatform.eu/who-we-are/about-us/>

184 EurWORK, (2017). *Lifelong Learning* [online]. Eurofound. [Viewed May 20th, 2019] Available at: <https://www.eurofound.europa.eu/observatories/eurwork/industrial-relations-dictionary/lifelong-learning>

185 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-16. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

#### 4.4.4 Lifelong Learning (for Adults with Disabilities in Day Services)

##### Education provision for adults with disabilities means...

According to the NCSE<sup>186</sup>, a wide range of programmes and supports in postschool education and training is available for people with disabilities. These generally aim to assist people with disabilities:

- In accessing education and training appropriate to their needs; and
- In making the transition from schools and in progressing successfully through the various post-school pathways in further and higher education and training.

Various pathways are available in addition to mainstream providers of further and higher education and vocational training. Service user choice needs to be accurately informed about the availability and suitability of the various options and supports. Relevant education and training services are provided in distinct sectors which may be broadly categorised as follows (the first three of these are also available to all adults):

- Further education;
- Vocational training;
- Higher education;
- Rehabilitative training; and
- Adult day services.

Currently, many education and training options are for students with disabilities when they leave post primary education. These include further and higher education and vocational training routes. Service providers should facilitate their adults to access formal and informal learning opportunities. Mainstream education programmes are the preferred option in this instance. Where integrated education is not an option, specialist service providers with the Department of Education and Skills arrange to tailor specialist programmes for delivery. These focus on independent living, community, inclusion and participation and making choices and planning<sup>187</sup>.

186 NCSE. (2014). Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities, National Council for Special Education. Trim, IRL: NCSE. [Accessed May 20th, 2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

187 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-16. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

## Education provision for adults with disabilities means...

In the context of this [New Directions] review, education provision means the diverse range of day service programmes for people with physical and sensory disabilities, intellectual disabilities and mental health difficulties. According to the New Directions Report, this provision can include the following: based on research into current (at the time of writing the report [2012] which was citing data from a census of provision undertaken in 2008) service provision – these have elements of education (see table 2 in section 1.2.3 of this document):

- Day activation/activity – a day programme which is essentially a support and therapeutic service designed to meet the needs of people through individual plans. The environment is designed to maximise the functional levels of service users. Day programmes provide a range of skills and activities such as independent living skills, personal development, education classes, social and recreational activities, and health-related and therapy supports. Day activation is essentially a programme that does not include work activity.
- Active community participation/inclusion – programmes and supports specifically targeted towards the inclusion and active participation of service users in mainstream community programmes and activities. This includes participation in educational opportunities, sport and recreation involvement, social events, local partnership projects and advocacy initiatives. A range of supports promoting and facilitating inclusion is provided to individuals and groups, such as accessing services, liaison, planning, coordinating and supporting attendance and active participation by service users.
- Education programme – those funded by the Department of Education and Skills to enhance day services<sup>188</sup>.

Various other provision (with no evident "education" element) was also identified including day support programme, sheltered work-therapeutic, sheltered work-commercial, sheltered work "like work", external work "like work" – (less than minimum wage), open employment (no supports), supported employment, sheltered employment, rehabilitative training, and voluntary work.

<sup>188</sup> Ibid.

## Education provision for adults with disabilities means...

In 2012, the HSE launched its New Directions report in which it set out a new, personalised approach to provision of adult day services. New Directions highlights the "striking differences in people's experiences of services, underlining the need for quality assurance systems and support for providers to help them to achieve common standards".

New Directions promotes 12 categories of supports that should be available to individuals using day services (see Table 3 in section 1.2.3 of this document). It proposes that day services should take the form of individualised outcome-focused supports to allow adults using those services to live a life of their choosing in accordance with their own wishes, needs and aspirations.

The programmes of support most relevant to education provision are (primarily the first of these, with education permeating many of the others as a key element or process factor):

- Support for accessing education/formal learning (support for people to access formal education programmes in line with their needs and abilities).
- Support for making transitions and progressions (people experience seamless transition between supports provided by specialist and by mainstream services and will try new experiences on an ongoing basis).
- Support for maximising independence (people explore what independence means for them and how they can achieve it in line with their capabilities and capacity).
- Support for making choices and plans (people will be brought through a process that enables them to make informed choices about what they want to do in the future and the supports they need to achieve their goals)<sup>189</sup>.

Other programmes proposed by New Directions assumed to be not relevant to education provision, but could be learning focused, are: accessing bridging programmes to vocational training vocational training and employment opportunities, inclusion in local community, health and wellbeing, meaningful social roles, personal and social development, personal expression and creativity, and influencing service policy and practice.

Recognising that many adults with disabilities access post-secondary learning opportunities without the need for day services and based on the material reviewed, the definition of education provision for adults with disabilities in day service settings proposed for this research reflects that in New Directions (focused on four of the 12 categories of support).

<sup>189</sup> HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

The programmes of support most relevant to education provision are (primarily the first of these, with education permeating many of the others as a key element or process factor):

- Support for accessing education/formal learning (support for people to access formal education programmes in line with their needs and abilities);
- Support for making transitions and progressions (people experience seamless transition between supports provided by specialist and by mainstream services and will try new experiences on an ongoing basis);
- Support for maximising independence (people explore what independence means for them and how they can achieve that independence in line with their capabilities and capacity); and
- Support for making choices and plans (people will be brought through a process that enables them to make informed choices about what they want to do in the future and the supports they need to achieve their goals).

The definition of education provision for adults with disabilities proposed for this research is based on four of the 12 categories of support in New Directions:

- Support for accessing education/formal learning;
- Support for making transitions and progressions;
- Support for maximising independence; and
- Support for making choices and plans.

#### 4.4.5 Formal Learning

##### Formal learning means...

SOLAS defines formal learning that corresponds to education and training in the regular system of schools, universities, colleges and other formal educational institutions that normally constitute a continuous ladder for full-time education<sup>190</sup>.

The OECD describes how formal learning is always structured and organised with learning objectives<sup>191</sup>.

190 SOLAS, (2017). Lifelong Learning Participation Among Adults. SOLAS.

191 Werquin, P., (2010). Recognition of non-formal and informal learning: Country practices. *Organisation de coopération et de développement économiques OCDE. Paris. Disponible en*.

### Formal learning means...

The Council of Europe defines formal learning as education that follows a syllabus and is intentional in the sense that learning is the goal of all the activities learners engage in. Learning outcomes are measured by tests and other forms of assessment<sup>192</sup>.

In the context of adult day services, New Directions describes formal learning as education that may be offered from the vocational education committee or mainstream institutions, or programmes that can be delivered by a service that facilitates the development of tailored and specialist education programmes along with the Department for Education and Skills<sup>193</sup>.

Based on the information reviewed, the definition of formal learning proposed for this research is:

Formal learning is a structured and organised form of education that comprises set learning objectives formally measured by assessment.

#### 4.4.6 Accreditation

### Accreditation means...

The Quality and Qualification Ireland (QQI) of the National Framework of Qualifications (NFQ) offers a structured framework that encompasses all awards for all aspects of education and training in Ireland. It has ten levels and each is based on nationally agreed standards of knowledge, skills and competence. It recognises learning from the very initial to the most advanced advanced stages that ensures that learning may be achieved in schools, colleges, at work, home or the community<sup>194</sup>.

More informal methods of accreditation also exist within the context of disability. Research commissioned by the NCSE describes the value of recognition of achievement within inclusive postsecondary education (IPSE) programmes. It describes how IPSE programmes require flexibility, where many students who will not obtain a degree or equivalent qualification can be granted a certificate of participation or other form of institutional recognition or certificate<sup>195</sup>.

192 Council of Europe. *Formal, non-formal and informal learning* [online]. Council of Europe. [Viewed May 20th, 2019] Available at: <https://www.coe.int/en/web/lang-migrants/formal-non-formal-and-informal-learning>

193 HSE, (2012). *New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

194 QQI & NFQ. *Irish National Framework Of Qualifications* [online]. QQI. [Viewed May 20th, 2019] Available at: [www.nfq-qqi.com/index.html](http://www.nfq-qqi.com/index.html)

195 Duggan, C. and Byrne, M., (2013). *What works in the provision of higher, further and continuing education, training and rehabilitation for adults with disabilities? A Review of the Literature*. Trim, IRL: National Council for Special Education.

### Accreditation means...

The National Qualifications Authority of Ireland defines recognition as the process by which prior learning is given a value, that is the identification, assessment and acknowledgment of learning achieved. In the context of formal qualifications, this may take the form of entry to a programme, credit/exemptions from programme requirements, or access to a full award or qualification<sup>196</sup>.

Recognition of achievement is an integral part of the cycle of learning, building a picture of progress and informing the next stage of learning. Certification options and future pathways to education, training and employment can be part of an individual's action and improvement plan that match the individual's abilities, which can then be reviewed and recognised periodically<sup>197</sup>.

The National Adult Literacy Agency refers to the term "achievement" as the outcome of learning across the curriculum not solely associated with just test and exam results<sup>198</sup>.

Based on the information reviewed, the definition of formal learning proposed for this research is:

Accreditation is the formal or informal recognition of achievement in education activities which adds value to a prior process of learning.

#### 4.4.7 Informal and Non-Formal Learning

### Informal learning means...

SOLAS defines non-formal and informal learning as any organised and sustained educational activities that do not correspond to the definition of formal education. These may or may not take place in educational institutions and may cover educational programmes that impart literacy, life skills, work skills and general culture<sup>199</sup>.

The OECD defines non-formal and informal learning as "learning by experience" which can occur as the by-product of activities that are more organised<sup>200</sup>.

196 Murphy, A., 2007. OECD *Thematic Review on Recognition of non-formal and informal learning*. Country Background Report, Ireland (<https://www.oecd.org/ireland/41679902.pdf>, 20.10. 2009).

197 National Council for Special Education. (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. NCSE. [Viewed May 20th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework\\_InteractiveVersion.pdf](https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf)

198 NALA, (2018). Guidelines on the inclusion of people with intellectual disabilities in adult literacy services. Dublin: NALA.

199 SOLAS, (2017). Lifelong Learning Participation Among Adults. SOLAS.

200 Werquin, P., (2010). Recognising non-formal and informal learning. SOLAS, (2016). *2016 Further Education and Training Services Plan*. SOLAS.

### Informal learning means...

The Council of Europe defines non-formal learning as learning that takes place outside formal learning environments but with some kind of organisational framework. It does not need to follow a formal syllabus or be governed by an external accreditation or assessment system. This usually takes place in community settings.

The Council of Europe defines informal learning as arising from the learner's involvement in activities that are not undertaken with a learning purpose in mind<sup>201</sup>.

The National Qualifications Authority of Ireland defines informal learning as experiential learning, often unintentional, that takes place through life and work experience<sup>202</sup>.

Based on information reviewed, the definition of informal and non-formal learning proposed for this research is:

Any learning that takes place outside the structured curriculum of formal learning, where it is experiential and not governed by the formal assessment system.

#### 4.4.8 Further Education and Training (FET) and Vocational Education and Training (VET)

### FET and VET means...

Further education and training in the Irish education system is not dedicated to one specific group of learners in the context of age or stage in their educational development, but to all learners, generally aged 16-plus. Qualifications can be gained at levels 1 to 6 on the National Framework of Qualifications progressing to programmes of higher education and training, gaining employment, upskilling and re-skilling<sup>203</sup>.

The FET Strategy (SOLAS 2014) states that the FET sector will seek to increase levels of active inclusion through the provision of high quality, more accessible and flexible education, training and skill development interventions and supports suited to the individual<sup>204</sup>.

201 Council of Europe. *Formal, non-formal and informal learning* [online]. Council of Europe. [Viewed May 20th, 2019] Available at: <https://www.coe.int/en/web/lang-migrants/formal-non-formal-and-informal-learning>

202 Murphy, A., (2007). OECD Thematic Review on Recognition of non-formal and informal learning. Country Background Report, Ireland <https://www.oecd.org/ireland/41679902.pdf>. pdf, 20.10.2009).

203 Werquin, P., (2010). Recognising non-formal and informal learning. SOLAS, (2016). *2016 Further Education and Training Services Plan*. SOLAS.

204 Ibid.

## FET and VET means...

There is a range of provision of different types of VET at post-secondary level, targeted at a wide range of different client groups, including people with disabilities, those in and out of work and with second chance opportunities. Most services are provided mainly through the 16 education and training boards (ETBs).<sup>205</sup>

### Definitions of further education<sup>206</sup>

"...it should be apparent that no consensus or shared understanding exists of what is meant by further education. Indeed, as some examples make clear, it is frequently a catch-all concept incorporating vocational and adult education. On the basis of the previous definitions and notwithstanding their inconsistencies, we can conclude that:

- Further education is most usually (and in the Irish context almost always) considered to incorporate training; and
- In some definitions it is understood (implicitly or explicitly) to refer solely to progression destinations for school leavers, in others it incorporates provision for adults.

"To develop some clarity on this and to ensure the full spectrum of educational and training provision is referenced in this review, further education is considered in this study as post-compulsory provision which is explicitly but not exclusively linked to progression from the second level system, but which excludes degree courses. Examples of further education in the Irish context include diploma and certificate courses provided in third level institutions, provision for early school leavers, such as Youthreach, Access courses and PLCs which are equally availed of by school leavers and adults returning to education (Watson et al, 2006)."

### Definitions of vocational training<sup>207</sup>

"...we consider vocational training to be provision for adults (including unemployed adults) which is not formally linked to progression from the second level school system, (on which basis it is differentiated from further education) and which is directed towards the acquisition of skills directly linked to securing or advancing in specific types of employment or in specific sectors. Examples of vocational training provision in Ireland includes Fás programmes for employed and unemployed people, programmes delivered by industry-specific agencies such as Fáilte Ireland, Teagasc etc, and private sector training."

205 OECD, (2010). *Vocational Education and Training in Ireland Strengths, Challenges and Recommendations*. Directorate for Education, Education and Training Policy Division. [Viewed May 20th, 2019]. Available from: [www.oecd.org/education/skills-beyond-school/45399591.pdf](http://www.oecd.org/education/skills-beyond-school/45399591.pdf)

206 Duggan, C. and Byrne, M., (2013). *What Works in the Provision of Higher, Further and Continuing Education, Training and Rehabilitation for Adults with Disabilities? A Review of the Literature*. Trim, IRL: National Council for Special Education) – Annex 1.

207 Ibid.

Based on the information reviewed, the definition of VET and FET proposed in this research is:

Learning that is dedicated to all learners aged 16-plus that facilitates training, employment, upskilling and re-skilling and for some progress to higher education. This is achieved through high quality, accessible and flexible education support alongside training and skill development supports that are suited to the individual.

## 4.5 (Learning) Outcomes

### Outcomes means...

New Directions states: people with disabilities should have a variety of options which can include access to mainstream education programmes, individualised specialist programmes where required and a specialised service provider to work with the community and mainstream educational providers to widen access for people with disabilities.

New Directions promotes **12 categories of supports** (see Table 3 in section 1.2.3 of this document) which seek to provide individualised outcome-focused supports.

Typical programmes and modules that may be provided include:

- social skills development;
- confidence-building;
- community, inclusion and participation; and
- independent living skills<sup>208</sup>.
- According to the New Directions, the supports and associated outcomes are:
  - Support for making choices and plans: outcome (defined by New Directions): people will be brought through a process that enables them to make informed choices about what they want to do in the future and the supports they need to achieve their goals.
  - Support for transitions and progression: outcome (defined by New Directions): people experience seamless transition between supports provided by specialist and by mainstream services and will try new experiences on an ongoing basis.
  - Support for accessing education/formal learning: outcome (defined by New Directions): people access formal education programmes in line with their needs and abilities; and
  - Support for maximising independence: outcome (defined by New Directions): people explore what independence means for them and how they can achieve it in line with their capabilities and capacity.

208 HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. *Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

## Outcomes means...

Research commissioned by the NCSE states that outcome measures demonstrate the value of learning supports for people with autism spectrum disorder and include the change in the person's communication skills, social interaction and employment prospects<sup>209</sup>.

Educational outcomes for (primary and secondary school) students with special educational needs include:

- Academic achievement-related outcomes (such as literary, numeracy, examination results).
- Attendance-related outcomes (such as school attendance, early school leaving).
- Happiness-related outcomes (such as wellbeing, confidence, positive relationships, self-esteem, attitude to school and learning, engagement in extra-curricular activities, quality of life indicators). Independence-related outcomes (such as resilience, socialisation, mobility, use of assistive technology, life skills).
- End of school outcomes<sup>210</sup>.

Based on the information reviewed, the definition of outcomes proposed in this research is:

(Learning) outcomes for lifelong learners demonstrate the value of that learning to the individual and can cover a range of areas such as increased independence, inclusion, new skills and employment opportunities.

209 Bond, C., Symes, W., Hebron, J., Humphrey, N. and Morewood, G., 2016. Educating Persons with Autistic Spectrum Disorder – A Systematic Literature Review. Trim, IRL: National Council for Special Education.

210 NCSE, (2018). *Comprehensive Review of the Special Needs Assistant Scheme: A New School Inclusion Model to Deliver the Right Supports at the Right Time to Students with Additional Care Needs*. Trim, IRL: National Council for Special Education.

## 4.6 Person-Centredness

### Person centredness means...

...the migration from an approach that is predominantly centred on group-based service delivery towards a model of person-centred and individually chosen supports<sup>211</sup>.

...beliefs, attitudes and expectations about the right and capacity of a person with a disability to live their life in accordance with their own wishes, aspirations, needs and abilities<sup>212</sup>.

Person-centred services respect the strengths, abilities and resourcefulness of all individuals and their place in the community and society. When services and supports are person-centred, the service provider truly listens to and respects the choices that the person makes and tailors services and supports around those choices. The service provider uses creativity and flexibility to support the person to achieve his or her chosen goals. This may involve adapting existing supports and services to meet the person's needs and/or facilitating choices that are not limited to the options that can be offered within any one service provider's range of services. A person-centred approach means having high expectations for the person and helping the person to manage challenges and risk. Support for community inclusion, active citizenship and positive risk taking is integral to a person-centred approach<sup>213</sup>.

The HSE defines person-centredness as allowing the person to be a partner in their own care, where the person is supported to make informed decisions about and successfully manage their own health and social care at the level they choose, including choices about when to let others act on their behalf<sup>214</sup>.

211 Department of Health. (2012). *Value for Money and Policy Review of Disability Services*. Dublin: Department of Health. [Viewed May 20th, 2019]. Available from: [https://health.gov.ie/wp-content/uploads/2014/03/VFM\\_Disability\\_Services\\_Programme\\_2012.pdf](https://health.gov.ie/wp-content/uploads/2014/03/VFM_Disability_Services_Programme_2012.pdf)

212 HSE, (2012). *New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. Personal Support Services for Adults with Disabilities. Working Group Report*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

213 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: HSE. [Viewed May 20th, 2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

214 HSE, (2016). *Person-Centred Principles and Person-Centred Practice Framework*. Dublin: HSE.

Based on the information reviewed, the definition of person-centredness proposed for this research is:

Person-centred services respect the strengths, abilities and resourcefulness of all individuals and their place in the community and society. When services and supports are person-centred, the service provider truly listens to and respects the choices that the person makes and tailors services and supports around those choices. This may involve adapting existing supports and services to meet the person's needs and/or facilitating choices that are not limited to the options that can be offered within any one service provider's range of services. A person-centred approach means having high expectations for the person and helping the person to manage challenges and risk. Support for community inclusion, active citizenship and positive risk taking is integral to a person-centred approach.

## 4.7 Empowerment

### Empowerment means...

The Interim Standards for New Directions describes empowerment as persons with disabilities being actively involved in decisions about them and having the ability to exercise their rights including the right to be treated equally and the right to refuse a service or some element of a service and to exit a particular service in favour of another one<sup>215</sup>.

Empowering the individual with a disability through self-determination and self-advocacy<sup>216</sup>.

European Disability Strategy 2010-20 aims to empower people with disabilities so they can enjoy their full rights and benefit fully from participating in society and in the European economy<sup>217</sup>.

Based on the information reviewed, the definition of empowerment proposed for this research is:

Empowerment provides a lifelong learner with the ability to have full autonomy and have the ability to exercise their choices and be treated equally.

215 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin. HSE. [Viewed May 20th, 2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

216 Duggan, C. and Byrne, M., 2013. *What Works in the Provision of Higher, Further and Continuing Education, Training and Rehabilitation for Adults with Disabilities? A Review of the Literature*. Trim, IRL: National Council for Special Education).

217 European Disability Strategy 2010-20: A Renewed Commitment to a Barrier-Free Europe, Available at: <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF>

## 4.8 Individual Education Plan

### Individual education plan means...

An individual education plan is a written document prepared for a named student which specifies the learning goals they are to achieve over a set period of time and the teaching strategies, resources and supports necessary to achieve those goals<sup>218</sup>.

Planning for individual needs is an essential part of a whole-school policy on inclusion. Individualised planning is supplementary to the planning common to all pupils. It sets out how teaching and learning take place within a differentiated curriculum. In the context of a continuum of support, pupils with special educational needs may require individualised education planning. This can take many forms ranging from relatively minor changes through to more detailed individualised programmes. Meeting individual needs may involve differentiation, a range of teaching methods, resources and supports as appropriate<sup>219</sup>.

The basic goals of an individual plan are to document:

- the (child's) strengths and needs;
- goals for intervention, identified through a collaborative process with those involved with the child and including the family; and
- information about how these goals will be achieved and monitored<sup>220</sup>.

IEPs will include a clear indication of the student's strengths and needs and the special education strategies, accommodations and resources that can be used to meet the individual's needs<sup>221</sup>.

Based on the information reviewed, the definition of individual education plan proposed for this research is:

An individual education plan is a written document prepared for a named person which specifies the learning goals the person is to achieve over a set period and the teaching strategies, resources and supports necessary to achieve those goals. Goals should be based on a person's abilities, aspirations and capacity.

218 NCSE. (2006). *Guidelines on the Individual Education Plan Process*. Dublin. Stationery Office. [Viewed May 20th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2014/10/final\\_report.pdf](https://ncse.ie/wp-content/uploads/2014/10/final_report.pdf)

219 NCSE. (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. NCSE. [Viewed May 20th, 2019]. Available from: [https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework\\_InteractiveVersion.pdf](https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf)

220 Bond, C., Symes, W., Hebron, J., Humphrey, N. and Morewood, G., (2016). *Educating Persons with Autistic Spectrum Disorder – A Systematic Literature Review*. Trim, IRL: National Council for Special Education.

221 Burge, P. et al., 2008. A quarter century of inclusive education for children with intellectual disabilities in Ontario: Public perceptions. *Canadian Journal of Educational Administration and Policy*, (87).

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## 6. Appendix 6: Stakeholder Consultation: Invitation

### Review of Educational Provision for Adults with Disabilities in Day Services

#### Invitation to Participate in Stakeholder Interview

Dear [stakeholder]

I am contacting you to invite you to take part in research commissioned by the National Council for Special Education (NCSE). A research team comprising RSM (a research company) and colleagues from Trinity College Dublin is conducting the review.

This research aims to improve the understanding of:

- the range of educational provision provided in adult day services for adults with disabilities when they leave school;
- how it is delivered;
- the standards and quality of that provision; and
- the actual outcomes the adults achieve.

Specifically, I would like to invite you to participate in an interview to discuss policy and practice relevant to the provision of education to adult day service users. This is your opportunity to make a valuable contribution to an important but under-researched area.

The interview will be conducted by a member of the RSM research team and will last around 45 mins-one hour. This can be done ideally by telephone, at a time that is most convenient to you. Alternatively, if you would prefer to meet face-to-face, please let us know and we will work with you to accommodate this if possible. We would be keen to conduct this interview in the weeks commencing (xxxxx). Please can you reply with potential dates and times by (xxxxx).

Further information on the research is included in the attached document (Information and Consent).

We really appreciate your contribution to this research. If you have any queries, do not hesitate to contact me (by email: [rosalind.henry@rsmuk.com](mailto:rosalind.henry@rsmuk.com) or 01 526 7440).

Yours sincerely,

**Rosalind Henry**  
*Associate Director*

## **7. Appendix 7: Stakeholder Consultation: Information for Research Participants and Consent Forms**

### **7.1 Information for Research Participants**

#### **Review of Educational Provision for Adults with Disabilities in Day Service Settings**

You have been invited to take part in an interview as part of the 'Review of Educational Provision for Adults with Disabilities in Day Service Settings'. A research team comprising RSM and Trinity College Dublin School of Education has been commissioned by the National Council for Special Education (NCSE) to conduct the review. The Review has received approval from the School of Education Research Ethics Committee in Trinity College Dublin. The review includes several complementary strands including an online survey of day service settings, interviews with stakeholders (including policy makers, disability representative organisations and others). We will also be completing site visits to day service settings to interview day service staff and adults.

Before you decide whether to take part, it is important you understand why the research is being carried out and what it will involve. Please take your time to read the following information. Please ask the research team if you have any questions or if you would like any further information (contact details provided in section 1.2).

#### **Purpose of the Research**

This research is being commissioned to fill a void in the understanding of the range of educational provision available in adult day services for adults with disabilities when they leave school, how it is delivered, the standards and quality of that provision and the actual outcomes the adults achieve.

It aims to look specifically at the provision of support for lifelong learning as experienced by adults with disabilities who have left school and are accessing day services. These services typically provide for adults with intellectual disabilities, mental health difficulties, physical and sensory disabilities, Autistic Spectrum Disorder and for people who have suffered life changing illnesses such as heart attack or stroke.

#### **Why Have I Been Invited?**

You have been identified as a potential participant in this research because you may have an interest in, or experience of, day services for adults with disabilities (for example: policy maker, disability representative or day service provider). As part of the review, the research team is keen to hear your perspective.

## Do I Have to Take Part?

It is entirely your decision whether you take part in this research. The research team will not reveal who is taking part in the research or who has declined to take part. If you do decide to take part, you are free to withdraw at any time without giving a reason. Under the Freedom of Information Act you also have the right to access any information you have provided while it is in storage or otherwise specified. Please contact the research manager (details in section 1.2) if you would like your information to be removed at any time.

## What's Involved?

You will take part in an interview, with a trained interviewer from the research team who guide you through a structured set of questions. This interview will last around 45 minutes to one hour; it will explore:

- Rationale for education provision for adults with disabilities in day service settings;
- Current education provision for adults with disabilities in day service settings; also gaps
- Good practice in education provision for adults with disabilities in day service settings including: Barriers (What impedes good practice?); Enablers (What contributes to good practice?); Measures of Success (Outcomes achieved).

This consultation will further explore the good practice framework, which the research team are developing and intend to use to capture a wide range of factors regarding the lifelong, formal and informal learning of adults using day services.

## Why Take Part?

The information obtained from you and others during the research will improve NCSE's understanding of what support for lifelong learning is currently available to adults with disabilities in day service settings and your opinion and experiences may help to improve the delivery of such services.

## Safeguarding

If you inform the researcher that you or someone else is at risk of harm, they may have to report this to the relevant authorities. This will be discussed with you first, but we may be required to report the matter with or without your permission.

## Right to Privacy

If you take part in the research, your privacy will be protected at all times. All information provided by you through the research will be treated confidentially and securely. The reporting of results for this research will ensure that your identity will remain anonymous. Therefore,

individuals' interview findings are aggregated, and the analysis will only provide high-level or collective summaries of information and disguising any details of your response which may reveal your identity or the identity of people you speak about.

In circumstances where information in the report may potentially identify stakeholder organisations (only where it may be appropriate to do so), we will provide draft text to the participant for approval and ensure their right to privacy is protected.

All data (for example interview transcripts) will be stored securely and personal data will be removed (for example name, email address) to avoid individuals being identified. Interview data in its raw form will not be shared with the NCSE or indeed to anyone outside the research team.

A transcript of your interview, in which all identifying information has been removed and will be retained by RSM. Only the research team will have access to these until 6 months after the project is completed at which point these data will be destroyed.

In giving consent, participants have the right to withdraw this consent and be removed from the active research. Only the research team have access and the ability to remove the personal data of research participants who wish to withdraw from the research.

All data collected will be treated in compliance with the General Data Protection Regulations.

### **What will Happen to the Results of this Review?**

NCSE may publish the report of the review, but you will not be identified in any report or publication.

## 7.2 Contact Details

If you have any queries about the research or want to make a complaint, please contact the research manager on the details below.

<b>Rosalind Henry</b> (Associate Director, RSM)	
Email:	<a href="mailto:rosalind.henry@rsmuk.com">rosalind.henry@rsmuk.com</a>
Telephone:	01 526 7440

## 7.3 Consent to Take Part in Research

I \_\_\_\_ am willing to participate in the research study entitled "Review of Educational Provision for Adults with Disabilities in Day Services" being conducted by RSM and Trinity College, Dublin on behalf of the National Council for Special Education. I have been given sufficient information about the project and I understand the nature of the research. I am satisfied that the data I provide can be used in anonymous form in any publications that arise from this research.

By ticking this box, I understand I am giving my informed consent to participate in this study.	<input type="checkbox"/>
---	--------------------------

### Signature of participant:

Signature of participant
Date

### Signature of researcher:

I believe the participant is giving informed consent to participate in this study.

Signature of researcher
Date

## 8. Appendix 8: Stakeholder Consultation: Topic Guide

### Introduction

Thank you for agreeing to be interviewed as part of this Review of Educational Provision for Adults with Disabilities in Day Service Settings.

### Purpose of the Research

This research is being commissioned to fill a void in the understanding of what range of educational provision is available in adult day services for adults with disabilities when they leave school, how is it delivered, the standards and quality of that provision and the actual outcomes the adults achieve.

It aims to look specifically at the provision of education as experienced by adults with disabilities who have left school and are accessing day services. These services typically provide for adults with intellectual disabilities, mental health difficulties, physical and sensory disabilities, Autistic Spectrum Disorder and for people who have suffered life changing illnesses such as heart attack or stroke.

### Research Team and Approach

A research team including RSM and Trinity College Dublin School of Education have been commissioned by the National Council for Special Education (NCSE) to conduct the review. The Review has received approval from the School of Education Research Ethics Committee in Trinity College Dublin.

The review includes several complementary strands including an online survey of day service settings, interviews with stakeholders (including policy makers, disability representative organisations and others). We will also be completing site visits to day service settings to interview day service staff and service users.

### Topics to be Covered

In this interview, we would like to explore your views on how:

- Rationale for education provision for adults with disabilities in day service settings;
- Current education provision for adults with disabilities in day service settings; also gaps;
- Good practice in education provision for adults with disabilities in day service settings; and
- Good practice framework.

## Information and Consent

Check that the respondent is content with this and has returned a signed copy.

## Audio-Recording

For recall purposes and to ensure your contributions are appropriately recorded, we will be recording this interview in writing and may wish to audio-record the discussion too. Check the respondent is content? (If yes – turn the audio recorder on).

## Respondent Profile

	Response
Name of interviewee	
Organisation	
Job Title/Role	
Date/time of interview	

**Please tell me about your organisation and its remit; and also, your role – and fit in the context of this research.**

## Rationale for Provision of Education for Adults with Disabilities in Day Service Settings

Please describe your understanding of the rationale for providing education for adults with disabilities in day service settings.

- What is the policy/legislative basis?
- What is the evidence of need?
- What are the outcomes it seeks to achieve?
- How does it fit into the wider context of supports for adults with disabilities in terms of:
  - Transition from school into day services
  - Other supports for those who have left school and are education, employment or training
  - Lifelong learning

## Current Education Provision for Adults with Disabilities in Day Service Settings

Please describe your knowledge/understanding of current education provision for adults with disabilities in day service settings in Ireland.

- What education provision is available?
  - What is the level/scale?
  - How consistent is the provision that is offered?
- What does this “look like” in practice?
  - Who offers/delivers it? (types of organisations)
  - What is the range/nature/content?
  - How is it delivered?
    - Format/content?                      Duration?
    - Location                                      Mode of learning
  - What does it seek to achieve? And how successful is it?
    - Accredited and non-accredited qualifications
    - Outcomes – for example this might include social skills/independent living, vocational training, supported or open employment etc.
- What is the level of uptake?
  - What is the profile of those who avail of it?
    - By disability category?
    - By age (recently entering day services vs those who are older/service users for longer?)
    - By gender?
  - Is there any variation in provision and/or uptake for example: regional; urban/rural, age profile, gender profile, category of disability?
- Any information sources that that you can signpost the research team to?

## Gaps in Education Provision for Adults with Disabilities in Day Service Settings

How do you regard current education provision for adults with disabilities in day service settings in Ireland?

- Does the current education provision address existing needs of adults with disabilities in day service settings?
  - Is there sufficient provision/coverage/scale?
  - Is current provision appropriate in terms of content?
  - Is it reaching those who need it/can benefit from it?
  - What does it achieve?
- What are the gaps?
  - How much (more) should be offered (scale)?
  - What should be offered (content)?
  - Who should be, but is not, availing of it?
- Why do you think these gaps exist?
- What could be done to address these gaps?

Good practice in education provision for adults with disabilities in day service settings:

- What does good practice in education provision for adults with disabilities in day service settings look like?;
- What are the Measures of Success? What outcomes **can be** achieved? What outcomes **are being** achieved?;
- Barriers to good practice: what impedes good practice?;
- Enablers: What contributes to good practice?; and
- Any examples of good practice in Ireland (this may include specific sites/locations, for example) or elsewhere that you can signpost the research team to?

## **Good Practice Framework: Explore Views on Proposals; Appetite for/ Attitude to Proposed Framework; Signpost to Relevant Evidence Including from Other Jurisdictions/Within the Sector**

As part of the review, the research team has prepared a framework setting out components of education provision that could provide a structure to consider standards and quality of provision.

[refer to framework]

- What do you think of the proposed framework?
- Does this provide an appropriate mix of elements?
  - Are there any missing?
  - Are there elements included that ought not to be?
- Issues associated with implementing the framework
  - Does the sector have an appetite for such a framework? How would it be regarded?
  - Would day service settings be able to provide evidence against all these elements that is could they provide evidence against the different elements/components of the framework?
  - What would the benefits/advantages of introducing such a framework (to policymakers, funders, sector, service users, other stakeholders...?)
  - Would there be any disadvantages of introducing such a framework?
- Any examples of frameworks in Ireland or elsewhere that you can signpost the research team to?

### **Close and Thanks**

## 9. Appendix 9: Survey: Invitation

Dear [Gate-Keeper]

### Review of Educational Provision for Adults with Disabilities in Day Services

#### Invitation to Online Survey for Day Service Settings

I am contacting you to ask for your assistance with research commissioned by the National Council for Special Education (NCSE). A research team comprising RSM (a research company) and colleagues from Trinity College Dublin is conducting the review.

This research seeks to fill a void in the understanding of learning opportunities and experiences for adults with disabilities accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that HSE day services do not provide educational services to people that avail of day services. However, in the delivery of day services, much learning may be achieved by service users.

This research aims to improve the understanding of:

- the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
- how this learning is delivered; and
- the actual outcomes the adults achieve as a result of this learning;

Specifically, I would ask you to forward this invitation to senior managers of locations responsible for adult day service delivery and who have oversight of a range of provision as well as needs. Please could you encourage those responsible to complete a survey response. This is their opportunity to make a valuable contribution to an important but under-researched area.

Within this survey, respondents will be asked to:

- Provide some information about the adult day service location;
- Provide some information about adults with disabilities in the location; and
- Describe current services and programmes (particularly those with an education or learning element) that are currently offered to adults with disabilities.

We would be grateful if you could encourage respondents to set aside at least 30-40 minutes to complete the survey. It may take more or less time depending on the nature and scale of services they provide.

Respondents can access the survey at this link:

<https://www.smartsurvey.co.uk/s/ReviewofAdultDayServiceLocations/>

At the end of the survey, respondents will have the opportunity to state whether their setting is willing to participate further in this research by accommodating a site visit. The purpose of the site visit would be to gain a more in-depth understanding about lifelong learning for adults with disabilities. This would involve members of the research team (appropriately trained interviewers) visiting the day service setting and conducting interviews with staff and lifelong learners. If you indicate an interest in this, a member of the research team would then get in touch to discuss the feasibility of such a visit.

Further information on the research is included in the attached document (Information and Consent).

We really appreciate your contribution to this research. If you have any queries, do not hesitate to contact me (by email: [rosalind.henry@rsmuk.com](mailto:rosalind.henry@rsmuk.com) or 01 526 7440).

Yours sincerely,

**Rosalind Henry**  
*Associate Director*  
RSM

Dear [DAY SERVICE PROVIDER]

- Review of Educational Provision for Adults with Disabilities in Day Services
- Invitation to online survey for day service settings

I am contacting you to invite you to take part in research commissioned by the National Council for Special Education (NCSE). A research team comprising RSM (a research company) and colleagues from Trinity College Dublin is conducting the review.

This research seeks to fill a void in the understanding of learning opportunities and experiences for adults with disabilities accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that HSE day services do not provide educational services to people that avail of day services. However, in the delivery of day services, much learning may be achieved by service users.

This research aims to improve the understanding of:

- the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
- how this learning is delivered; and
- the actual outcomes the adults achieve as a result of this learning.

Specifically, I would like to invite you to participate in an online survey for those organisations who have experience of providing such programmes. This is your opportunity to make a valuable contribution to an important but under-researched area.

Within this survey, you will be asked to:

- Provide some information about the adult day service location;
- Provide some information about adults with disabilities in the location; and
- Describe current services and programmes (particularly those with an education or learning element) that are currently offered to adults with disabilities.

We would be grateful if you could set aside at least 30-40 minutes to complete the survey. It may take more or less time depending on the nature and scale of services you provide. The deadline for completion is 7th November 2018.

You can access the survey at this link:

<https://www.smartsurvey.co.uk/s/ReviewofAdultDayServiceLocations/>

At the end of the survey, you will have the opportunity to state whether your setting is willing to participate further in this research by accommodating a site visit. The purpose of the site visit would be to gain a more in-depth understanding about lifelong learning for adults with disabilities. This would involve members of the research team (appropriately trained interviewers) visiting the day service setting and conducting interviews with staff and lifelong learners. If you indicate an interest in this, a member of the research team would then get in touch to discuss the feasibility of such a visit.

Further information on the research is included in the attached document (Information and Consent).

We really appreciate your contribution to this research. If you have any queries, do not hesitate to contact me (by email: [rosalind.henry@rsmuk.com](mailto:rosalind.henry@rsmuk.com), 01 526 7440, or by email [matthew.mccracken@rsmuk.com](mailto:matthew.mccracken@rsmuk.com), 01 526 7440)

Yours sincerely,

**Rosalind Henry**  
*Associate Director*  
RSM

## 10. Appendix 10: Survey: Information and Consent

### 10.1 Information for Research Participants

#### Review of Educational Provision for Adults with Disabilities in Day Service Settings

You have been invited to take part in a survey as part of the 'Review of Educational Provision for Adults with Disabilities in Day Service Settings'. A research team including RSM and Trinity College Dublin School of Education has been commissioned by the National Council for Special Education (NCSE) to conduct the review. The review has received approval from the School of Education Research Ethics Committee in Trinity College Dublin. The review includes several complementary strands including an online survey of day service settings and interviews with stakeholders (including policy makers, disability representative organisations and others). We will also be completing site visits to day service settings to interview day service staff and adults.

Before you decide whether to take part, it is important you understand why the research is being carried out and what it will involve. Please take your time to read the following information. Please ask the research team if you have any questions or if you would like any further information (contact details provided in section 1.2).

#### Purpose of the Research

This research seeks to fill a void in the understanding of learning opportunities and experiences for adults with disabilities accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that HSE day services do not provide educational services to people that avail of day services. However, in the delivery of day services, much learning may be achieved by service users.

This research aims to improve the understanding of:

- the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
- how this learning is delivered; and
- the actual outcomes the adults achieve as a result of this learning.

#### Why Have I Been Invited?

You have been identified as a potential participant in this research because your organisation is involved in delivering day services to adults with disabilities. Feedback from your day service setting will help to develop a picture of the current nature and extent of educational provision

in day service settings. The review values the perspectives of all stakeholders: hearing about the experiences of those who are providing a direct service to adults with disabilities is crucial given first-hand experience of their needs. As part of the review, the research team is keen to hear your perspective.

### **Do I Have to Take Part?**

It is entirely your decision whether you take part in this research. The research team will not reveal who is taking part in the research or who has declined to take part. If you do decide to take part, you are free to withdraw at any time without giving a reason. Under the Freedom of Information Act you also have the right to access any information you have provided while it is in storage or otherwise specified. Please contact the research manager (details in section 1.2) if you would like your information to be removed at any time.

### **What's Involved?**

You will complete an online survey, which may take at least 30-40 minutes to complete. It may take more or less time depending on the nature and scale of services you provide. The survey will explore:

- Profile/characteristics of day service setting;
- Profile of service users;
- Current services and programmes (particularly those with lifelong learning element); and
- Interest in participating in further research (site visit).

### **Why Take Part?**

The information obtained from you and others during the research will improve NCSE's understanding of what support for lifelong learning is currently available to adults with disabilities in day service settings and your opinion and experiences may help to improve the delivery of such services.

### **Safeguarding**

If you inform the researcher that you or someone else is at risk of harm, they may have to report this to the relevant authorities. This will be discussed with you first, but we may be required to report the matter with or without your permission.

## Right to Privacy

If you take part in the research, your privacy will be protected at all times. All information provided by you through the research will be treated confidentially and securely. The reporting of results for this research will ensure that your identity will remain anonymous. Therefore, individuals' survey results are aggregated, and the analysis will only provide high-level or collective summaries of information and disguising any details of your response which may reveal your identity or the identity of people you speak about.

All data (for example survey responses) will be stored electronically and securely and personal data will be removed (for example name, email address) to avoid individuals being identified. Survey data in its raw form will not be shared with the NCSE or indeed anyone outside the research team.

Only the research team will have access to these until 6 months after the project is completed at which point these data will be destroyed.

In giving consent, participants have the right to withdraw this consent and be removed from the active research. Only the research team have access and the ability to remove the personal data of research participants who wish to withdraw from the research.

All data collected will be treated in compliance with the General Data Protection Regulations.

## What will Happen to the Results of this Review?

NCSE may publish the report of the review, but you will not be identified in any report or publication.

## 10.2 Contact Details

If you have any queries about the research or want to make a complaint, please contact the research manager – details below.

<b>Rosalind Henry</b> (Associate Director, RSM)	
Email:	<a href="mailto:rosalind.henry@rsmuk.com">rosalind.henry@rsmuk.com</a>
Telephone:	01 526 7440

### **10.3 Consent to Take Part in Research**

The first question in the survey will ask you to confirm your consent to participate that is that:

- You are willing to participate in the research study entitled "Review of Educational Provision for Adults with Disabilities in Day Services" being conducted by RSM and Trinity College, Dublin on behalf of the National Council for Special Education;
- You have been given sufficient information about the project and understand the nature of the research; and
- You are satisfied that the data you provide can be used in anonymous form in any publications that arise from this research.

#### **Survey Closing Date**

The deadline for completion is 7th November 2018.

## 11. Appendix 11: Survey: Questionnaire

### Review of Learning Provision in Adult Day Service Locations

#### 11.1 Information for Research Participants and Consent

##### 1. Purpose of Survey

This survey is part of a research study: 'Review of Educational Provision for Adults with Disabilities in Day Service Locations'. A research team including RSM and Trinity College Dublin School of Education has been commissioned by the National Council for Special Education (NCSE) to conduct the work. This research seeks to fill a void in the understanding of learning opportunities and experiences for adults with disabilities accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that HSE day services do not provide educational services to people that avail of day services. However, in the delivery of day services, much learning may be achieved by service users. This research aims to improve the understanding of the range and scope of opportunities for learning that are available in adult day services for adults with disabilities; how this learning is delivered; and the actual outcomes the adults achieve as a result of this learning;

2. Who should complete this survey The most appropriate person to complete the survey is likely to be a senior manager responsible for service delivery in an adult day service location.

3. How your response will be used This survey is confidential, so your participation will be anonymous. The information you provide will be treated with the strictest confidence and used for the purposes of this research only. Any information that you provide to us will only be reported on an aggregated basis; therefore, no responses will be directly attributable to you.

4. Informed consent: In line with good research practice it is important that respondents understand the purpose of the research and how the information is going to be used. We would therefore ask you to read the following statement and indicate that you agree before you proceed to the survey. By ticking this box, I confirm I have read the information and guidance associated with this research. I understand I am giving my informed consent to participate in this study. Tick one\*

<input type="checkbox"/>	Yes (Go to Q2)
<input type="checkbox"/>	No (Go to Survey Finish)

#### 11.2 Important Notes on Completing the Questionnaire

Save and Continue function: The "Save and Continue" button is located at the bottom of each page. If at any point you wish to pause, please click to save and exit the survey on the last page you have completed. You will be asked to enter your email address, and you will receive an email with a hyperlink tailored to your response. You can use that to access your partially completed survey and pick up again where you previously left off.

Please note that the email address of the Save and Continue is: [noreply@smartsurvey.co.uk](mailto:noreply@smartsurvey.co.uk). The email may not be sent to your inbox. Therefore, check your junk or spam folders if you are going to continue the survey at a later stage.

To return to previous questions please select the “Previous Page” button at the bottom of each page.

The survey seeks one response per location.

Survey closing date: The deadline for completion is Wednesday 9th January 2019. Please note that we have extended the survey closing date into 2019 to provide an opportunity for as many organisations as possible to contribute and therefore we would request that you complete the survey as soon as possible.

Alternative ways to complete the survey: We recognise the time commitment required to fully and comprehensively complete this survey. Therefore, to facilitate completion of all questions as conveniently as possible, the research team at RSM would be pleased to offer alternative options for completion, should any individual or organisation wish to avail of the following:

- Completion via a telephone interview;
- Completion via a paper copy of the survey, returned by post; or
- Completion as part of a group, meeting of providers or at an event or conference.

**If any of these options are preferable, please contact the RSM team per the details below to arrange completion.**

### Further Information and Contact Details

If you have any queries or require assistance with the survey or want to make a complaint, please contact the RSM research team: Rosalind Henry (Research Manager), [rosalind.henry@rsmuk.com](mailto:rosalind.henry@rsmuk.com) or 01 526 7440. Matthew McCracken (Research Assistant), [matthew.mccracken@rsmuk.com](mailto:matthew.mccracken@rsmuk.com) or 01 526 7440, Patrick McCourt (Research Assistant), [patrick.mccourt@rsmuk.com](mailto:patrick.mccourt@rsmuk.com) or 01 526 7440.

## 11.3 Profile and Characteristics of Adult Day Service Location

**2. Organisation Details Please provide the name of the Organisation responsible for the Adult Day Service Location Important information: The purpose of asking these details is simply to allow responses to be tracked and if you consent to further research (site visit) later in the survey this will allow us to follow up. Details will be kept anonymous and responses will not be attributed to any individual**

Name of Organisation responsible:

**3. Respondent Contact Details.**

**Please provide your name and contact details.**

Name of Adult Day Service Location Manager:	
Telephone:	
Email:	
Job Title:	

**11.4 Adult Day Service Location – Profile**

**4. Please indicate the Community Healthcare Organisation area the adult day service location is based in.**

**Please tick one.**

<input type="checkbox"/>	<b>Area 1:</b> Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan
<input type="checkbox"/>	<b>Area 2:</b> Galway, Roscommon, Mayo
<input type="checkbox"/>	<b>Area 3:</b> Clare, Limerick, North Tipperary/East Limerick
<input type="checkbox"/>	<b>Area 4:</b> Kerry/North Cork, North Lee, South Lee, West Cork
<input type="checkbox"/>	<b>Area 5:</b> South Tipperary, Carlow, Kilkenny, Waterford, Wexford
<input type="checkbox"/>	<b>Area 6:</b> Wicklow, Dun Laoghaire, Dublin South East
<input type="checkbox"/>	<b>Area 7:</b> Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West
<input type="checkbox"/>	<b>Area 8:</b> Laois/Offaly, Longford, West Meath, Louth/Meath
<input type="checkbox"/>	<b>Area 9:</b> Dublin North, Dublin North Central, Dublin North West

**5. Please describe the nature of the adult day service location**

**Please tick one**

<input type="checkbox"/>	HSE
<input type="checkbox"/>	Voluntary organisation-funded by the HSE
<input type="checkbox"/>	Private organisation
<input type="checkbox"/>	Other (please specify)
If other, please specify:	

## 11.5 Adult Day Service Location – Staffing

- 6. Please indicate the number of staff employed by the adult day service location who deliver lifelong learning for people with disabilities? Please enter the number for each applicable category by employment status**

Full Time Equivalent (FTE)	
Part Time	
Casual	
Volunteer	
Other	
If other, please specify:	

- 7. Please tell us how many of these staff are in each of following categories – type the number in each box; type zero if none.**

Administration Staff	
Ancillary Support Staff	
Care/Support Staff	
Manager	
Supervisor/Instructor	
Therapy/Clinical/Nursing	
Other	
If other, please specify:	

## 11.6 Adult Day Service Location – Profile of Lifelong Learners

“Lifelong learning is defined as all purposeful learning activity, whether formal, non-formal or informal, undertaken on an ongoing basis with the aim of improving knowledge, skills and competence.”

**8. This question is about all adults (18 and over) who currently avail of programmes that support lifelong learning offered by the adult day service location. Please type in the number of these adults in each AGE category**

18-19 years old	
20-24 years old	
25-34 years old	
35-44 years old	
45-54 years old	
55-64 years old	
65+ years old	

**9. This question is about all adults (18 and over) who currently avail of programmes that support lifelong learning offered by the adult day service location. Please type in the number of these adults in each GENDER category**

Male	
Female	
Other	

**10. This question is about all adults (18 and over) who currently avail of programmes that support lifelong learning offered by the adult day service location. Please indicate the primary diagnosis/type of disability of these adults. Tick one answer per row\***

	Yes	No
Intellectual (If 'Yes' go to Q12)		
Autistic Spectrum Disorder		
Deafblind-dual sensory		
Hearing loss/deafness		
Neurological		
Physical		
Specific learning disorder (other than intellectual)		
Speech and/or language		
Visual		
Other		
If other, please specify:		

**11. Of those with intellectual disabilities, please indicate the number by the degree of their intellectual disability. Please enter the number for each applicable category (including if this is 0)**

Borderline	
Mild	
Moderate	
Severe Profound	
Not Verified	

## 11.7 Adult Day Service Location – Profile of Lifelong Learners

“Lifelong learning is defined as all purposeful learning activity, whether formal, non-formal or informal, undertaken on an ongoing basis with the aim of improving knowledge, skills and competence.”

**12. This question is about all adults (18 and over) who currently avail of programmes that support lifelong learning offered by the adult day service. Please indicate the number of these adults in each category below – based only on primary diagnosis/type of disability. Please type in “0” if none.**

Autistic Spectrum Disorder	*
Deafblind-dual sensory	*
Hearing loss/deafness	*
Neurological	*
Physical	*
Specific learning disorder (other than intellectual)	*
Speech and/or language	*
Visual	*
Other	
If Other, please specify:	

## 11.8 Adult Day Service Location – Profile of Lifelong Learners

**13. Please indicate the number of days per week that lifelong learning supports are offered by the adult day service location. Please tick to the nearest half day.**

	0.5 day
	1 day
	1.5 days
	2 days
	2.5 days
	3 days
	3.5 days
	4 days
	4.5 days
	5 days
	More than 5 days

**14. This question is about all adults (18 and over) who currently avail of programmes that support lifelong learning offered by the adult day service. Please indicate the number of these adults in each category below – based on the length of time they have been availing of services in this adult day service. Please type in "0" if none.**

Recently transitioned from school (within the last 12 months)	
More than 1 year up to 2 years	
More than 2 years up to 5 years	
More than 5 years	

## 11.9 Type of Lifelong Learning Support Provided – Support 1: Support for Accessing Mainstream Education/Formal Learning

### Support 1: Support for Accessing Mainstream Education/Formal Learning

This support aims to help participants access mainstream educational programmes that are in line with their needs and abilities. This section aims to record what presently exists.

**15. Does the adult day service location provide programmes to adults with disabilities (18 and over) that help them access mainstream education programmes? Please tick the relevant box.**

	Yes (Go to Q16)
	No (Go to Q42)

## 11.10 Support 1: Support for Accessing Mainstream Education/ Formal Learning

We now invite you to provide details of up to three programmes/modules/supports that you offer under this support: Support for Accessing Mainstream Education/Formal Learning.

There is space for you to provide details of up to three programmes/modules/supports – with details of the first one to be included on this page. If you deliver more than one, after completing this page, you will be directed to another page to provide details of the second most frequent and then the third most frequent. If you only deliver one programme/module/support, after completing this page you will be directed to the next section of the survey.

Please provide details of those programmes/modules/supports that are most frequently delivered.

**Please ensure that you provide details of each programme/module/support only once throughout this survey.**

**16. Please provide the name of the programme/module/support under Support 1: Support for Accessing Mainstream Education/Formal Learning which is most frequently delivered?**

Programme/Module/Support 1

**17. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 1

**18. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**19. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**20. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**21. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Location
	External Provider
	Other
If other, please specify:	

**22. What is the highest outcome that has been achieved from this programme/module/support? Tick one.**

	QQI Further Education and Training Awards – Level 1-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 2-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 3-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 4-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 5-Major/Minor Award or equivalent
Other (please specify):	

**23. Do you provide another programme/support/module under Support 1: Support for Accessing Mainstream Education/Formal Learning?\***

	Yes (you will be directed to another page to provide details of this) ( <a href="#">Go to Q24</a> )
	No (you will be directed to the next section of the survey) ( <a href="#">Go to Q42</a> )

**24. Please provide the name of the programme/module/support under Support 1: Support for Accessing Mainstream Education/Formal Learning which is second most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey.**

Programme/Module/Support 2

**25. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 2

**26. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**27. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**28. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**29. Who provides the programme/module/support? Tick one**

	Staff in the Adult Day Service Location
	External Provider
	Other
If other, please specify:	

**30. What is the highest outcome that has been achieved from this programme/module/support? Tick one**

<input type="checkbox"/>	QQI Further Education and Training Awards – Level 1-Major/Minor Award or equivalent
<input type="checkbox"/>	QQI Further Education and Training Awards – Level 2-Major/Minor Award or equivalent
<input type="checkbox"/>	QQI Further Education and Training Awards – Level 3-Major/Minor Award or equivalent
<input type="checkbox"/>	QQI Further Education and Training Awards – Level 4-Major/Minor Award or equivalent
<input type="checkbox"/>	QQI Further Education and Training Awards – Level 5-Major/Minor Award or equivalent
Other (please specify):	

**31. Do you provide another programme/module/support under Support 1: Support for Accessing Mainstream Education/Formal Learning?\***

<input type="checkbox"/>	Yes (you will be directed to another page to provide details of this) ( <a href="#">Go to Q32</a> )
<input type="checkbox"/>	No (you will be directed to the next section of the survey) ( <a href="#">Go to Q42</a> )

**11.11 Support 1: Support for Accessing Mainstream Education/Formal Learning**

**32. Please provide the name of the programme/module/support under Support 1: Support for Accessing Mainstream Education/Formal Learning which is third most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey .**

Programme/Module/Support 3
----------------------------

**33. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 3
----------------------------

**34. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**35. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**36. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**37. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Location
	External Provider
	Other
If other, please specify:	

**38. What is the highest outcome that has been achieved from this programme/module/support? Tick one.**

	QQI Further Education and Training Awards – Level 1-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 2-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 3-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 4-Major/Minor Award or equivalent
	QQI Further Education and Training Awards – Level 5-Major/Minor Award or equivalent
Other (please specify):	

**39. Do you provide any other programmes/supports/modules under Support 1: Support for Accessing Mainstream Education/Formal Learning?**

	Yes (Go to Q40)
	No (Go to Q42)

**11.12 Support 1: Support for Accessing Mainstream Education/Formal Learning**

**40. If yes, please provide the names of all other programmes/modules/supports under Support 1: Support for Accessing Mainstream Education/Formal Learning below.**

**41. Please describe these programmes/modules/supports? – i.e. what content do they cover/how are they operationalised?**

**11.13 Type of Lifelong Learning Support Provided – Support 2: Support for Making Transitions and Progressions**

**Support 2: Support for Making Transition and Progression**

This support helps people with disability experience a seamless transition and progression through support systems provided by specialist and mainstream services.

**42. Does the day service location provide support to help adults with disabilities transition or progress to other supports (as defined above) Please tick the relevant box.**

	Yes (Go to Q43)
	No (Go to Q69)

### **11.14 Support 2: Support for Making Transition and Progression**

We now invite you to provide details of up to 3 programmes/modules/supports that you offer under this support: Support for Making Transition and Progression.

There is space for you to provide details of up to 3 programmes/modules/supports – with details of the first one to be included on this page. If you deliver more than one, after completing this page, you will be directed to another page to provide details of the second most frequent and then the third most frequent. If you only deliver one programme/module/support, after completing this page you will be directed to the next section of the survey.

Please provide details of those programmes/modules/supports that are most frequently delivered.

**Please ensure that you provide details of each programme/module/support only once throughout this survey.**

**43. Please provide the name of the programme/module/support under Support 2: Support for Making Transition and Progression which is most frequently delivered?**

Programme/Module/Support 1

**44. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 1

**45. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**46. How many adults with disabilities receive this programme/module/support currently? Tick one**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**47. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one**

<input type="checkbox"/>	Less than 6 hours
<input type="checkbox"/>	7-12 hours
<input type="checkbox"/>	13-18 hours
<input type="checkbox"/>	19-24 hours
<input type="checkbox"/>	Over 24 hours
<input type="checkbox"/>	Other
If other, please specify:	

**48. Who provides the programme/module/support? Tick one**

<input type="checkbox"/>	Staff in the Adult Day Service Location
<input type="checkbox"/>	External Provider
<input type="checkbox"/>	Other
If other, please specify:	

**49. What outcomes have been achieved from this programme/module/support? Tick all that apply**

<input type="checkbox"/>	Transition
<input type="checkbox"/>	Progression (moving up/down)
<input type="checkbox"/>	Accreditation
<input type="checkbox"/>	Formal recognition
<input type="checkbox"/>	Informal recognition
If other, please specify:	

**50. Do you provide another programme/module/support under Support 2: Support for Making Transition and Progression?\***

<input type="checkbox"/>	Yes (you will be directed to another page to provide details of this) ( <a href="#">Go to Q51</a> )
<input type="checkbox"/>	No (you will be directed to the next section of the survey) ( <a href="#">Go to Q69</a> )

**11.15 Support 2: Support for Making Transition and Progression**

**51. Please provide the name of the programme/module/support under Support 2: Support for Making Transition and Progression which is second most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey.**

Programme/Module/Support 2

**52. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 2

**53. How is the programme/module/support delivered? Tick all that apply.**

<input type="checkbox"/>	Online (eLearning)
<input type="checkbox"/>	One-to-one
<input type="checkbox"/>	Small groups
<input type="checkbox"/>	Large groups
<input type="checkbox"/>	Blended Learning
<input type="checkbox"/>	Transfer of adults to mainstream formal learning providers
<input type="checkbox"/>	Other (please specify)
If other, please specify:	

**54. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**55. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**56. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Location
	External Provider
	Other
If other, please specify:	

**57. What outcomes have been achieved from this programme/module/support? Tick all that apply.**

<input type="checkbox"/>	Transition
<input type="checkbox"/>	Progression (moving up/down)
<input type="checkbox"/>	Accreditation
<input type="checkbox"/>	Formal recognition
<input type="checkbox"/>	Informal recognition
If other, please specify:	

**58. Do you provide another programme/module/support under Support 2: Support for Making Transition and Progression?**

<input type="checkbox"/>	Yes (you will be directed to another page to provide details of this) ( <a href="#">Go to Q59</a> )
<input type="checkbox"/>	No (you will be directed to the next section of the survey) ( <a href="#">Go to Q69</a> )

**11.16 Support 2: Support for Making Transition and Progression**

**59. Please provide the name of the programme/module/support under Support 2: Support for Making Transition and Progression which is third most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey.**

Programme/Module/Support 3
----------------------------

**60. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 3
----------------------------

**61. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**62. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**63. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**64. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Location
	External Provider
	Other
If other, please specify:	

**65. What outcomes have been achieved from this programme/module/support? Tick all that apply.**

	Transition
	Progression (moving up/down)
	Accreditation
	Formal recognition
	Informal recognition
If other, please specify:	

**66. Do you provide any other programmes/modules/supports under Support 2: Support for Making Transition and Progression?**

<input type="checkbox"/>	Yes (Go to Q67)
<input type="checkbox"/>	No (Go to Q69)

**11.17 Support 2: Support for Making Transition and Progression**

**67. If yes, please provide the names of all other programmes/modules/supports under Support 2: Support for Making Transition and Progression below.**

**68. Please describe these programmes/modules/supports? – i.e. what content do they cover/how are they operationalised?**

**11.18 Type of Lifelong Learning Support Provided – Support 3: Support for Maximising Independence**

**Support 3: Support for Maximising Independence**

This support can offer a range of life skills preparation support such as money management, literacy and numeracy development, building and maintaining relationships etc.

**69. Does the adult day service location provide programmes to adults with disabilities (18 and over) that help them access support for maximising independence (as defined above) Please tick the relevant box.**

<input type="checkbox"/>	Yes (Go to Q70)
<input type="checkbox"/>	No (Go to Q96)

**11.19 Support 3: Support for Maximising Independence**

We now invite you to provide details of up to three programmes/modules/supports that you offer under this support: Support for Maximising Independence.

There is space for you to provide details of up to three programmes/modules/supports – with details of the first one to be included on this page. If you deliver more than one, after completing this page, you will be directed to another page to provide details of the second most frequent and then the third most frequent. If you only deliver one programme/module/support, after completing this page you will be directed to the next section of the survey.

Please provide details of those programmes/modules/supports that are most frequently delivered.

Please ensure that you provide details of each programme/module/support only once throughout this survey.

**70. Please provide the name of the programme/module/support under Support 3: Support for Maximising Independence which is most frequently delivered?**

Programme/Module/Support 1
----------------------------

**71. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 1
----------------------------

**72. How is the programme/module/support delivered? Tick all that apply.**

<input type="checkbox"/>	Online (eLearning)
<input type="checkbox"/>	One-to-one
<input type="checkbox"/>	Small groups
<input type="checkbox"/>	Large groups
<input type="checkbox"/>	Blended Learning
<input type="checkbox"/>	Transfer of adults to mainstream formal learning providers
<input type="checkbox"/>	Other (please specify)
If other, please specify:	

**73. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**74. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**75. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Locations
	External Provider
	Other
If other, please specify:	

**76. Please state the three most common outcomes achieved through this programme/support:**

1.	
2.	
3.	

**77. Do you provide another programme/module/support under Support 3: Support for Maximising Independence?**

	Yes (you will be directed to another page to provide details of this) ( <a href="#">Go to Q78</a> )
	No (you will be directed to the next section of the survey) ( <a href="#">Go to Q96</a> )

## 11.20 Support 3: Support for Maximising Independence

**78. Please provide the name of the programme/module/support under Support 3: Support for Maximising Independence which is second most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey.**

Programme/Module/Support 2
----------------------------

**79. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 2
----------------------------

**80. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**81. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**82. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**83. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Locations
	External Provider
	Other
If other, please specify:	

**84. Please state the three most common outcomes achieved through this programme/support:**

1.	
2.	
3.	

**85. Do you provide another programme/module/support under Support 3: Support for Maximising Independence?**

	<b>Yes</b> (you will be directed to another page to provide details of this) ( <a href="#">Go to Q86</a> )
	<b>No</b> (you will be directed to the next section of the survey) ( <a href="#">Go to Q96</a> )

### 11.21 Support 3: Support for Maximising Independence

**86. Please provide the name of the programme/module/support under Support 3: Support for Maximising Independence which is third most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey.**

Programme/Module/Support 3

**87. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 3

**88. How is the programme/module/support delivered? Tick all that apply.**

<input type="checkbox"/>	Online (eLearning)
<input type="checkbox"/>	One-to-one
<input type="checkbox"/>	Small groups
<input type="checkbox"/>	Large groups
<input type="checkbox"/>	Blended Learning
<input type="checkbox"/>	Transfer of adults to mainstream formal learning providers
<input type="checkbox"/>	Other (please specify)
If other, please specify:	

**89. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**90. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**91. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Locations
	External Provider
	Other
If other, please specify:	

**92. Please state the three most common outcomes achieved through this programme/support:**

1.	
2.	
3.	

**93. Do you provide any other programmes/modules/supports under Support 3: Support for Maximising Independence?**

<input type="checkbox"/>	Yes (Go to Q94)
<input type="checkbox"/>	No (Go to Q96)

## 11.22 Support 3: Support for Maximising Independence

**94. If yes, please provide the names of all other programmes/modules/supports under Support 3: Support for Maximising Independence below.**

--

**95. Please describe these programmes/modules/support? – i.e. what content do they cover/how are they operationalised?**

--

## 11.23 Type of Lifelong Learning Support Provided – Support 4: Support for Making Choices and Plans

### Support 4: Support for Making Choices and Plans

This support helps people with disabilities take control over their life choices and how to achieve goals (i.e. supports helping to develop self-advocacy skills; able to participate in person-centred planning etc).

**96. Does the adult day service location provide programmes to adults with disabilities (18 and over) that help them access support for making choices and plans (as defined above) Please tick the relevant box.**

<input type="checkbox"/>	Yes (Go to Q97)
<input type="checkbox"/>	No (Go to Q123)

## 11.24 Support 4: Support for Making Choices and Plans

We now invite you to provide details of up to three programmes/modules/supports that you offer under this support: Support for Making Choices and Plans.

There is space for you to provide details of up to three programmes/modules/supports – with details of the first one to be included on this page. If you deliver more than one, after completing this page, you will be directed to another page to provide details of the second most frequent and then the third most frequent. If you only deliver one programme/module/support, after completing this page you will be directed to the next section of the survey.

Please provide details of those programmes/modules/supports that are most frequently delivered.

**Please ensure that you provide details of each programme/module/support only once throughout this survey.**

**97. Please provide the name of the programme/module/support under Support 4: Support for Making Choices and Plans which is most frequently delivered?**

Programme/Module/Support 1

**98. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 1

**99. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
	If other, please specify:

**100. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
	If more than 20, please specify:

**101. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**102. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Location
	External Provider
	Other
If other, please specify:	

**103. Please state the three most common outcomes achieved through this programme/support:**

1.	
2.	
3.	

**104. Do you provide another programme/module/support under Support 4: Support for Making Choices and Plans?**

### 11.25 Support 4: Support for Making Choices and Plans

**105. Please provide the name of the programme/module/support under Support 4: Support for Making Choices and Plans which is second most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey.**

Programme/Module/Support 2

**106. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 2

**107. How is the programme/module/support delivered? Tick all that apply.**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**108. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**109. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

	Less than 6 hours
	7-12 hours
	13-18 hours
	19-24 hours
	Over 24 hours
	Other
If other, please specify:	

**110. Who provides the programme/module/support? Tick one.**

	Staff in the Adult Day Service Location
	External Provider
	Other
If other, please specify:	

**111. Please state the three most common outcomes achieved through this programme/support:**

1.	
2.	
3.	

**112. Do you provide another programme/module/support under Support 4: Support for Making Choices and Plans?**

	Yes (you will be directed to another page to provide details of this) ( <a href="#">Go to Q113</a> )
	No (you will be directed to the next section of the survey) ( <a href="#">Go to Q123</a> )

### 11.26 Support 4: Support for Making Choices and Plans

**113. Please provide the name of the programme/module/support under Support 4: Support for Making Choices and Plans which is third most frequently delivered? Please ensure that this programme/module/support is only used once throughout this survey**

Programme/Module/Support 3
----------------------------

**114. Please describe the programme/module/support? – i.e. what content does it cover/how is it operationalised?**

Programme/Module/Support 3
----------------------------

**115. How is the programme/module/support delivered? Tick all that apply**

	Online (eLearning)
	One-to-one
	Small groups
	Large groups
	Blended Learning
	Transfer of adults to mainstream formal learning providers
	Other (please specify)
If other, please specify:	

**116. How many adults with disabilities receive this programme/module/support currently? Tick one.**

	1-5
	6-10
	11-15
	16-20
	More than 20 (please specify)
If more than 20, please specify:	

**117. Please indicate on average how many hours per week the programme/module/support is provided for. Tick one.**

<input type="checkbox"/>	Less than 6 hours
<input type="checkbox"/>	7-12 hours
<input type="checkbox"/>	13-18 hours
<input type="checkbox"/>	19-24 hours
<input type="checkbox"/>	Over 24 hours
<input type="checkbox"/>	Other
If other, please specify:	

**118. Who provides the programme/module/support? Tick one.**

<input type="checkbox"/>	Staff in the Adult Day Service Location
<input type="checkbox"/>	External Provider
<input type="checkbox"/>	Other
If other, please specify:	

**119. Please state the three most common outcomes achieved through this programme/support:**

1.	
2.	
3.	

**120. Do you provide any other programmes/modules/supports under Support 4: Support for Making Choices and Plans?**

<input type="checkbox"/> Yes (Go to Q121)
<input type="checkbox"/> No (Go to Q123)

### **11.27 Support 4: Support for Making Choices and Plans**

**121. If yes, please provide the names of all other programmes/modules/supports under Support 4: Support for Making Choices and Plans below.**

**122. Please describe these programmes/modules/supports? – i.e. what content do they cover/how are they operationalised?**

### **11.28 Any Other Support**

We now invite you to provide details of any other programmes/modules/supports that you offer and have not been referred to in the survey.

Please ensure that you provide details of each programme/module/support only once throughout this survey.

**123. Please provide the names of all other programmes/modules/supports below.**

**124. Please describe these programmes/modules/supports? – i.e. what content do they cover/how are they operationalised?**

### **11.29 Adult Day Service Location – Staffing**

This section aims to help us understand what levels of staffing exist across Adult Day Service Locations to support learning.

**125. Please indicate the ratio of staff to learners involved in providing support to people with disabilities. Tick one.**

	1 member of staff to 10+ service users
	1 member of staff to 6-9 service users
	1 member of staff to 4-5 service users
	1 member of staff to 3 service users
	1 member of staff to 2 service users
	1 member of staff to 1 service user
	More than 1 member of staff to 1 service user

**126. This question is about staff who are involved in delivering support for lifelong learning. Please indicate the number of staff in the adult day service by the highest level of education they have obtained. Please enter a number for each category of qualification (this is based on the National Framework of Qualifications – see <http://www.nfq-qqi.com/>)**

	Level 1 – Certificate
	Level 2 – Certificate
	Level 3 – Certificate/Junior Certificate
	Level 4 – Certificate/Leaving Certificate
	Level 5 – Certificate/Leaving Certificate
	Level 6 – Advanced Certificate/Higher Certificate
	Level 7 – Ordinary bachelor’s degree/professional qualification or both
	Level 8 – Honours bachelor’s degree (or Higher Diploma)/professional qualification or both
	Level 9 – Postgraduate diploma or master’s degree
	Level 10 – Doctorate
If other, please specify (the name of the qualification AND the number of staff):	

### 11.30 Staff Training and CPD

**127. This question is about staff who are involved in delivering support for lifelong learning. Please indicate approximately the number of hours that staff are entitled to for continuous professional development per annum. Tick one.**

	0-5
	6-10
	11-15
	16-20
	21-25
	26-30
	30+

**128. Please set out the key areas of training/development you have required staff involved in delivering lifelong learning to people with disabilities to complete over the last 12 months**

1.	
2.	
3.	

### 11.31 Specific Questions

**129. Are all staff in the location trained/developed in the following areas:  
Tick one on each row**

	Yes	No
Person-Centredness		
Person-Centred Planning		

**130. Do people with disabilities using the location have their needs, strengths, aspirations etc. need assessed at the outset? If not appropriate, please provide details**

	Yes, always
	Yes, sometimes but not always
	No
If not appropriate, please provide details:	

**131. Do people with disabilities using the location have person-centred plans?**

	Yes, always
	Yes, sometimes but not always
	No
If not appropriate, please provide details:	

**132. Are families/carers consulted with when developing person-centred plans for people with disabilities?**

	Yes, always
	Yes, sometimes but not always
	No
If not appropriate, please provide details:	

**133. Are Board Members trained/developed in person-centredness principles?**

	Yes, always
	Yes, sometime but not always
	No
If not appropriate, please provide details:	

**134. Are Senior Managers trained/developed in person-centredness principles?**

	Yes, always
	Yes, sometimes but not always
	No
If not appropriate, please provide details:	

**135. Have all of the adult day service locations policies been proofed to ensure they are person-centred?**

	Yes, always
	Yes, sometimes but not always
	No
If not appropriate, please provide details:	

**136. Are people with disabilities consulted on locations designed to meet their needs?**

	Yes, always
	Yes, sometimes but not always
	No
If not appropriate, please provide details:	

**137. Are employers who provide placements/training to people with disabilities supported by your location?**

	Yes, always
	Yes, Sometimes but not always
	No
If not appropriate, please provide details:	

**138. Does your location monitor the outcomes achieved for people with disabilities?**

	Yes, always
	Yes, sometime but not always
	No
If not appropriate, please provide details:	

### 11.32 Further Research

**139. Would you be willing to participate in further research? The purpose would be to gain more in-depth information about education provision for adults with disabilities. This would involve members of the research team (appropriately trained interviewers) visiting your location and conducting interviews with staff and service users. Please tick one.**

<input type="checkbox"/>	<b>Yes</b> – We would be interested in taking part ( <a href="#">Go to Q140</a> )
<input type="checkbox"/>	<b>No</b> – We would not be interested in taking part ( <a href="#">Go to Survey Finish</a> )

**140. Please indicate which week(s) would be most suitable to conduct these visits. Please tick which apply.**

<input type="checkbox"/>	Week Commencing 7 January
<input type="checkbox"/>	Week Commencing 14 January
<input type="checkbox"/>	Week Commencing 21 January
<input type="checkbox"/>	Week Commencing 28 January
<input type="checkbox"/>	Week Commencing 4 February
<input type="checkbox"/>	Week Commencing 11 February
<input type="checkbox"/>	Week Commencing 18 February
<input type="checkbox"/>	Week Commencing 25 February

**141. If you would like to take part in further research, please provide contact e-mail address and phone number. A member of staff from RSM, the company conducting this research, will be in touch.**

Name	
E-mail	
Phone Number	

## 12. Appendix 12: Survey: Findings

### 12.1 Representativeness

#### 12.1.1 Representativeness: Size and Disposition of Sample

The research team acknowledges that the number of survey respondents is a relatively small proportion of the total number of settings; also that those who completed the survey are likely to be more engaged in education/lifelong learning and perhaps those who have had more positive experiences in its delivery. The experience of non-respondents (representing around 95 per cent of all settings) may be very different from respondents. The research team would caution against extrapolating the survey findings to all settings. Nonetheless, they provide rich and extensive data about 50 settings including positive experiences which demonstrate how education/lifelong learning may be delivered and perhaps illustrate models and approaches to which some other settings could aspire.

#### 12.1.2 Representativeness: Characteristics of Settings

To assess representativeness (as far as is practically possible), the profile of respondents who completed the survey is compared to the profile of population of adult day service locations (subject to some caveats and limitations associated with these data). The characteristics considered include geography, nature of adult day service location, and nature of disability of service users.

The research team also explored other characteristics – for example those covered in section 12.2. However due to limitations in the availability of complete and robust data about many aspects of the population, it was not possible to use these.

As noted in section 3.7.2 of the report, there is no comprehensive and up-to-date source of data on day service settings in the public domain; this limits the extent to which a population profile can be fully developed and along with the low number of responses, this limits the extent to which representativeness can be determined.

#### 12.1.3 Geographic Location of Setting

The table below shows the profile of survey respondents (day service locations) and the population (all day service settings on HSE website) by CHO Area.

**Table 18: Profile of Settings and Survey Respondents by Geographic Location**

CHO Area	Population		Survey Respondents	
	N	per cent	N	per cent
1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan	60	6.3%	6	12.2%
2: Galway, Roscommon, Mayo	131	13.7%	11	22.4%
3: Clare, Limerick, North Tipperary	95	10.0%	1	2.0%
4: Kerry/North Cork, North Lee, South Lee, West Cork	129	13.5%	10	20.4%
5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford	137	14.4%	5	10.2%
6: Wicklow, Dublin South East, Dun Laoghaire	66	6.9%	3	6.1%
7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West	118	12.4%	2	4.1%
8: Laois/Offaly, Longford, Westmeath, Louth/Meath	117	12.3%	9	18.4%
9: Dublin North, Dublin North Central, Dublin North West	100	10.5%	2	4.1%
<b>Total</b>	<b>953</b>	<b>100.0</b>	<b>49</b>	<b>100.0</b>

Source of Population Data: [www.hse.ie/newdirections](http://www.hse.ie/newdirections)

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 49

Total Skipped: 1

The number of survey respondents who provided details of their CHO area (n=49) represents just over 5 per cent of the total number of adult day service settings.

The profile of the population of day service settings shows coverage in all nine CHO areas; each area accounts for between 6.3 per cent (lowest, Area 1) and 14.4 per cent (highest, Area 5) of settings.

Comparing the distribution of service locations (survey respondents and population): in four CHO Areas (1, 2, 4, 8), the proportion of survey respondents is higher than the proportion of settings; in four CHO Areas (3, 5, 7, 9), it is lower; and in one CHO Area (6), the proportions of survey respondents and day service settings are similar.

Among the 49 survey respondents, all nine CHO areas were represented, with the highest being Area 2 (Galway, Roscommon, Mayo), at just under a quarter (22.4 per cent, n=11) of all respondents, closely followed by Area 4 (Kerry/North Cork, North Lee, South Lee, West Cork) (20.4 per cent, n=10). CHO Area 3 has the lowest proportion of respondents (2.0 per cent, n=1).

Comparing the distribution of service users and service locations (survey respondents):

- In four CHO areas (1, 2, 4, 8), the proportion of survey respondents is higher than the proportion of settings.
- In four CHO areas (3, 5, 7, 9), the proportion of survey respondents is lower than the proportion of settings.
- In one CHO area (Area 6), the proportion of survey respondents and day service settings are very similar.

### 12.1.4 Nature of Adult Day Service Location

Table 19 shows the distribution of survey respondents (service locations) against the population (service locations – based on New Directions report which does not include “private” nor “other” categories) by nature of organisation.

Within the population data, albeit somewhat dated, two main organisation types were represented with voluntary accounting for the most (70.1 per cent). Of the 50 respondents who answered this question, most were voluntary organisations funded by the HSE (84.0 per cent, n=42). Thus, both population and survey respondents are dominated by voluntary organisations.

**Table 19: Profile of Respondents by the Nature of the Adult Day Service Location**

Nature of Organisation	Population (Location)		Survey Respondents (Location)	
	N	per cent	N	per cent
Voluntary organisation-funded by the HSE	573	70.1%	42	84.0%
HSE	244	30.0%	4	8.0%
Private organisation	n/a	n/a	2	4.0%
Other (please specify)	n/a	n/a	2	4.0%
<b>Total</b>	<b>817</b>	<b>100.0%</b>	<b>50</b>	<b>100.0%</b>

Source of Population Data: New Directions (2012).

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: 0

Of the 50 respondents who answered this question, the large majority were voluntary organisations funded by the HSE (84.0 per cent, n=42). The two respondents who answered “other” were an NGO and a training and employment organisation funded by the HSE (charity). Within the population data (recognising that this is somewhat dated), two main types of organisation were represented with voluntary organisations accounting for the vast majority (70.1 per cent). Thus in both datasets, the vast majority is accounted for by voluntary organisations.

### 12.1.5 Nature of Disability

Table 20 shows the distribution of survey respondents (number of service users reported at each location surveyed) against populations (service users – based on NIDD and NPSDD databases) by primary/principal disability, respectively.

Appendix 12.1 shows the distribution of survey respondents (service locations) compared to that of the population (service users – based on NIDD and NPSDD) by primary/principal disability, respectively.

The profile of respondents displays a reasonable level of similarity according to nature of disability though there are some differences. Most disabilities are represented in the survey respondents. As with the population data, most service users in the sample were described as having an intellectual disability.

Information from the HRB databases (NIDD and NPSDD) and extracts from them are discussed in section 6 of the report and presented in the tables below. The table is not intended to present an overall population total as it is not appropriate to simply sum the NIDD and NPSDD data (as discussed in section 6 of the report).

Survey respondents were asked to provide figures for any disability that applied to their location. Therefore, there is potential that double-counting has occurred, meaning that the total figure of service users in the table below does not mean unique service users. This limits the extent to which the survey data represent the underlying population in the sites visited so the comparison with HRB databases is not strictly like for like.

#### 287: Profile of Day Service Users (18+ years) by Age – NIDD (2017) and Survey Respondents

Intellectual Disability Degree	N (NIDD)	% (NIDD)	N (Survey)	per cent (Survey)
Not verified	199	1.0%	38	3.0%
Mild	6,190	32.4%	444	35.6%
Moderate	12,694	66.4%	628	50.3%
Severe or profound			138	11.1%
<b>Total ID</b>	<b>19,111</b>	<b>100.0%</b>	<b>1,248</b>	<b>100.0%</b>

Note: data from NIDD: ~ To protect against the risk of indirect identification of people, items with less than five entries have been suppressed.

Source: Population Data: extract from HRB NIDD 2017; Survey Data – RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: 0

**Table 21: Profile of Day Service Users (18+ years) by Age – NPSDD (2017) and Survey Respondents**

Physical and Sensory Disability	N (NPSDD)	per cent (NPSDD)	N (survey)	per cent (survey)
Neurological	769	50.8%	104	18.4%
Multiple disabilities	445	29.4%	n/a	n/a
Physical disability	140	9.2%	184	32.6%
Hearing loss or deafness	74	4.9%	22	3.9%
Visual disabilities or blindness	81	5.4%	135	23.9%
Speech and/or language disabilities	5	0.3%	120	21.2%
<b>Total PSD</b>	<b>1,514</b>	<b>100%</b>	<b>565</b>	<b>100.0%</b>

Source: Population Data: extract from HRB NPSDD 2017; Survey Data – RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: 0

The comparison above shows that most types of disability (ID and PSD) are represented in the survey respondents. Among the survey respondents reporting service users with ID, the profile is similar to the estimated population (from the NIDD database).

## 12.2 Profile and Characteristics of Adult Day Service Location

### 12.2.1 Profile of Adult Day Service Location

#### Profile of Adult Day Service Location by Primary Disability Supported

All respondents were asked which (of specified) categories of disability were supported by their day service location – based on the primary disability supported.

**Table 22: Profile of Adult Day Service Location by Primary Disability Supported**

Primary Disability Supported	Number of Service Locations	Respondents %
Intellectual	45	97.8%
Autistic spectrum disorder	37	80.5%
Physical	27	58.7%
Speech and/or language	23	50.0%
Neurological	22	47.8%
Specific learning disorder (other than intellectual)	18	39.1%
Hearing loss/deafness	16	34.8%
Visual	16	34.8%
Deafblind-dual sensory	9	19.6%
Other	8	17.4%
<b>Total Number of Respondents</b>	<b>46</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 46

Total Skipped: 4

Note: Respondents could select multiple answers.

Across the responses from 46 respondents, all nine categories of disability specified in the question were represented. The large majority (97.8 per cent, n=45) stated that their service supported adults with intellectual disabilities. Between one third and over three-quarters of respondents supported each of seven other categories of disability. The least represented disability category was deafblind-dual sensory with just nine locations stating they supported adults with this disability. This still represented just under a fifth of the total number of respondents, however.

### 12.2.2 Profile of Adults/Lifelong Learners (by Age, Gender, Disability) in Adult Day Service Settings

#### Profile of Adults in Day Service Settings by Age

Respondents were asked to identify the total number of adults that avail of support provided by age group.

**Table 23: Profile of Adults in Day Service Settings by Age**

Age	Number of Respondents who...			Total number of adults (based on responses that are >0)			
	Skipped this question	Responded zero adults	Responded with number of adults >0	Total	Min	Max	Average
18-19	14	13	23	142	1	61	6.2
20-24	9	7	34	480	1	202	14.1
25-34	8	3	39	367	1	97	9.4
35-44	13	4	33	297	1	30	9
45-54	15	4	31	281	1	32	9.1
55-64	17	5	28	165	1	20	5.9
65+	22	9	19	125	1	57	6.6

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: varies for each row (from 8 to 22).

At least a third of respondents provided details for all specified age ranges. Most respondents, (78.0 per cent, n=39) provided details for service users in the 25-34 age range, followed by the 20-24 age range (68.0 per cent, n=34).

Of the 50 respondents who answered this question, the most common group of users was aged 20-24, with 480 adults in total across 34 locations who gave figures for this age group, and an average of 14.1 adults per location. The least common age group (albeit a smaller one including only two years whereas most others span ten) within the adult day service locations that responded was aged 18-19, with a total of 142 adults and around 6.2 adults per location on average. Similarly, there were five to six adults on average within the 55-64 and 65-plus age ranges. For most other ranges (25-34, 35-44, 45-54), there were typically nine adults per location on average.

**Profile of Adults in Day Service Settings by Gender**

Respondents were asked to detail the total number of adults that avail of support provided by gender.

**Table 24: Profile of Adults in Day Service Settings by Gender**

Gender	Number of Respondents who...			Total number of adults (based on responses that are >0)			
	Skipped this question	Responded zero adults	Responded with number of adults >0	Total	Min	Max	Average
Male	1	1	48	1169	2	362	24.4
Female	3	0	47	839	1	98	17.9
Other	44	6	0	0	0	0	0

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: varies for each row (from 1 to 44).

All respondents provided figures for at least one gender. Across the 50 adult day service locations that answered this question, there were more male adults accessing support (58.2 per cent, n=1,169) than female service users (41.8 per cent, n=839). On average, there were about 24 males per adult day service location that responded, with around 18 females. The maximum number of males in one location was 362, while the maximum number of females in one was 98.

### Profile of Adults in Day Service Settings by Disability

The 45 respondents who provided support for adults with intellectual disabilities (see Table 22 in section 12.2.1) were asked to further profile the service users by degree of intellectual disability. Table 25 below summarises this information for each degree of intellectual disability.

**Table 25: Profile of Adults in Day Service Settings by Degree of Intellectual Disability**

Degree of Disability	Number of Respondents who...			Total number of adults (based on responses that are >0)			
	Skipped this question	Responded zero adults	Responded with number of adults >0	Total	Min	Max	Average
Borderline	27	15	8	49	1	15	6.1
Mild	15	4	31	444	1	87	14.3
Moderate	15	1	34	628	1	77	18.5
Severe/profound	17	8	25	138	1	21	5.5
Not verified	34	11	5	38	1	17	7.6

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: varies for each row (from 15 to 34).

Most respondents (at least 50 per cent) gave details for adults who had a mild, moderate or severe/profound degree of intellectual disability; relatively few respondents provided details for adults who were borderline (8) or not verified (5).

Of the 50 who answered this question, the most common degree of intellectual disability of adults was moderate, with a total of 628 adults (48.4 per cent of adults mentioned in response to this survey question) representing an average of 18.5 adults with this degree of disability across the 34 respondents who gave figures for this particular degree of disability. This is the highest average. The next highest number of service users was those with mild degree of disability – with 444 in 31 locations, an average of 14.3 per location. For all other degrees of disability (borderline, severe/profound, not verified), the average number per location was 5.5 to 7.6.

All respondents who provided support for adults with disabilities other than intellectual (see Table 22 – section 12.2.1) were asked to further profile the number of service users by disability.

**Table 26: Profile of Adults in Day Service Settings by Primary Disability**

Primary Disability	Number of Respondents who...			Total number of adults (based on responses that are >0)			
	Skipped this question	Responded zero adults	Responded with number of adults >0	Total	Min	Max	Average
Autistic spectrum disorder	0	13	37	748	1	460	20.2
Physical	0	21	29	184	1	24	6.3
Speech and/or language	0	32	18	120	1	22	6.7
Neurological	0	27	23	90	1	15	3.9
Specific learning disorder (other than intellectual)	0	37	13	41	1	8	3.2
Hearing loss/deafness	0	36	14	22	1	5	1.6
Visual	0	36	14	135	1	70	9.6
Deafblind-dual sensory	0	42	8	24	1	15	3
Other	0	38	12	24	1	9	2

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: 0

The most common category of disability that respondents provided information for was adults with autistic spectrum disorder (74.0 per cent, n= 37). This is consistent with the TABLE in section 12.2.1 – where this category of disability is the second most frequently cited as the primary disability of service users. Of the 50 respondents who answered this question, the most common disability of adults within the service locations was autistic spectrum disorder, with an average of around 20 service users with this disability across the 37 respondents that specifically provided figures for it. Across the other categories, the number varied from eight to 29 (with most eight to 18). In these categories, there were relatively few adults per location on average: five to ten on average (for visual, physical, and speech and/or language categories of primary disability); and fewer than five (for neurological, deafblind-dual sensory, hearing loss/deafness, specific learning disorder (other than intellectual) and other categories of primary disability).

### 12.2.3 Adult Day Service Location – Job Title of Respondents

Respondents provided details of their job title within the day service location.

**Table 27: Profile of Respondents by Job Title**

Row Labels	Number of Respondents	Respondents %
Day service location manager	23	46.0%
Supervisor/team leader	5	10.0%
Area manager	4	8.0%
Service coordinator	4	8.0%
Social care leader	4	8.0%
Clinical nurse manager	2	4.0%
Assistant manager	1	2.0%
Community hub manager	1	2.0%
Compliance and quality assurance officer	1	2.0%
Director	1	2.0%
Disability services manager	1	2.0%
Leader of autism informed Western Care Association/ Galway and Mayo Institute of Technology Initiative	1	2.0%
Manager of community residential services	1	2.0%
Operations manager	1	2.0%
<b>Total</b>	<b>50</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Skipped: 0

Across the 50 survey respondents, 14 different positions within day service locations were represented. The most common was day service location manager, with just under half of all responses (46.0 per cent, n= 23). None of the other job titles was mentioned by any more than five respondents.

## 12.2.4 Adult Day Service Location – Staffing

### Profile of Staff by Employment Status

All respondents were asked to provide details (number) of staff employed who deliver lifelong learning opportunities for people with disabilities in the day service location – for various categories of employment status. For each type of employment status respondents either skipped the question, responded with zero (that is no members of staff delivering lifelong learning with this type of employment status); responded with a number (that is the number of staff delivering lifelong learning with this type of employment status).

**Table 28: Profile of Staff by Employment Status**

Employment Status	Number of Respondents who...			Total number of staff (based on responses that are >0)			
	Skipped this question	Responded zero staff	Responded with number of staff >0	Total	Min	Max	Average
Full-Time Equivalent	6	1	43	398	1	52	9.3
Part-time	17	1	32	203	1	26	6.3
Casual	38	6	6	16	1	4	2.6
Volunteer	34	3	13	24	1	4	1.8
Other	35	3	12	50	1	11	4.2

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: varies for each row (from 6 to 38).

In total, 50 respondents provided details for at least one employment status category. Most (86.0 per cent, n=43) gave details about full-time employees, a sizeable majority (64.0 per cent, n=32) about part-time employees, while under a half of respondents gave details of other categories of employees.

The highest employee numbers were for full-time equivalent staff. Out of 43 respondents who answered, the total was 398 for full-time equivalent staff, with an average of around nine such staff per location. This was followed by a total of 203 part-time staff for the 32 respondents who gave details. This represents an average of around six part-time employees per adult day centre.

Relatively few respondents provided details about casual, volunteer and other types of staff – the average number of each of these in the locations was one to four.

Around a quarter of respondents identified 50 members of staff they categorised as “other”. These included:

- Community Employment Scheme (n=7);
- Rural Social Scheme and Fás scheme (n=2);
- Agency workers (n=2);
- Education and Training Board (ETB) tutors (n=2);
- LTI (Local Training Initiative) staff (n=1);
- Sessional workers (n=1); and
- CDVEC funded tutor (n=1).

### **Profile of Staff by Job Category**

Following on from the question above, respondents were asked to provide further details of all members of staff who deliver lifelong learning opportunities for people with disabilities in the day service location by detailing how many staff were in various categories of job (from a prescribed list; there was also an “other” option available to capture any different responses).

In total, 50 respondents provided details for at least one category. Most respondents provided details about three categories of job: managers (mentioned by 78.0 per cent, n=39) followed by a similar proportion (80.0 per cent, n=40) who gave details about care/support staff, and almost 64.0 per cent per cent (n=32) who provided details about supervisors/instructors. Under a half provided details of the four other categories.

Not surprisingly, the most common job position reported by adult day centres was care/support staff, with a total of 364.5 care and support staff reported across the 40 respondents. This represents an average of 9.1 members of care or support staff per location. The next most common position was supervisor, with 131.5 reported by 32 respondents, an average of around four per location.

The average number of staff in other job categories was lower: 1.4 administration staff, 3.4 ancillary support staff, 1.2 managers and 2.3 nursing staff.

Around a quarter of respondents identified up to 60 members of staff they categorised as “other”; on average 4.3 per location. These included a variety of job types such as:

- Community Employment Scheme workers (n=2);
- Rural Social Scheme workers (n=2);
- Fás scheme (n=2);

- Social care workers (n=1);
- Service co-ordinator/trainer (n=1);
- Education and Training Board (ETB) Tutors (n=1);
- Bus drivers/maintenance workers (n=1);
- Psychology project workers (n=1);
- Job coaches (n=1);
- Community connectors (n=1); and
- Inclusive learning facilitators (n=1).

**Table 29: Profile of staff by Job Category**

Job Category	Number of Respondents who...			Total number of staff (based on responses that are >0)			
	Skipped this question	Responded zero staff	Responded with number of staff >0	Total	Min	Max	Average
Administration staff	19	13	18	25.7	0.2	7	1.4
Ancillary support staff	29	13	8	27	1	7	3.4
Care/support staff	9	1	40	364.5	1	53	9.1
Manager	10	1	39	45.3	0.3	4	1.2
Supervisor/instructor	15	3	32	131.5	0.5	11	4.1
Therapy/clinical/nursing	28	7	15	34.3	0.3	8	2.3
Other	33	3	14	60.5	0.5	25	4.3

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: varies for each row (from 9 to 33).

### 12.2.5 Number of Days per Week that Lifelong Learning Supports are Offered

Respondents were asked to indicate the number of days per week (to the nearest half day) that lifelong learning supports are offered by the adult day service location. (The survey included a definition to explain to participants what was meant by lifelong learning.)

**Table 30: Number of Days per Week that Supports are Offered**

Number of Days	Number of Day Service Locations	Responses %
0.5 day	2	2.0%
1 day	0	0.0%
1.5 days	0	0.0%
2 days	2	4.1%
2.5 days	2	2.0%
3 days	3	16.3%
3.5 days	0	0.0%
4 days	0	0.0%
4.5 days	3	6.1%
5 days	37	69.4%
<b>Total</b>	<b>49</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 49

Total Skipped: 1

Of the 49 respondents who answered, all but two provided supports at least two days per week; over two-thirds of service locations offered lifelong learning supports for five days a week (69.4 per cent, n=34).

## 12.2.6 Length of Time Services have been Availed of in Adult Day Service Locations

Respondents were asked to profile the number of adults that currently avail of programmes that support lifelong learning based on the length of time they have availed of that service.

**Table 31: Profile of Adults Availing of Support by Length of Time**

Length of Time	Number of Respondents who...			Total number of adults (based on responses that are >0)			
	Skipped this question	Responded zero adults	Responded with number of adults >0	Total	Min	Max	Average
Recently Transitioned (<12 months)	5	24	21	142	1	61	6.8
1-2 years	6	12	32	480	1	100	15
2-5 years	7	8	35	367	1	150	10.5
>5 years	9	3	38	963	1	140	25.3

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Skipped: varies for each row (from 5 to 9).

Overall, at least 42 per cent of the total number of respondents provided information on adults for all categories of the length of time availing of support. The largest proportion of respondents provided information for adults availing of services for more than five years (76.0 per cent, n=38).

Of the 50 respondents who answered, the most common length of time that service users have availed of support is over five years, with around 25 adults on average per location across the 38 respondents who specifically provided details for this length of time. On average (in locations where these adults are present), there are 15 who have one to two years and around seven and ten adults who have been using services for less than 12 months and for two to five years respectively on average.

## 12.2.7 Summary

In total, 50 adult day service locations responded to the survey. There were representatives from all CHO areas in Ireland (at least one per area). They catered for many categories of disability: most commonly intellectual, with almost all locations (97.8 per cent) catering for adults with this disability. The majority (84.0 per cent) were voluntary organisations funded by the HSE. Adults of all ages (18-65+) were catered for by the locations that responded, with those aged 20-24 the most common age group supported. Most locations (over two-thirds) delivered programmes of lifelong learning support on five days per week.

## 12.3 Support 1: Support for Accessing Mainstream Education/ Formal Learning

Support 1 aims to help participants access mainstream educational programmes in line with their needs and abilities.

This section sought to capture details of programmes currently being delivered under this support. 31 respondents provided at least one such programme that helped adults with disabilities access mainstream education programmes, with 14 providing two, seven providing three, and four at least four programmes under Support 1. Although 31 respondents offered at least 56<sup>222</sup> such programmes in total, not all had any further details of programmes. So the remainder of this section is based on up to 52 programmes for which details were provided. The number of respondents/programmes in tables may vary – as not all respondents answered all questions fully.

### 12.3.1 Nature of Programmes Delivered

Table 32 below includes information on 14 different categories of programmes provided under Support 1 by survey respondents and the number who offered each of these. This was an open question: respondents had a degree of freedom in how they interpreted the programmes they offered and which support these fitted under. Some overlap is evident between responses (some programmes) under Supports 1, 2, 3 and 4. Therefore there is variation in how survey respondents interpret the supports and which programmes align with each of these and the extent to which they distinguish between supports.

**Table 32: Nature of Programmes Offered within Support 1**

Programme (Category)	Number of Responses	Responses %
Formal qualification training <sup>223</sup>	11	21.2%
ICT/computing training <sup>224</sup>	8	15.4%
Media/leisure/arts <sup>225</sup>	7	13.5%
Direct support for accessing external education <sup>226</sup>	5	9.6%
Employability training <sup>227</sup>	4	7.7%

222 Respondents offering programmes under this support were invited to give detailed information on three; they could also indicate if others were provided, detailing names of one or more in a free text response. Further details of these programmes were not sought within constraints of this survey. So information on any beyond three was not as detailed and could refer to at least one or more.

223 Includes major award in general learning (1), applied Leaving Certificate training (1), application of number (1), QQI (1), QQI level two craft (1), CDETB QQI level two (1), QQI level two in general learning (1), visual art appreciation QQI level three (1), textiles QQI level four (1), diploma in foundation studies level six (1) and ASDAN (1).

224 Includes computer courses, IT, computer studies, computer training/centre for the unemployed, and basic computer literacy.

225 Includes art, drama, dance, film making, music and drama.

226 Includes one-to-one support for accessing college, support to attend local adult education centres, keyworker supports person with information and application, sampling and access to lectures and WALK/ITT inclusive learning programme (1).

227 Includes Major Award in Employability Skills (1), WALKways Tallaght University Hospital Programme (1), OWL (Oireachtas Work to Learn), LINC, progression group (1).

Programme (Category)	Number of Responses	Responses %
Catering/cookery	4	7.7%
Personal safety and development <sup>228</sup>	4	7.7%
Literacy/numeracy/communication; learning together (NALA course) <sup>229</sup>	3	5.8%
Advocacy and leadership	2	3.8%
Evening classes	1	1.9%
Hairdressing	1	1.9%
Nutrition <sup>230</sup>	1	1.9%
Rehabilitative training	1	1.9%
<b>Total</b>	<b>52</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Base: 31

Skipped: 19<sup>231</sup>

The most common programme of support provided by day service locations was for formal qualifications or recognition<sup>232</sup> (21.2 per cent, n=11). These included QQI qualifications, Leaving Certificate accreditation, diplomas and ASDAN (education charity and awarding organisation) recognition. Other frequently mentioned categories were:

- ICT/computing training<sup>233</sup>, with over 15 per cent (n=8) of programmes in this category.
- Media, leisure and arts<sup>234</sup>, with over 13 per cent (n=7) of programmes providing learning opportunities in subjects such as film studies, music and art etc.
- Direct support for accessing external education<sup>235</sup> with almost 10 per cent (n=5) of programmes in this category.

None of the other 10 categories had any more than four mentions; many only featured once. These included: employability training; catering/cookery; personal safety and development; literacy/numeracy/communication; learning together (NALA course); advocacy and leadership; evening classes; hairdressing; nutrition and rehabilitative training.

228 Includes Making Connections Programme (1), personal development/mindfulness (1), Streetwise Programme (1), Real Life Training Programme (1).

229 Includes creative writing course (1) and total communication (1).

230 Nutrition and healthy options Level 3.

231 Note: Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could give details of more than one programme.

232 Including major award in general learning, applied Leaving Certificate training, QQI, QQI level 2 craft, CDETB QQI level 2, QQI level 2 in general learning, visual art appreciation QQI level 3, textiles QQI level 4, diploma in foundation studies level 6 and ASDAN.

233 Includes computer courses, it, computer studies, computer training/centre for the unemployed, and basic computer literacy.

234 Includes art, drama, dance, film making, music and drama.

235 Includes one-to-one support for accessing college, support to attend local adult education centres, keyworker supports person with information and application, sampling and access to lectures and WALK/ITT inclusive learning programme.

### 12.3.2 Mode of Delivery of Programmes

Respondents who offered programmes under Support 1 were asked to describe how those were delivered to service users. They could select multiple modes of delivery that applied to the programmes they offered. Of the 31 respondents who gave details of 52 programmes within Support 1, 76 modes of delivery were identified (that is some programmes in some locations could be delivered in more than one mode. This was captured as respondents could select more than one mode of delivery per programme). In Table 33 below, column two illustrates the frequency of mode for the locations that responded. Column four illustrates the frequency of mode for programmes in locations that responded; some programmes were delivered by more than one mode in the same location.

**Table 33: Mode of Delivery of Programmes within Support 1**

Mode of Delivery	Number of Day Service Locations in Which Programmes are Delivered by This Mode <sup>236</sup>	Respondents Who Answered %	Number of Programmes Delivered by This Mode <sup>237</sup>	Total of Modes Selected %
Online (eLearning)	6	19.4%	6	7.9%
One-to-one	16	51.6%	16	21.1%
Small groups	25	80.6%	38	50.0%
Large groups	4	12.9%	5	6.6%
Blended learning	5	16.1%	5	6.6%
Transfer of adults to mainstream formal learning providers	9	29.0%	12	15.8%
Other	4	12.9%	4	5.3%
<b>Base and total</b>	<b>31</b>	<b>100.0%</b>	<b>76</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 31

Total Skipped: 19<sup>238</sup>

The modes of delivery of programmes within Support 1 are varied. Programmes may be delivered through a number of different modes (for example combination of online and small groups). This explains why more total modes are selected (76) than number of programmes identified (52).

236 Total number of day service locations in which programmes are delivered using this mode (if one location offers at least one programme using the mode of delivery, the location is only counted once in the column that is: this is the number of unique day service locations that offer support by this mode for at least one of its programmes).

237 Total number of times mode of delivery mentioned for a programme (respondents could select multiple modes per programme so the total in this column is greater than the number of programmes).

238 Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who gave details of programmes could provide details of more than one. Respondents could select multiple modes of delivery for the programmes delivered in their location.

Of the 31 adult day service locations that responded, most (80.6 per cent, n=25) delivered at least one programme to small groups. Over half of locations delivered at least one programme using one-to-one mode of delivery and almost one-third (29.0 per cent) used "transfer of adults to mainstream formal learning providers". No other mode of delivery was mentioned by any more than 20 per cent of locations, though all were mentioned by at least 12 per cent of locations. Of the 76 modes of delivery selected, the most common selected was also to small groups, representing half of the total number selected (50.0 per cent, n=38). This means that 25 locations offering the "small group" mode apply this to 38 programmes, though this may not be the exclusive mode for these programmes.

### 12.3.3 Number of Adults with Disabilities that Receive Support

Respondents were asked about the group sizes they deliver programmes to. Table 34 shows the total number of day services that deliver at least one programme of support per group size and the total number of programmes delivered by group size. Thirty respondents gave details of group size for 50 programmes within Support 1 (each respondent could select one group size per programme).

**Table 34: Group Size of Adults that Receive Support under Support 1**

Group Size (Number of Adults)	Number of Day Service Locations	Day Service Locations %	Number of Programmes	Programmes %
1-5	15	50.0%	24	48.0%
6-10	13	43.3%	14	28.0%
11-15	5	16.7%	5	10.0%
16-20	2	6.7%	2	4.0%
More than 20	5	16.7%	5	10.0%
<b>Base and total</b>	<b>30 (base)</b>	<b>100.0%</b>	<b>50</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 30

Total Skipped: 20<sup>239</sup>

Of the 30 adult day service locations that responded, most offered programmes to relatively small groups. The most common response was from half the locations who responded: they offered a programme of support to a group size of one to five adults (50.0 per cent, n=15). The next most common response corresponded to the next group size: just under half of adult day services offered a programme of support to a group size of six to ten adults (43.3 per cent, n=13).

<sup>239</sup> Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who gave details of programmes could do so for more than one. Respondents could select one group size per programme delivered in their location.

Relatively few locations offered programmes to larger group sizes (more than ten). Considering the distribution of group size across all programmes, delivery to a group size of one to five adults occurred in almost half the total programmes discussed in this question (48.0 per cent, n=24), with over a quarter of the total programmes discussed being delivered to group sizes of six to ten. Under a quarter of programmes were delivered to groups of more than ten people.

In summary:

- The most common group size is one to five adults.
- Majority of programmes (76.0 per cent, n=38) offered to group size of either one to five (48.0 per cent n=24) or six to ten adults (28.0 per cent, n=14).
- Majority of locations (93.3 per cent, n=28) offered programmes to group sizes of either one to five (50 per cent n=15) or six to ten adults (43.3 per cent, n=13).

### 12.3.4 Number of Hours per Week the Support is Provided for

Respondents were asked on average how many hours per week the programme/module/support is provided for. Table 35 shows the total number of day services that deliver at least one programme of support per duration of support (hours per week) and the total number of programmes delivered by duration of support (hours per week). Thirty-one respondents gave details for the hours per week for 52 programmes within Support 1 (each could select one category of “number of hours per week” per programme).

**Table 35: Number of Hours per Week that Support is Provided for**

Duration of support (hours per week)	Number of Day Service Locations	Day Service Locations %	Number of Programmes	Programmes %
Less than 6 hours	20	64.5%	36	69.2%
7-12 hours	3	9.7%	5	9.6%
13-18 hours	2	6.5%	4	7.7%
19-24 hours	1	3.2%	1	1.9%
Over 24 hours	4	12.9%	4	1.9%
Other	2	6.5%	2	3.8%
<b>Total</b>	<b>31 locations that answered question</b>	<b>100.0%</b>	<b>52</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 31

Total Skipped: 19<sup>240</sup>

<sup>240</sup> Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one duration per programme delivered in their location.

Of the 31 adult day service locations that responded to this question, the most common response came from almost two-thirds who offered programmes of support for less than six hours per week (64.5 per cent, n=20). Of the 52 programmes delivered, over two-thirds were for a duration of less than six hours per week (69.2 per cent, n=36). Almost 10 per cent were delivered for seven to 12 hours per week; relatively few were offered for longer durations.

### 12.3.5 Who Provides the Programme/Module/Support

Respondents were asked who delivered programmes of support to service users. Table 36 shows the total number of day services delivering at least one programme of support by provider, and the total number of programmes delivered by the different provider groups. Thirty respondents gave details for providers of the 50 programmes within Support 1 (each could select one category of “provider” per programme).

**Table 36: Providers of Programmes in Support 1**

Who Provides Programme/Support	Number of Day Service Locations (Respondents)	Respondents %	Number of Programmes	Programmes %
Staff in the adult day service location	22	73.3%	17	34.0%
External provider	18	60.0%	30	60.0%
Other	8	26.7%	3	6.0%
<b>Base and total</b>	<b>30 (base)</b>	<b>100.0%</b>	<b>50</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 30

Total Skipped: 20<sup>241</sup>

Of the 30 adult day service locations that responded to this question, the majority stated that at least one programme was delivered by staff in the adult day service location (73.3 per cent) and external providers (60.0 per cent). Three respondents gave details of programmes delivered by another source, which were gardaí (n=1); support from staff and external providers together (n=1; and peer mentors, managed by the inclusive learning facilitator (n=1). Of the 50 programmes discussed in this question by 30 adult day service locations, over half were delivered by external providers (60 per cent, n=30) and around one-third (34 per cent) by staff in the adult day centre.

<sup>241</sup> Some respondents, although stating that they provide programmes, gave no any details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one provider type per programme delivered in their location.

### 12.3.6 Outcomes

Respondents were asked about the highest outcome (in this case, qualification) achieved by service users from programmes under this Support. Thirty gave details of outcomes achieved for 34 programmes within Support 1 (each respondent could select one category of “outcome” per programme). Table 37 shows the total number of day services and programmes that mentioned achievement of each of the specified outcomes.

**Table 37: Highest Outcomes of Programmes Offered in Support 1**

Highest Outcome Achieved – QQI Further Education and Training Awards	Number of Day Service Locations (respondents)	Respondents %	Number of Programmes	Total Programmes %
Level 1 – Major/Minor Award or equivalent	2	6.7%	2	4.0%
Level 2 – Major/Minor Award or equivalent	5	16.7%	6	12.0%
Level 3 – Major/Minor Award or equivalent	11	36.7%	16	32.0%
Level 4 – Major/Minor Award or equivalent	2	6.7%	3	6.0%
Level 5 – Major/Minor Award or equivalent	6	20.0%	7	14.0%
Other	8	26.7%	16	32.0%
<b>Base and total</b>	<b>30 (base)</b>	<b>100%</b>	<b>50</b>	<b>100%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 30

Total Skipped: 20<sup>242</sup>

Of the 30 adult day service location representatives who responded to this question, the most common outcomes achieved by over one-third of respondents (36.7 per cent, n=11) was a QQI Level 3 award (or equivalent), and over two-thirds (63.4 per cent, n=19) achieved this level or higher. Of the 50 programmes discussed in this question by 30 adult day service locations, around half achieved an outcome of at least QQI FE and training awards – Level 3 – Major/Minor Award or equivalent; almost 10 per cent achieved Level 4 and around 15 per cent achieved Level 5. Around a third answered “other”, with most stating that they did not offer formal recognition or accreditation within this support, or other forms of informal recognition internal to the organisation<sup>243</sup>.

242 Some respondents, although stating that they provide programmes, gave no any details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one provider type per programme delivered in their location.

243 Including certificates of recognition and achievement not nationally recognised, Level 8 Minor Award, UK accredited qualifications and a national adult learning award.

## 12.4 Support 2: Support for Making Transition and Progression

Support 2 helps people with disability experience a seamless transition and progression through support systems offered by specialist and mainstream services. This section sought to capture details of programmes currently delivered under this support. Thirty-two respondents provided at least one programme of support that helped adults with disabilities making transitions and progression. Some mentioned several programmes, with nine providing two, six providing three, and two at least four under Support 2. Although 32 respondents provided programmes of support (at least 49<sup>244</sup> identified in total), not all gave further details of programmes. So, the remainder of this section is based on up to 46 programmes for which details were provided. The number of respondents/programmes in tables may vary – since not all answered all questions fully.

### 12.4.1 Nature of Programmes Delivered

Table 38 below includes information on 16 different categories of programmes provided under Support 2 by survey respondents, and number of respondents who offered each of these. As noted under Support 1 (section 12.3.1), this was an open question and respondents had a degree of freedom in how they interpreted the programmes they offered and which support these fitted under and therefore there is potential for variation in interpretation of and distinction between programmes and supports and alignment of these.

**Table 38: Nature of Programmes Delivered under Support 2**

Programme (Category)	Number of Responses	Responses %
Leisure <sup>245</sup>	9	19.6%
Employability programmes <sup>246</sup>	6	13.0%
Literacy and numeracy <sup>247</sup>	6	13.0%
ICT/technology training <sup>248</sup>	5	10.9%

244 Respondents providing programmes under this support were invited to give detailed information about three programmes; they could also indicate if other programmes were provided, detailing names of one or more programmes in a free text response. Further details of these programmes were not sought within constraints of this survey. So information about any programmes beyond three was not as detailed and could refer to at least one or more.

245 Including communication aids and art training, gardening support (1), art (1), music (1), woodwork (1), digital photography – VEC classes/using PPS number (1), cookery classes/bog oak classes/woodwork classes (1), horticulture course (1), cookery course – basic equipment use, health and safety, basic food preparation, recipe reading visual and written (1) and film-making – development of basic film-making skills (1).

246 Including pre-employment course (1), OWL programme (Oireachtas Work to Learn) which transitions participants into paid employment once participants have completed 12-month internships and accredited training (1), WALKways Tallaght University Hospital Programme (1), Major Award in employability skills – career preparation, communications, personal interpersonal skills, work experience (1), transition to workplace and independent living (1), personal and professional development – work placements.

247 Including financial literacy for example understanding value of money (1), adult numeracy and literacy – inhouse training (1), creative writing classes/library – basic development of creative writing skills (1), English – listening and non verbal communication (1), NALA Write On – Level 3 in general Learning (1) and Latch on Programme (1).

248 Including NALA Computer course (1), assistive technology training (1), computer class – numeracy and literacy (1), computer training/Centre for the Unemployed – basic computer training (1), computers – external programme delivered to people with ID (1).

Programme (Category)	Number of Responses	Responses %
Personalised support (person-centred approach) <sup>249</sup>	5	10.9%
Personal independence and development <sup>250</sup>	3	6.5%
Psychological and behavioural support <sup>251</sup>	2	4.3%
Transition programme <sup>252</sup>	2	4.3%
Advocacy <sup>253</sup>	1	2.2%
Formal qualification <sup>254</sup>	1	2.2%
Kare programme <sup>255</sup>	1	2.2%
Learning together project <sup>256</sup>	1	2.2%
Mobility training in preparation for transition	1	2.2%
NUA programme <sup>257</sup>	1	2.2%
Nutrition <sup>258</sup>	1	2.2%
Real life training programme <sup>259</sup>	1	2.2%
<b>Total</b>	<b>46</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey

Total Respondents: 31

Total Skipped: 19<sup>260</sup>

249 Including person-centred plan – service user expresses their aims and objectives going forward (1), sampling other courses and additional support from the HSE, for example through meetings with students and parents to identify needs and progression interests (1), support to identify areas of interests, skill level and provide information on courses that match for example support students with information on variety of modules/programmes, support with attendance if required, support with accessing college supports (1), individual meetings (1) and Making Connections Programme – person-centred and individualised (1).

250 Personal development – for example social skills, personal care skills, skill development (1), independent living skills – RT Programme – three-year programme for school leavers covering, for example independent living skills like money management and home management (1) and life skills, for example decision making and interpersonal skills development (1).

251 Including behaviour support plan – strategies for management of person’s behaviours (1) and psychology department – make transitions from school to adult services and respite services (1).

252 Including Transition Programme from schools (1), Transition Programme for third year students for example information sessions, site visits and work placements (1).

253 Speak up for yourself advocacy course – knowledge of what advocacy is for people, personal development, communication, rights education etc (1).

254 ASDAN – independent living, transport, gardening (ASDAN provide programmes for learning, development, work and life).

255 This is KARE – information about transition rights and KARE (1). (KARE promotes inclusion for people with learning difficulties).

256 Learning Together Project – programme with third level institution.

257 NUA programme – community integration, meaningful lives.

258 Food safety training level 1 & level 2 – Based on HACCP principles and FSAI regulations. Spread over 12 modules, delivered weekly.

259 Real life training programme: four-year HSE RT-funded programme that supports people to transition from school to a life in their community.

260 Note: Some respondents, although stating that they provide programmes, gave details of those offered. Respondents who provided details could do so for more than one programme.

The most common programme of support supplied by day service locations was for those that could be defined as offering leisure activities to users (19.6 per cent, n=9). These are delivered in the form of art, gardening, music or woodwork classes<sup>261</sup>. While these could be defined as leisure, they may also support independence (cooking, communication) or transition (for example woodwork, food preparation, horticulture, film-making.) The next most commonly mentioned programmes were in the following categories:

- Employability programmes<sup>262</sup> with 13 per cent (n=6) of the programmes in this category.
- Literacy and numeracy<sup>263</sup> with over 13 per cent (n=6) of the programmes in this category.
- ICT/technology training programmes<sup>264</sup> with almost 11 per cent (n=5) of the programmes in this category.
- Personalised support programmes (person-centred approach)<sup>265</sup> tailored to the needs of the individual with almost 11 per cent (n=5) of the programmes in this category.

None of the other 11 programme categories had any more than four mentions and many only featured once. These included: personal independence and development; psychological and behavioural support; transition programme; advocacy; formal qualification; Kare programme<sup>266</sup>; Learning Together Project<sup>267</sup>; mobility training in preparation for transition; NUA programme<sup>268</sup>; nutrition and real life training programme<sup>269</sup>.

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261 Including: cooking classes/bog oak classes/woodwork classes; cooking course covering basic equipment use, health and safety, basic food preparation, recipe reading visual and written; woodwork course to refurbish existing items, make new, painting, various wood projects; basic horticulture modules based in garden centre; individual training and support in communication aids and art training, gardening support; art programme specifically tailored to people with ID; music programme run specifically for people with ID; digital photography; and development of basic film-making skills.

262 Including pre-employment course, OWL programme (Oireachtas Work to Learn) which transitions participants into paid employment after completion of 12-month internships and accredited training, WALKways Tallaght University Hospital Programme, Major Award in Employability Skills – career preparation, communications, personal interpersonal skills, work experience, transition to workplace and independent living, personal and professional development – work placements.

263 Including financial literacy for example understanding value of money, adult numeracy and literacy – in-house training, creative writing classes/library – basic development of creative writing skills, English – listening and non verbal communication, NALA Write On – Level 3 in general learning and Latch on Programme.

264 Including NALA computer course, assistive technology training, computer class – numeracy and literacy, computer training/ Centre for the Unemployed – basic computer training, computers – external programme delivered to people with ID.

265 Including PCP – service user expresses their aims and objectives going forward, sampling other courses and additional support from the HSE for example through meetings with students and parents to identify needs and progression interests, support to identify areas of interests, skill level and provide information on courses that match for example support students with information on variety of modules/programmes, support with attendance if required, support with accessing college supports, individual meetings and Making Connections programme – person-centred and individualised.

266 This is Kare – information about transition rights and Kare. (Kare promotes inclusion for people with learning difficulties).

267 Learning Together Project – programme with third level institution.

268 NUA Programme – community integration, meaningful lives.

269 Real Life Training Programme: four-year HSE RT-funded programme supporting people to transition from school to life in community.

## 12.4.2 Mode of Delivery of Programmes

Respondents who offered programmes under Support 2 were asked to describe how those were delivered to service users. They could select multiple modes of delivery that applied to those. Of the 29 respondents who provided details of programmes within Support 2, 79 modes of delivery were identified (that is some programmes in some locations could be delivered in more than one mode. This was captured as respondents could select more than one mode of delivery per programme). In the table below, column two illustrates the frequency of mode for locations that responded. Column four illustrates the frequency of mode for programmes in the locations that responded; some programmes were delivered by more than one mode in the same location.

**Table 39: Mode of Delivery of Programmes under Support 2**

Mode of Delivery	Number of Day Service Locations in Which Programmes are Delivered by This Mode <sup>270</sup>	Respondents % Who Answered	Number of Programmes Delivered by This Mode <sup>271</sup>	Total Modes Selected %
Online (eLearning)	6	20.7%	6	7.6%
One-to-one	19	65.5%	24	30.4%
Small groups	23	79.3%	30	38.0%
Large groups	2	6.9%	2	2.5%
Blended learning	5	17.2%	7	8.9%
Transfer of adults to mainstream formal learning providers	7	24.1%	7	8.9%
Other	3	10.3%	3	3.8%
<b>Base and total</b>	<b>29</b>	<b>100.0%</b>	<b>79</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 29

Total Skipped: 21<sup>272</sup>

The modes of delivery of programmes within Support 2 are varied. Programmes may be delivered through a number of different modes, for example a combination of online and small groups. This explains why more total modes are selected (79) than the number of programmes identified

270 Total number of day service locations in which programmes are delivered using this mode (if one location offers at least one programme using the mode of delivery, the location is only counted once in the column, that is this is the number of unique day service locations that offer support by this mode for at least one of its programmes).

271 Total number of times mode of delivery is mentioned for a programme (respondents could select multiple modes per programme so the total in this column is greater than the number of programmes).

272 Some respondents, although stating that they provide programmes, gave no details of the those offered. Respondents who provided details of programmes could do so for more than one. Respondents could select multiple modes of delivery for the programmes delivered in their location.

(46). Of the 29 adult day service locations that responded, the majority (79.3 per cent, n=23) delivered at least one programme through small groups. Almost two-thirds delivered on a one-to-one basis (65.5 per cent, n=19). None of the other modes of delivery was mentioned by any more than 25 per cent of locations, though all were mentioned by at least 6.9 per cent. Of the 79 modes of delivery selected, the most common was to small groups (38.0 per cent, n=30), followed by one-to-one (30.4 per cent, n=24). This means that 23 locations offering the “small group” mode of delivery apply this to 30 programmes, though this may not be the exclusive mode for these programmes.

### 12.4.3 Number of Adults with Disabilities that Receive Support

Respondents were asked about group size they deliver programmes to. Table 40 shows the total number of day services that deliver at least one programme of support per group size and the total number delivered by group size. Twenty-nine respondents gave details for the group size for 41 programmes within Support 2 (each respondent could select one group size per programme).

**Table 40: Group Size of Adults that Receive Support under Support 2**

Group Size (Number of Adults)	Number of Day Service Locations	Day Service Locations %	Number of Programmes	Programmes %
1-5	14	48.3%	21	51.2%
6-10	8	27.6%	12	29.3%
11-15	7	24.1%	7	17.1%
16-20	0	0.0%	0	0.0%
More than 20	1	3.4%	1	2.4%
<b>Base and total</b>	<b>29 (base)</b>	<b>100.0%</b>	<b>41</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 29

Total Skipped: 21<sup>273</sup>

Of the 29 adult day service locations that responded, most offered programmes to relatively small groups. Just under half supplied at least one programme to a group size of one to five adults (48.3 per cent, n=14). Over a quarter offered were to a group size of six to ten adults (27.6 per cent, n=8). Delivery to a group size of one to five adults occurred in over half the total number of programmes discussed in this question (51.2 per cent, n=21), while less than a quarter were delivered to group sizes of more than 11 people.

<sup>273</sup> Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one group size per programme delivered in their location.

In summary:

- The most common group size is one to five adults.
- Majority of programmes (80.5 per cent, n=33) offered to group sizes of either one to five (51.2 per cent, n=21) or six to ten adults (29.3 per cent, n=12)
- Majority of locations (75.9 per cent, n=22) offered programmes to group sizes.

#### 12.4.4 Number of Hours per Week the Support is Provided for

Respondents were asked on average how many hours per week the programme/module/support was provided for. Table 41 below shows the total number of day services that deliver at least one programme of support per duration of support (hours per week) and the total number of programmes delivered by duration of support (hours per week). Twenty-nine respondents gave details for the hours per week for 44 programmes within Support 2 (each respondent could select one category of "number of hours per week" per programme).

**Table 41: Number of Hours per Week that Programmes under Support 2 are Provided for**

Duration of Support (Hours Per Week)	Number of Day Service Centres	Day Service Centres %	Number of Programmes	Programmes %
Less than 6 hours	18	62.1%	30	68.2%
7-12 hours	3	10.3%	4	9.1%
13-18 hours	2	6.9%	2	4.5%
19-24 hours	0	0.0%	0	0.0%
Over 24 hours	4	13.8%	6	13.6%
Other	2	6.9%	2	4.5%
<b>Base and total</b>	<b>29</b>	<b>100.0%</b>	<b>44</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey

Total Respondents: 29

Total Skipped: 21<sup>274</sup>

Of the 44 programmes discussed by the 29 adult day service locations, most offered had a relatively short durations. Most respondents stated that those offered by day service were delivered less than six hours per week (62.1 per cent, n=18). Relatively few locations offered programmes for longer duration, although four (13.8 per cent) indicated they offered programmes of over 24 hours. Of the 44 programmes discussed by the 29 adult day service

<sup>274</sup> Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one group size per programme delivered in their location.

locations, over two-thirds were delivered for a duration of less than six hours per week (68.2 per cent, n=30). Around 10 per cent were delivered for seven to 12 hours per week. Relatively few were offered for longer durations.

### 12.4.5 Who Provides the Programme/Module/Support

Respondents were asked who delivered programmes of support to service users. Table 42 shows the total number of day services that deliver at least one programme of support by provider, and the total number delivered by different provider groups. Twenty-nine respondents gave details for the hours per week for 44 programmes within Support 2 (each respondent could select one category of “provider” per programme).

**Table 42: Providers of Programmes under Support 2**

Who Provides Programme/ Support	Number of Day Service Locations (Respondents)	Respondents %	Number of Programmes	Programmes %
Staff in the adult day service location	17	58.6%	19	43.2%
External provider	9	31.0%	16	36.4%
Other	8	27.6%	9	20.5%
<b>Base and total</b>	<b>29 (Base)</b>	<b>100.0%</b>	<b>44</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey

Total Respondents: 29

Total Skipped: 21<sup>275</sup>

Of the 29 respondents who provide programmes within Support 2, over half stated they were delivered by staff in the adult day centre (58.6 per cent, n=17). Eight respondents had an “other” response and highlighted that delivery was from a source other than staff in their location or external providers, which were: psychologists (n=2); both staff and external providers<sup>276</sup> (n=4); teacher linked in with location (n=1); and specialists within the service (n=1). Of the 44 programmes discussed in this question, most were delivered by staff in the adult day service location (43.2 per cent, n=19), with delivery via external provider closely following (36.4 per cent, n=16).

275 Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one provider type per programme delivered in their location.

276 Some respondents provided details of external providers, including volunteers from third level education provider and ETB staff.

## 12.4.6 Outcomes

Respondents were asked to select outcomes from a prescribed list achieved by service users from programmes under this support. They could also select “other” and give details of any outcomes that differed from those on the list. The list of outcomes was developed from material in the New Directions report, definitions developed as part of this review and feedback provided on the draft survey as part of the iterative development process. Twenty-nine respondents gave details of outcomes achieved for 44 programmes within Support 2 (each respondent could select one category of “outcome” per programme). Table 43 below shows the total number of day services and programmes that mentioned achievement of each of the specified outcomes.

**Table 43: Outcomes of Programmes Delivered under Support 2**

Outcome Achieved	Number of Day Service Locations (Respondents)	Respondents %	Total Outcomes Selected	Total Outcomes Selected %
Transition <sup>277</sup>	17	58.6%	25	25.0%
Progression <sup>278</sup> (moving up/down)	19	65.5%	26	26.0%
Accreditation <sup>279</sup>	10	34.5%	16	16.0%
Formal recognition <sup>280</sup>	7	24.1%	11	11.0%
Informal recognition <sup>281</sup>	13	44.8%	18	18.0%
Other	3	10.3%	4	4.0%
<b>Base and total</b>	<b>29 (base)</b>	<b>100%</b>	<b>100</b>	<b>100%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 29

Total Skipped: 21<sup>282</sup>

277 Transition into, between or out of services and supports provided by disability and mainstream services.

278 Developmental progression in their learning and their life in line with their choices, needs and abilities.

279 Formal or informal recognition of achievement in education activities which adds value to a prior process of learning.

280 Recognition of achievement typically associated with test or other formal assessment for example: certificate of participation or other form of institutional recognition or certificate; recognition of prior learning through the identification, assessment and acknowledgment of learning achieved. In the context of formal qualifications, this may take the form of entry to a programme, credit/exemptions from programme requirements, or access to a full award or qualification. This may include accreditation for learning which has been assessed and is recognised through nationally agreed framework such as QQI NFQ.

281 Recognition of achievement not solely associated with just formal assessment, test and exam results.

282 Some respondents, although stating that they provide programmes, gave no details of the programmes offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one outcome category per programme delivered in their location.

Of the 29 adult day service centres that responded, around two-thirds (65.5 per cent, n=19) stated that adults progressed as a result of the programmes delivered under Support 2. This was closely followed by over half of service locations (58.6 per cent, n=17) describing how service users were able to transition as a result of the programmes delivered. Of the 100 programmes discussed in this question by 29 adult day service locations, around half achieved an outcome of transition and progression, almost 20 per cent informal recognition and around 15 per cent achieved accreditation.

## 12.5 Support 3: Support for Maximising Independence

Support 3 offers a range of life skills preparation support such as money management, literacy and numeracy development, and building and maintaining relationships. This section sought to capture details of programmes currently delivered under this support. Thirty-five respondents gave at least one programme of support that aimed to maximise independence, with 13 providing two, seven providing three, and four providing at least four under Support 3. Although 35 respondents provided programmes of support (at least 59<sup>283</sup> identified), not all had any further details of them. So the remainder of this section is based on up to 53 programmes for which details were provided. The number of respondents/programmes in tables may vary since not all respondents answered all questions fully.

### 12.5.1 Nature of Programmes Delivered

Table 44 below includes information about 15 different categories of programmes provided under Support 3 by survey respondents, and number of respondents who offered each of these. As noted under Support 1 (section 12.3.1), this was an open question, therefore there is potential for variation in interpretation of and distinction between programmes and supports and alignment of these.

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283 Respondents providing programmes under this support were invited to supply detailed information about three programmes. They could also indicate if others were provided detailing names of one or more in a free text response. Further details of these were not sought within constraints of this survey. So information about any programmes beyond three was not as detailed and could refer to at least one or more.

**Table 44: Nature of Programmes Delivered under Support 3**

Programme (Category)	Number of Responses	Responses %
Personal care/life skills <sup>284</sup>	11	20.8%
Personalised support <sup>285</sup>	6	11.3%
Community/social inclusion and integration <sup>286</sup>	6	11.3%
Employability <sup>287</sup>	4	7.5%
Formal qualification <sup>288</sup>	4	7.5%
Independent living skills <sup>289</sup>	4	7.5%
Literacy and numeracy <sup>290</sup>	4	7.5%
Travel coaching <sup>291</sup>	4	7.5%
ICT/technology training <sup>292</sup>	3	5.7%
Leisure <sup>293</sup>	2	3.8%

284 Including personal awareness training, grooming and personal hygiene training, shopping for clothes and other personal items to include social readings and money awareness (1); independent living skills, loading/unloading washing machine/dishwasher, hand washing, dressing/undressing, baking, recycling, shopping for personal items, Christmas shopping (1); life skills (1); healthy living, cookery, personal care, advocacy, money management (1); life skills programme – individuals to learn how to independently do a range of house hold activities for example bed making, using washing machine/dish washer, food preparation (1); ongoing skills development and awareness training including making choices and life skills (1); personal development class (2); healthy eating and cooking (1); independent shopping (1); and healthy eating, shopping and cooking (1).

285 Including training plan specification for course, for example completion of modules on the TPS, both theory and practical, and facilitation of individual action plan meetings to support achievement of goals regarding independence (1), LINC programme, progression group and Real Life training programme (1), person-centred planning, for example individuals are supported and shown direction of how to fulfil individual goals (2), self-advocacy, numeracy & literacy, creative arts, exercise, leisure and hobbies, health & hygiene, cookery, community events, household skills, gardening, individually tailored supports to meet people's needs (1) and Making Connections – person-centred and individualised support (1).

286 Including:

- socialisation, for example going out for lunch to cafes/restaurants (1)
- community inclusion, for example appropriate behaviour in different settings (1)
- connect to the community through options for learning, employment, volunteering, shopping to develop interpersonal relationships, build confidence; living a healthy lifestyle; learning to make decisions and advocate for self (1)
- social inclusion module, for example social reading and development of social roles in the community (1)
- community connections – building relationships, for example attending events, social clubs and exercise classes (1)
- friendship group, for example peer to peer support and communication (1).

287 Including Supported Employment, for example Individuals work in local businesses in the community (1), Assisting Service user in compiling business leaflet, Assisting service user to create invitations for fundraiser, Exploring creative business idea (1), Supported Employment Module based on Priorities identified in the individuals Plans, for example Skills development in Communication (1), Work Experience – for example working in a Garden Centre (1).

288 Including ASDAN – independent living module, including preparing food/independent living (1), Major Award in career preparation for example independent living skills, self-advocacy (1), QQI major award in general learning level 1 for example modules in food choice and health, art/craft (1) and various FETAC modules (1).

289 Including independent living skills for example hygiene, household duties, chemical hazards, money management, first aid and fire safety (3) and OCN living skills entry level module (1).

290 Including money management (1), numeracy and literacy (2) and financial literacy course (1).

291 Including travel training for example active support in the community accessing and documenting progress with use of public transport and safety measures when travelling (3), Traffic training for example learning routes and personal safety (1).

292 Including using computer-related equipment, for example showing service users how to use iPad, DT computers etc (2) and computer skills, for instance ETB Tutor at external location (1).

293 Including: pony riding, swimming, gym, bowling, pottery (1) and leisure activities for example Zumba and sports (1).

Programme (Category)	Number of Responses	Responses %
ASD informed strategies <sup>294</sup>	1	1.9%
General <sup>295</sup>	1	1.9%
Individual goal setting <sup>296</sup>	1	1.9%
NUA programme <sup>297</sup>	1	1.9%
Psychological support <sup>298</sup>	1	1.9%
<b>Total</b>	<b>53</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Base: 34

Skipped: 16<sup>299</sup>

The most common programme of support provided by the day service location was those that offered a form of personal care that helped develop life skills<sup>300</sup> for adult users that can be used on a daily basis (20.8 per cent, n=11). These came in the form of grooming/hygiene training, shopping, or cleaning. This was followed by programmes offering a personalised level of support<sup>301</sup> that facilitated individual action plans or goals that will help them achieve their independence (11.3 per cent, n=6) and those that supported inclusion and integration into the community<sup>302</sup> (11.3 per cent, n=6).

294 Use of structure, interests and coaching. Budgeting, money management, support using public transport and attendance at lectures independently (1).

295 Health, IT, literacy for example sexual and relationship knowledge, IT skills and literacy skills.

296 Goal setting – each service user has goals in relation to independent skills.

297 Community-based programme on an individual basis.

298 Mindful listening and relaxation practice.

299 Some respondents, although stating that they provide programmes gave no details of the programmes offered. Respondents who provided details of programmes could do so for more than one programme.

300 Including: personal awareness training, grooming and personal hygiene training, shopping for clothes and other personal items to include social readings and money awareness; independent living skills, loading/unloading washing machine/dishwasher, hand washing, dressing/undressing, baking, recycling, shopping for personal items, Christmas shopping, life skills: Healthy living, cookery, personal care, advocacy, money management; LIFE skills programme – individuals learn how to independently do a range of household activities for example bed making, using washing machine/dish washer, food preparation; ongoing skills development and awareness training including making choices and life skills; personal development class; healthy eating and cooking; independent shopping; and healthy eating, shopping and cooking.

301 Including training plan specification, for course for example completion of modules on the TPS, both theory and practical, and facilitation of individual action plan meetings to support achievement of goals regarding independence, LINC programme, progression group and real life training programme, person-centred planning, for example individuals are supported and shown direction of how to fulfil individual goals, self-advocacy, numeracy & literacy, creative arts, exercise, leisure and hobbies, health & hygiene, cookery, community events, household skills, gardening, individually tailored supports to meet people's needs and Making Connections – person-centred and individualised support.

302 Including socialisation for example going out for lunch to cafes/restaurants, community inclusion for example appropriate behaviour in different settings; connect to the community through options for learning, employment, volunteering, shopping to develop interpersonal relationships, build confidence; living a healthy lifestyle; learning to make decisions and advocate for self; social inclusion module for example social reading and development of social roles in the community; Community Connections – building relationships for example attending events, social clubs and exercise classes; friendship group for example peer to peer support and communication.

Five other categories of programme were each mentioned four times (7.5 per cent): employability<sup>303</sup>; formal qualification<sup>304</sup>; independent living skills<sup>305</sup>; literacy and numeracy<sup>306</sup>; and travel coaching<sup>307</sup>. None of the other seven programme categories had any more than three mentions many featured only once. These included: ICT/technology training; leisure; ASD informed strategies; general; individual goal setting; NUA programme<sup>308</sup> and psychological support.

### 12.5.2 Mode of Programme Delivery

Respondents who offered programmes under Support 3 were asked to describe how those were delivered to service users. They could select multiple modes that applied to the programmes they offered. Of the 34 respondents who gave details of 53 programmes within Support 3, 92 modes of delivery were identified (that is some programmes in some locations could be delivered in more than one mode. This was captured as respondents could select more than one mode of delivery per programme). In the table below, column two illustrates the frequency of mode for locations that responded. Column four illustrates mode frequency for programmes for those locations. Some were delivered by more than one mode in the same location.

**Table 45: Mode of Delivery of Programmes within Support 3**

Mode of Delivery	Number of Day Service Locations in Which Programmes are Delivered by This Mode <sup>309</sup>	Respondents % Who Answered	Number of Programmes Delivered by This Mode <sup>310</sup>	Total Modes Selected %
Online (eLearning)	4	11.8%	5	5.4%
One-to-one	26	76.5%	32	34.8%
Small groups	28	82.4%	31	33.7%

303 Including supported employment, for example individuals work in local businesses in the community, assisting service user in compiling business leaflet, assisting service user to create invitations for fundraiser, exploring creative business idea, supported employment module based on priorities identified in the individuals plans for example skills development in communication, work Experience – for example working in a garden centre.

304 Including ASDAN – independent living module, including preparing food/independent living, Major Award in career preparation for example independent living skills, self-advocacy, QQI Major Award in general learning level 1, for example modules in food choice and health, art/craft and various FETAC modules.

305 Including independent living skills, for example hygiene, household duties, chemical hazards, money management, first aid and fire safety and OCN living skills entry level module.

306 Including money management, numeracy and literacy and financial literacy course.

307 Including travel training, for example active support in the community accessing and documenting progress with use of public transport and safety measures when travelling, traffic training, for example learning routes and personal safety.

308 Community-based programme on an individual basis.

309 Total number of day service locations in which programmes are delivered using this mode (if one location offers at least one programme using the mode of delivery, the location is only counted once in the column that is: this is the number of unique day service locations that offer support by this mode for at least one of its programmes).

310 Total number of times mode of delivery mentioned for a programme (respondents could select multiple modes per programme so the total in this column is greater than the number of programmes).

Mode of Delivery	Number of Day Service Locations in Which Programmes are Delivered by This Mode <sup>309</sup>	Respondents % Who Answered	Number of Programmes Delivered by This Mode <sup>310</sup>	Total Modes Selected %
Large groups	2	5.9%	3	3.3%
Blended learning	7	20.6%	8	8.7%
Transfer of adults to mainstream formal learning providers	7	20.6%	9	9.8%
Other	2	5.9%	4	4.3%
<b>Base and Total</b>	<b>34</b>	<b>100.0%</b>	<b>92</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 34

Total Skipped: 16<sup>311</sup>

The modes of delivery of programmes within Support 3 are varied. They may be delivered through a number of different modes, a for example combination of online and small groups. This explains why more total modes are selected (92) than the number of programmes identified (53). Of the 34 adult day service locations that responded, the majority (82.4 per cent, n=28) delivered at least one programme to small groups. Over three-quarters delivered at least one programme using one-to-one mode. None of the others was mentioned by any more than 25 per cent of locations, through all were mentioned by at least 6 per cent. Of the 92 modes selected, the most common was one-to-one delivery (34.8 per cent, n=32), closely followed by delivery to small groups (33.7 per cent, n=31). This means 28 locations offering the “small group” mode of delivery apply this to 31 programmes, though this may not be the exclusive mode for these programmes.

### 12.5.3 Number of Adults with Disabilities that Receive Support

Respondents were asked about the group sizes they deliver programmes to. Table 46 shows the total number of day services that deliver at least one programme of support per group size and the total number of programmes delivered by group size. Thirty-four respondents provided details for the group size for 53 programmes within Support 3 (each could select one group size per programme).

311 Some respondents, although stating that they provide programmes, did not provide any details of the programmes offered. Respondents who provided details of programmes could provide details of more than one programme. Respondents could select multiple modes of delivery for the programmes delivered in their location.

**Table 46: Group Size of Adults that Receive Support under Support 3**

Group Size (Number of Adults)	Number of Day Service Centres	Day Service Centres %	Number of Programmes	Programmes %
1-5	12	35.3%	14	26.4%
6-10	13	38.2%	16	30.2%
11-15	7	20.6%	11	20.8%
16-20	4	11.8%	4	7.5%
More than 20	8	23.5%	8	15.1%
<b>Base and total</b>	<b>34</b>	<b>100.0%</b>	<b>53</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 34

Total Skipped: 16<sup>312</sup>

The 34 adult day service locations that responded indicate that most programmes were delivered for relatively small group sizes. The most common group size for Support 3 was groups of six to ten (38.2 per cent, n=13). Delivery to a group size of 16-20 adults was least common, with just 11.8 per cent (n=4) of day services stating this applied to them. Of the 53 programmes discussed by the 34 locations, most were delivered to six to ten group members (30.2 per cent, n=16). Under a quarter of the total number of programmes were delivered to larger groups of at least 16 members (22.6 per cent, n=12).

In summary:

- Two most common group sizes: one to five adults and six to ten adults. A sizeable minority mentioned groups of over 20.
- Majority of programmes (56.6 per cent, n=30) offered to group sizes of either one to five (26.4 per cent, n=14) or six to ten adults (30.2 per cent, n=16).
- Majority of locations (73.5 per cent, n=25) offered programmes to group sizes of one to five (35.3 per cent, n=12) or six to ten adults (38.2 per cent, n=13). However, almost a quarter of locations delivered at least one programme to group sizes of over 20 adults (23.5 per cent, n=8).

<sup>312</sup> Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could provide do so for more than one programme. Respondents could select one group size delivered in their location.

### 12.5.4 Number of Hours Per Week the Support is Provided for

Respondents were asked on average how many hours per week the programme/module/support is provided. Table 47 shows the total number of day services that deliver at least one programme per duration of support (hours per week) and the same for programmes delivered by duration of support (hours per week). Thirty-four respondents gave details for number of hours per week for 54 programmes within Support 3 (each could select one category of “number of hours per week” per programme).

**Table 47: Number of Hours per Week that Programmes under Support 3 are Provided for**

Duration of Support (Hours Per Week)	Number of Day Service Centres	Day Service Centres %	Number of Programmes	Programmes %
Less than 6 hours	7	20.6%	21	38.9%
7-12 hours	12	35.3%	15	27.8%
13-18 hours	4	11.8%	4	7.4%
19-24 hours	3	8.8%	3	5.6%
Over 24 hours	4	11.8%	5	9.3%
Other	4	11.8%	6	11.1%
<b>Base and Total</b>	<b>34</b>	<b>100.0%</b>	<b>54</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 34

Total Skipped: 16<sup>313</sup>

Of the 34 adult day service locations that responded to the question, most offered programmes for relatively short durations. Over a third of adult day services who responded stated that at least one programme they offered was delivered for seven to 12 hours per week (35.3 per cent, n=12), making it the most common response across the individual day service locations. Relatively few offered programmes for longer durations, although four (11.8 per cent) indicated they offered some over 24 hours. Of the 54 programmes discussed by the 34 adult day locations, the most common delivery duration was under six hours per week (38.9 per cent, n=21). Relatively few programmes were offered for longer than 19 hours per week.

313 Some respondents although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one duration per programme delivered in their location.

### 12.5.5 Who Provides the Programme/Module/Support

Respondents were asked to describe who delivered programmes of support to service users. Table 48 shows the total number of day services that deliver at least one by provider and the total number of programmes delivered by different provider groups. Thirty-three respondents gave details for the number of hours per week for 53 programmes within Support 1 (each respondent could select one category of “provider” per programme).

**Table 48: Providers of Programmes under Support 3**

Who Provides Programme/ Support	Number of Day Service Locations (Respondents)	Respondents %	Number of Programmes	Programmes %
Staff in the adult day service location	26	78.8%	41	77.4%
External provider	6	18.2%	6	11.3%
Other	4	12.1%	6	11.3%
<b>Base and total</b>	<b>33</b>	<b>100.0%</b>	<b>53</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 33

Total Skipped: 17<sup>314</sup>

Of the 33 respondents who offered programmes within Support 3, over three-quarters stated that at least one was delivered by staff in the centre (78.8 per cent, n=28). Similarly, over three-quarters of the total number of programmes discussed under Support 3 were delivered by day service staff (77.4 per cent, n=41). Six of the total number of programmes were delivered from another source (some of which were external; others involved staff from another part of the organisation), which were: formal providers that link in with the location (n=4)<sup>315</sup>; support staff in another day centre (n=1); both staff and external providers (n=1).

### 12.5.6 Outcomes

Respondents were asked to identify the three most common outcomes achieved by service users from programmes under this Support. Thirty-three provided details of 151 outcomes within Support 3. Table 49 shows the total number of programmes that provide each of the 11 categories of outcomes (these are the main themes/categories emerging from the 151 responses grouped by the research team in the analysis). These are outcomes as perceived by respondents.

314 Some respondents although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select one duration per programme delivered in their location.

315 Responses included local ETB, organisation itself (though given in this case it is part of a large organisation, this may be staff from another part of the organisation), external businesses (offering placements).

**Table 49: Perceived Outcomes Achieved from Programmes under Support 3**

Outcome Achieved (Category)	Number of Responses	Responses %
Development of individual skills	45	29.8%
Ability to engage in daily activities	22	14.6%
Social integration	22	14.6%
Increased independence	20	13.2%
Enhances self-esteem	14	9.3%
Employment	12	7.9%
Formal accreditation/recognition	11	7.3%
Increased participation and engagement	2	1.3%
Achievement of personal goals	1	0.6%
Increased knowledge	1	0.6%
Progression to mainstream courses	1	0.6%
<b>Base and total</b>	<b>151</b>	<b>100%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 33

Total Skipped: 17

Of the 151 outcomes provided by respondents, the most common response was development of individual skills such as money management or decision making with over a quarter of total responses (29.8 per cent, n=45). Other common answered noted outcomes such as an overall increased level of independence that allowed users to better engage in daily activities or socialise in their community.

## 12.6 Support 4: Support for Making Choices and Plans

Support 4 helps people with disabilities take control of their life choices and how to achieve goals, in other words supports that aid development of self-advocacy skills and ability to participate in person-centred planning. This section sought to capture details of programmes currently delivered under this support. Thirty-nine respondents offered at least one programme of support aiming to help with making choices and plans. Others provided several programmes, with eight providing two, two providing three, though none provided four or more programmes under Support 4. Although 39 respondents supplied programmes of support (at least 49<sup>316</sup> identified in total), not all gave further details of them. So the remainder of this section is based on up to 40 programmes for which details were supplied. The number of respondents/programmes in tables may vary – as not all answered all questions fully.

<sup>316</sup> Respondents providing programmes under this support were invited to give detailed information on three. They could also indicate if others were provided, detailing names of one or more programmes in a free text response. Further details of these were not sought within constraints of this survey. So information on any programmes beyond three was not as detailed and could refer to at least one or more.

## 12.6.1 Nature of Programmes Delivered

Table 50 below includes information on 13 different categories of programmes provided under Support 4 by survey respondents and the number of respondents who offered each of these. As noted under Support 1 (section 12.3.1), this was an open question. There is potential, therefore, for variation in interpretation of and distinction between programmes and supports and alignment of these.

**Table 50: Nature of Programmes Offered under Support 4**

Programme (Category)	Number of Responses	Responses %
Individualised/person centred planning <sup>317</sup> (ie adult service users supported to develop PCP)	18	45.0%
Advocacy support <sup>318</sup>	6	15.0%
Daily planning <sup>319</sup>	3	7.5%
Goal and decision-making support <sup>320</sup>	3	7.5%
Monthly reviews of support <sup>321</sup>	2	5.0%
Community awareness <sup>322</sup>	1	2.5%
Employability training <sup>323</sup>	1	2.5%
Formal training <sup>324</sup>	1	2.5%
Health and wellbeing <sup>325</sup>	1	2.5%
Independence training <sup>326</sup>	1	2.5%

317 Including: individual meetings (1), individual person-centred plans (4), Making Connections – person-centred and individualised support (1), individual planning process – programme covers life history and priorities moving forward (4), one-to-one support, goal setting and individual/group consultations to inform service (1), PCP planning (1), PECS – picture exchange communication system (1), person-centred planning (2), person-centred practice, for example listening to preferences of individuals, goal striving, provide information on community-based activities, support needs agreed (1), WALK day services – person-centred planning (1), Side by Side Learning (1).

318 Including: advocacy (1), advocacy and person-centredness, for example PCP planning and delivery (1), advocacy group for example election of advocacy committee (1), advocacy meetings in relation to rights, making choices and responsibilities (2) and advocacy training, for example principles of self-advocacy (1).

319 Including daily planning and timetables, for example service users are supported to develop their own timetable and daily plans (1), daily scheduling (1) and model of daily living (1).

320 Including goal support, for example each service user makes and works on achieving certain goals (1), decision making, for example QQI Level 2, person-centred plans and advocacy support (1) and Weekly have your say meeting (1).

321 Monthly review meetings and individual action plans (IAPs) (1) and review of support plans on monthly basis (1).

322 Community Connections and awareness, for example development of community links based on people preferences outlined in action plans (1).

323 Major Award in employability skills, for example timetabling, self-advocacy, interpersonal skills and rehabilitation officer support (1).

324 Lámh – Sign language for people with ID.

325 Health and wellness, rights, safeguarding and communications.

326 NUA programme.

Programme (Category)	Number of Responses	Responses %
Skills development <sup>327</sup>	1	2.5%
Use of picture exchange boards to facilitate choice <sup>328</sup>	1	2.5%
Weekly programmes of support <sup>329</sup>	1	2.5%
<b>Total</b>	<b>40</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Base: 38

Skipped: 12<sup>330</sup>

The most common programme of support provided by day service locations was for programmes that focused on individualised/person centred planning<sup>331</sup> (adult service users supported to develop PCP) tailored to the persons needs and wishes, with almost half of the total number provided (45.0 per cent, n=18). This was followed by those on advocacy support<sup>332</sup> for adult users (15 per cent, n=6). None of the other 11 programme categories had any more than three mentions. Many only featured once and included daily planning<sup>333</sup>; goal and decision-making support<sup>334</sup>; monthly reviews of support<sup>335</sup>; community awareness<sup>336</sup>; employability training<sup>337</sup>; formal training<sup>338</sup>; health and wellbeing<sup>339</sup>; independence training<sup>340</sup>; skills development<sup>341</sup>; use of picture exchange boards to facilitate choice<sup>342</sup>; and weekly programmes of support<sup>343</sup>.

327 Personal development module for example personal care, money management and personal choice using various communication aids.

328 Picture exchange – enables choice making through pictures.

329 Weekly routine/schedule – designed specific to the person’s choices and interests.

330 Some respondents, although stating that they provide programmes gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme.

331 Including individual meetings, individual PCPs, Making Connections – person-centred and individualised support, individual planning process – programme covers life history and priorities moving forward, one-to-one support, goal setting and individual/group consultations to inform service, PCP planning, PECS – picture exchange communication system, PC planning, person-centred practice, for example listening to preferences of individuals, goal striving, provide information on community based activities, support needs agreed, WALK day services – person-centred planning, side by side learning.

332 Including advocacy, advocacy and person-centredness, for example PCP planning and delivery, advocacy group, for example election of advocacy committee, advocacy meetings in relation to rights, making choices and responsibilities and advocacy training, for example principles of self-advocacy.

333 Including daily planning and timetables, for example service users are supported to develop their own timetable and daily plans, daily scheduling and model of daily living.

334 Including goal support, for example each service user makes and works on achieving certain goals, decision making, for example QQI Level 2, person-centred plans and advocacy support and weekly have your say meeting.

335 Monthly review meetings and individual action plans (IAPs) and review of support plans on monthly basis.

336 Community Connections and awareness, for example development of community links based on people preferences outlined in action plans.

337 Major Award in Employability Skills for example timetabling, self-advocacy, interpersonal skills and rehabilitation officer support.

338 Lámh – sign language for people with ID.

339 Health and wellness, rights, safeguarding and communications.

340 NUA programme.

341 Personal development module, for example personal care, money management and personal choice using various communication aids.

342 Picture exchange – enables choice making through pictures.

343 Weekly routine/schedule – designed specific to the person’s choices and interests.

## 12.6.2 Mode of Delivery of Programmes

Respondents who offered programmes under Support 4 were asked to describe how those were delivered to service users. They could select multiple modes that applied to the programmes they offered. Of the 37 respondents who gave details of programmes within Support 4, 79 modes of delivery were identified (that is some programmes in some locations could be delivered in more than one mode. This was captured as they could select more than one mode of delivery per programme). In the table below, column two illustrates the frequency of mode (for the locations that responded). Column four illustrates the frequency of mode (for programmes in locations that responded; some were delivered by more than one mode in the same location).

**Table 51: Mode of Delivery of Programmes Offered under Support 4**

Mode of Delivery	Number of Day Service Locations in Which Programmes are Delivered by This Mode <sup>344</sup>	Respondents % Who Answered	Number of Programmes Delivered by This Mode <sup>345</sup>	Total of Modes Selected %
Online (eLearning)	3	8.1%	3	3.8%
One-to-one	32	86.5%	37	46.8%
Small groups	23	62.2%	25	31.6%
Large groups	3	8.1%	4	5.1%
Blended learning	2	5.4%	2	2.5%
Transfer of adults to mainstream formal learning providers	4	10.8%	4	5.1%
Other	3	8.1%	4	5.1%
<b>Base and total</b>	<b>37</b>	<b>100.0%</b>	<b>79</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 37

Total Skipped: 13<sup>346</sup>

Programme modes of delivery within Support 4 are varied. They may be delivered through different modes (for example combination of online and small groups). This explains why there are more total modes selected (79) than number of programmes identified (40).

344 Total number of day service locations in which programmes are delivered using this mode (if one location offers at least one programme using the mode of delivery, the location is only counted once in the column that is: this is the number of unique day service locations that offer support by this mode for at least one of their programmes).

345 Total number of times mode of delivery mentioned for a programme (respondents could select multiple modes per programme so the total in this column is greater than the number of programmes).

346 Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one programme. Respondents could select multiple modes of delivery for programmes delivered in their location.

Of the 37 adult day service locations that responded, most (86.5 per cent, n=32) delivered at least one programme within Support 4 on a one-to-one basis. Over half the locations delivered to small groups (62.2 per cent, n=23). None of the other modes of delivery was mentioned by any more than 20 per cent of locations, though all were mentioned by at least 12 per cent. Of the 79 delivery modes selected, most common was also delivery on a one-to-one basis (46.8 per cent, n=37); this was closely followed by delivery to small groups (31.6 per cent, n=25). Finally, all modes of delivery were present within Support 4. This means that 23 locations offering the “small group” mode of delivery apply this to 25 programmes, though this may not be the exclusive mode for these programmes.

### 12.6.3 Number of Adults with Disabilities that Receive Support

Respondents were asked about the group sizes they deliver programmes to. Table 52 shows the total number of day services that deliver at least one programme of support per group size and that for programmes delivered by group size. Thirty-six respondents gave details for the group size for 47 programmes within Support 4 (each respondent could select one group size per programme).

**Table 52: Group Size of Adults that Receive Support under Support 4**

Group Size (Number of Adults)	Number of Day Service Centres	Day Service Centres %	Number of Programmes	Programmes %
1-5	4	11.1%	8	17.0%
6-10	9	25.0%	9	19.1%
11-15	10	27.8%	11	23.4%
16-20	5	13.9%	5	10.6%
More than 20	11	30.6%	14	29.8%
<b>Base and total</b>	<b>36</b>	<b>100.0%</b>	<b>47</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 36

Total Skipped: 14<sup>347</sup>

Responses from the 36 adult day service locations indicate that delivery to group sizes varied across respondents. The most common group size delivered to by day services for Support 4 was to groups of 11-15, with over a quarter of them delivering at least one programme to this group size (27.8 per cent, n=10). Delivery to a group size of 16-20 adults was least common, with just 13.9 per cent (n=5) services stating they delivered to this group. Delivery of programmes to group sizes of more than 16 people was more common in Support 4 than any of the other

<sup>347</sup> Some respondents although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one. Respondents could select one group size per programme delivered in their location.

supports with around 40 per cent (n= 19) of the total number of programmes being delivered to these group sizes.

In summary:

- The most common group size is more than 20.
- Delivery of all programmes had various group sizes, with the most common response, almost one third of programmes (29.8 per cent, n=14) offered to more than 20 adults.
- Majority of locations (30.6 per cent, n=11) stated at least one programme was delivered to groups of more than 20 adults.

### 12.6.4 Number of Hours Per Week the Support is Provided for

Respondents were asked on average how many hours per week the programme/module/support is provided. Table 53 shows the total number of day services that deliver at least one programme of support per duration of support (hours per week) and the same for programmes delivered by duration of support (hours per week). 37 respondents gave details for number of hours per week for 47 programmes within Support 4 (each respondent could select one category of "number of hours per week" per programme).

**Table 53: Number of Hours per Week that Programmes under Support 4 are Provided for**

Duration of Support (Hours Per Week)	Number of Day Service Centres	Day Service Centres %	Number of Programmes	Programmes %
Less than 6 hours	8	21.6%	19	40.4%
7-12 hours	6	16.2%	6	12.8%
13-18 hours	1	2.7%	1	2.1%
19-24 hours	3	8.1%	4	8.5%
Over 24 hours	5	13.5%	7	14.9%
Other	10	27.0%	10	21.3%
<b>Base and total</b>	<b>37</b>	<b>100.0%</b>	<b>47</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey

Total Respondents: 37

Total Skipped: 13<sup>348</sup>

348 Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one. Respondents could select one duration per programme delivered in their location.

Of the 37 adult day service locations that responded to this question, responses were varied across the number of hours per week. The most common response to this question was “other” (27.0 per cent, n=10), with most locations stating that although these types of support are not specifically measured in this way, delivery is something that is delivered to adults on an ongoing basis. Around 20 per cent delivered programmes for less than six hours per week (n=8). Of the 47 programmes discussed by the 37 adult day service locations, the most common duration of delivery was less than six hours per week (40.4 per cent, n=19). The least common duration of support stated was 19-24 hours (8.5 per cent, n=4).

### 12.6.5 Who Provides the Programme/Module/Support

Respondents were asked who delivered programmes of support to service users. Table 54 shows the total number of day services that deliver at least one programme of support by provider, and the total number of programmes delivered by the different provider groups. Thirty-seven respondents provided details for the number of hours per week for 47 programmes within Support 4 (each respondent could select one category of “provider” per programme).

**Table 54: Providers of Programmes under Support 4**

Who Provides Programme/ Support	Number of Day Service Locations (Respondents)	Respondents %	Number of Programmes	Programmes %
Staff in the adult day service location	32	86.5%	41	87.2%
External provider	3	8.1%	3	6.4%
Other	3	8.1%	3	6.4%
<b>Base and total</b>	<b>37</b>	<b>100.0%</b>	<b>47</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 37

Total Skipped: 13<sup>349</sup>

Of the 37 respondents who provide programmes within Support 4, the large majority stated that at least one was delivered by staff in the adult day service location (86.5 per cent, n=32). Similarly, most programmes discussed for Support 4 were delivered by staff in the day service (87.2 per cent, n=41). Three programmes were delivered from another source: both staff and external providers together (n=2); and teachers linked in with the location (n=1).

<sup>349</sup> Some respondents, although stating that they provide programmes, gave no details of those offered. Respondents who provided details of programmes could do so for more than one. Respondents could select one duration per programme delivered in their location.

### 12.6.6 Outcomes

Respondents were asked to describe the three most common outcomes achieved by service users from programmes under this Support. Thirty-five gave details of 124 outcomes within Support 4. Table 55 shows the total number of programmes that mentioned each of the 12 categories of outcomes (the main themes/categories emerging from the 124 responses grouped by the research team in the analysis). These are outcomes as perceived by respondents.

**Table 55: Perceived Outcomes Achieved from Programmes under Support 4**

Outcome Achieved (Category)	Number of Responses	Total Responses %
More independence	38	30.6%
Better support provided	15	12.1%
Goal setting and attainment	14	11.3%
Inclusion	13	10.5%
Development of personal skills	12	9.7%
Improved confidence	9	7.3%
Personalised planning	7	5.6%
Further education/training	6	4.8%
Ability to engage in daily activities	3	2.4%
Employment	3	2.4%
Improved engagement	3	2.4%
Certification	1	0.8%
<b>Base and total</b>	<b>124</b>	<b>100%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 35

Total Skipped: 15

Of the 124 outcomes provided by respondents, the most common were:

- Adults gained more independence through the programmes offered where they could choose their own activities and have more autonomy over decisions (30.6 per cent, n=38).
- Better support was provided (12.1 per cent, n=15).
- Ability to set goals and achieve them (11.3 per cent, n=14).
- Inclusion within the community and activities (10.5 per cent, n=13)

None of the other eight categories of programmes had any more than 10 per cent of mentions.

## 12.7 Adult Day Service Location – Staff Involved in Lifelong Learning

This section describes staffing levels to support lifelong learning in adult day service locations. Questions in the survey were introduced as aiming to help understand what levels of staffing exist across adult day service locations to support education and lifelong learning.

### 12.7.1 Ratio of Staff Members to Service Users in Programme Delivery

Respondents were asked about the ratio of staff to learners – considering the staff involved in providing support to people with disabilities.

**Table 56: Ratio of Staff Members to Service Users**

Ratio of Staff To Service Users	Number of Locations	Locations %
1 member of staff to 10+ service users	3	6.5%
1 member of staff to 6-9 service users	12	26.1%
1 member of staff to 4-5 service users	11	23.9%
1 member of staff to 3 service users	9	19.6%
1 member of staff to 2 service users	3	6.5%
1 member of staff to 1 service user	5	10.9%
More than 1 member of staff to 1 service user	3	6.5%
<b>Total</b>	<b>46</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 46

Total Skipped: 4

Over two-thirds of respondents who answered, offered one of three responses:

- Over a quarter gave support in a ratio of one staff member to six to nine service users (26.1 per cent, n=12). This was the most common response.
- This was closely followed by a ratio of one staff member to four to five service users mentioned by just under a quarter of respondents (23.9 per cent, n=11).
- The next most common response was delivery by a ratio of one staff member to three service users (19.6 per cent, n=9).

Other respondents provided a variety of responses: none mentioned by more than five respondents.

## 12.7.2 Profile of Staff Involved in Delivering Support for Lifelong Learning by the Highest Level of Education Obtained

Respondents were asked to profile the number of staff members delivering support for lifelong learning in their service location according to their highest level of education. A summary of responses is shown in Table 57.

The number who skipped each row (qualification) varies from 17 to 45, that is in some cases there were no more than five respondents. Levels 1-4, Level 10 and Other were skipped by most (43 or more). The value of these data is therefore limited and not shown. Levels 5-9 were skipped by 17-29 respondents therefore at least 20 responses to each of these.

**Table 57: Profile of Staff by Highest Level of Education Obtained (Based on NFQ)<sup>350</sup>**

Qualification (from National Framework of Qualifications)	Number of Respondents who...			Total Number of Staff (Based on Responses that are >0)			
	Skipped this question	Responded zero staff	Responded with number of staff >0	Total	Min	Max	Average
Level 5 Leaving Certificate	24	3	23	143	1	15	6.2
Level 6 advanced certificate/higher certificate	25	2	23	125	1	24	5.4
Level 7 ordinary bachelor degree/professional qualification	17	2	31	143	1	30	4.6
Level 8 honours bachelor's degree (or higher diploma)/professional qualification	21	4	25	105	1	25	4.2
Level 9 postgraduate diploma or master's degree	29	5	16	50	1	6	3.1

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 50

Total Skipped: varies for each row (from 17 to 45).

<sup>350</sup> <http://www.nfq-qqi.com/>

Most respondents (around half) reported the number of staff whose highest level of qualification was Level 5 to Level 8 (n=23, 23, 31 and 25 respondents respectively reporting 143, 125, 143 and 105 staff respectively or around 4.2 to 6.2 members of staff on average per location). Around a third of respondents (n=16) reported a number whose highest level of qualifications held was Level 9 (50 staff in total).

The most common response related to employing staff members with a Level 7 – bachelor’s degree (n=31), with a total 143 staff reported by these 31 adult day centres, which equates to 4.6 staff per location with this level of qualification on average.

### 12.7.3 Number of Hours Continuous Professional Development Staff are Entitled to

Respondents were asked to state the number of hours of continuous professional development (CPD) that staff involved in delivering support for lifelong learning are entitled to per year. This question was in the survey section focusing on staff in adult day centres who support lifelong learning. It was intended to establish CPD for them staff in terms of their role in supporting service users.

**Table 58: Number of Hours that Staff are Entitled to for Continuous Professional Development**

Number of Hours CPD Per Year	Number of Locations	Locations %
0-5	13	30.2%
6-10	5	11.6%
11-15	1	2.3%
16-20	3	7.0%
21-25	8	18.6%
26-30	2	4.7%
30+	11	25.6%
<b>Total</b>	<b>43</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 43

Total Skipped: 7

Of the 43 respondents who answered, the most common entitlement was just zero to five hours of continuous professional development per annum (30.2 per cent, n=13). It is encouraging to note, however, that almost 50 per cent of locations provided higher levels of CPD:

- Around a quarter of locations offered staff over 30 hours CPD per annum (25.6 per cent, n=11).
- Almost a fifth of respondents (n=8, 18.6 per cent) offered staff 21-25 hours CPD per annum.
- Two respondents (4.7 per cent) offered staff 26-30 hours CPD per annum.

### 12.7.4 Key Areas of Training/Development Staff have Completed in the Last 12 Months

Respondents were asked to provide up to three key areas of training or development they have required lifelong learning staff to complete in the last 12 months. Thirty-eight identified 90 areas, summarised in Table 59 below (the 90 responses were grouped into 16 categories by the research team).

**Table 59: Key Areas of Training/Development Completed in the Last 12 Months**

Areas of Training/Development Completed in Last 12 Months (category)	Number of Responses	Responses %	Respondents %
New Directions and person-centred planning training <sup>351</sup>	16	17.8%	42.1%
Care skills <sup>352</sup>	13	14.4%	34.2%
Health and safety <sup>353</sup>	13	14.4%	34.2%
Adult safeguarding <sup>354</sup>	10	11.1%	26.3%
Disability specific training <sup>355</sup>	9	10.0%	23.7%
Behaviour support training <sup>356</sup>	9	10.0%	23.7%
Mandatory training <sup>357</sup>	4	4.4%	10.5%

351 Conferences and direct learning in relation to New Directions (2), courses that directly benefit the group of service users as outlined in their PCP, for example staff undertaking woodwork qualifications so service users can avail of this (1), interim standards for new directions training (1), New Directions (1), person-centred focus to disability (1), person-centred planning (PCP) (1), person-centred planning course (1), PCP training (3), personal care planning development (1), New Direction policy (1), supported self-directed living (1), understanding person centred services (1), empowering the individual level 5 (1).

352 Including epilepsy training (2), medication administration (1), safe administration of medication (2), active support (1), care skills (1), deafblind specific training (1), epilepsy and diabetes medication training (1), care pals (1), health care support QQI Level 5 (1), IP training (1) and first aid and managing epilepsy (1).

353 Including first aid (2), food nutrition and hygiene, adult safeguarding and feeding, drinking, eating and swallowing training (1), fire training (1), health and safety training (3), MCB training, FEDS, dementia, PCP, adult safeguarding and manual handling (1), manual handling (1), minimal handling (1), occupational first aid, CPR, fire training and manual handling (1), relationship and sexuality course (1) and sexual health awareness (1).

354 Including safeguarding (5), safeguarding training (1), safeguarding vulnerable adults (4),

355 including autism interventions and IS IT sensory or IS IT behaviour (1), autism awareness (1), autism specific training (1), autism awareness training (1), intellectual disability studies level 5 (1), Lámh (1), specialised training, FED, etc (1), women and girls on the autism spectrum (1) and using Rickter Scale (1).

356 Including behavioural support (1), managing challenging behaviour (1), managing violence and aggression (1), positive behaviour support (5) and studio 3 training (1).

357 Including in service training to ensure mandatory training compliance (1), Makaton training (1) and Mandatory training (2).

Areas of Training/Development Completed in Last 12 Months (category)	Number of Responses	Responses %	Respondents %
Train the trainer <sup>358</sup>	4	4.4%	10.5%
Advocacy training	3	3.3%	7.9%
GDPR <sup>359</sup>	2	2.2%	5.3%
Management development training	2	2.2%	5.3%
Facilitated learning	1	1.1%	2.6%
ASDAN training <sup>360</sup>	1	1.1%	2.6%
Keyworker training	1	1.1%	2.6%
Lesson planning	1	1.1%	2.6%
General certification <sup>361</sup>	1	1.1%	2.6%
<b>Total</b>	<b>90</b>	<b>100%</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 38

Total Skipped: 12

Note: Respondents could provide details of more than one area of training.

Of the 90 areas of training and development mentioned by 38 respondents, the most common area that staff completed was focussed on developing staff competencies and knowledge in person-centred planning and New Directions (17.8 per cent, n=16). This was followed by training that aimed to improve staff care skills (14.4 per cent, n=13), and general health and safety training such as fire training (14.4 per cent, n=13).

Other common themes identified in training and development completed in the last 12 months were training for adult safeguarding (mentioned by ten respondents (11.1 per cent)); and training that was either specific to a disability or focused on enhancing behaviour support/management, each mentioned by 10 per cent of respondents. Other categories were mentioned, but none by more than four respondents. These included mandatory training that was not specified, and other more general forms of training.

Of the 38 respondents, almost half of the adult day services provided training and development programmes focused on the development of staff competencies on person-centred planning and New Directions (42.1 per cent).

358 Including Train the Trainer (1), Train the Trainer Level 6 (1), Train the Trainer Level 6 and 7 (1) and tutor training (1).

359 General Data Protection Regulation training and guidance.

360 ASDAN is an education charity and awarding organisation whose curriculum programmes and qualifications help young people develop knowledge and skills for learning, work and life.

361 Certificates and diplomas for people with disabilities.

### 12.7.5 Summary

Characteristics of staff members involved in delivering lifelong learning opportunities to adults are as follows:

- The most common ratio of staff to service users was one staff to six to nine service users, with over a quarter of respondents stating this.
- Regarding highest level of education obtained, the most common response related to staff having a Level 7 – bachelor's degree (143 members of staff reported across 31 adult day services).
- In terms of continuous professional development of staff members, the most common entitlement was 0-5 hours per annum, although almost 48.9 per cent of the locations offered at least 21 hours of CPD per year.
- Almost half of adult day centres offered training focused on New Directions or person-centred planning; other common areas of training involved development of care skills (34.2 per cent) and health and safety (34.2 per cent).

### 12.8 Adult Day Service Location – Person-Centred Planning

This section focuses on person-centred planning practices evident in the adult day service locations. Person-centred planning is a core tenet associated with implementation of New Directions in adult day service settings. While this planning may have scope that is broader than education/lifelong learning (as it is concerned with ensuring that individuals have access to the widest possible range of opportunities and that it focuses on the individual and their life plan), evidence from the literature review emphasises the important role it plays in this context. There is a substantial consensus about the importance of individual planning in selecting the relevant learning supports for adults with disabilities. Recognising that a personal plan should be based on needs, strengths, aspirations and ability and that it details the support required to maximise personal development and quality of life, as per the adult's wishes, realisation of these aspirations may often be through relevant learning.

Thus, this section of the survey sought to provide an insight into how services work to support person-centred planning in practice and the extent to which it is embedded within and integral to the organisation culture at all levels (from board member knowledge and understanding through to policy and practice at an operational level).

### 12.8.1 Staff Training in Person Centredness/Person-Centred Planning

All respondents were asked two questions about all staff in their adult day service location – in particular whether they were trained in the areas of person-centredness and person-centred planning.

- Staff training in person-centredness (principles and ethos of person-centred approaches): 42 of the 50 respondents gave information. Most stated that all staff are trained in this area (over three-quarters (81.0 per cent, n=34).
- Staff training in person-centred planning (how to implement person-centred planning): 45 of the 50 respondents provided information. Over three-quarters (80.0 per cent, n=36) indicated staff were trained in this area. It is interesting to note while most respondents indicated all staff were trained in this area, only some had been trained relatively recently: 42.1 per cent of respondents (n=16) had required staff to complete person-centred planning training in the last 12 months.

### 12.8.2 Assessment of Needs

Respondents were asked if adults with disabilities using their location have their needs, strengths, aspirations assessed at the outset.

**Table 60: Assessment of Adults' Needs, Strengths and Aspirations**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	32	69.6%
Yes, sometimes but not always	11	23.9%
No	1	2.2%
Not appropriate	2	4.4%
<b>Total</b>	<b>46</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 46

Total Skipped: 4

Of the 46 respondents, over two-thirds (69.6 per cent, n=32) stated that an assessment of needs is always completed from the outset, with around a quarter (23.9 per cent, n=11) stating that this occurs sometimes, but not always. Just one respondent indicated that this did not occur, with a further two stating that it was not appropriate to their location as due to resourcing issues, there had been no new entrants for several years, so an initial assessment did not currently occur within their location.

### 12.8.3 Person-Centred Plans within Day Service Locations

Respondents were asked whether people with disabilities using the location have person-centred plans.

**Table 61: Existence of Person-Centred Plans within Day Services**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	38	82.6%
Yes, sometimes but not always	4	8.7%
No	2	4.4%
Not Appropriate	2	4.4%
<b>Total</b>	<b>44</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 46

Total Skipped: 4

Of the 44 respondents, most (91.3 per cent, n=42) had person-centred plans, with 82.6 per cent (n=38) stating that this is always the case in their day service location. Just two respondents (4.6 per cent) had no such plans. A further two stated this was not appropriate to their centre as they have individual action plans instead (n=1), and that plans are in the pipeline for roll-out in the centre in the future (n=1).

### 12.8.4 Consultation with Families/Carers When Developing Person-Centred Plans

Respondents were asked whether families or carers were consulted when developing person-centred plans for people with disabilities.

**Table 62: Consultation with Families/Carers when Developing Person-Centred Plans**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	24	53.3%
Yes, sometimes but not always	18	40.0%
No	0	0.0%
Other	3	6.7%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey

Total Respondents: 45

Total Skipped: 5

Of the 45 respondents, the large majority (93.3 per cent, n=42) at least sometimes consulted with families/carers when developing person-centred plans, with 53.3 per cent (n=24) indicating this is always the case in their day service location. No respondents stated that consultations did not take place. Three respondents (6.7 per cent) gave other responses: with one highlighting that all adults were consulted (n=1), and two others stating that the decision is primarily placed with the service user, who decides whether to involve families or carers (n=2).

### 12.8.5 Board Member Training in Person-Centredness

Successful implementation of policies and practice depend on embedding these within an organisation's culture and ethos from operational to management and indeed at governance level. This should be facilitated and enabled through orientation and training at all levels within an organisation including at board level. With this in mind, respondents were asked whether day service location board members were trained in person-centredness principles.

**Table 63: Board Member Training in Person-Centredness**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	17	37.8%
Yes, sometimes but not always	13	28.9%
No	7	15.6%
Not Appropriate	8	17.8%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 45

Total Skipped: 5

Of the 45 respondents, two-thirds (66.7 per cent, n=30) stated that their board members are trained, however, just 37.8 per cent of total respondents said this was always the case in their day service location. A third of respondents (33.4 per cent, n= 15) stated that board members were not trained, or it was not appropriate to them, with all responses stating they were unaware of this information at the time.

### 12.8.6 Senior Manager Training in Person-Centredness

Respondents were asked whether day service location senior managers were trained in person-centredness principles.

**Table 64: Senior Manager Training in Person-Centredness**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	34	73.9%
Yes, sometimes but not always	10	21.7%
No	1	2.2%
Not Appropriate	1	2.2%
<b>Total</b>	<b>46</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 46

Total Skipped: 4

Of the 46 respondents, the large majority (95.6 per cent, n=44) stated that their senior managers at least sometimes trained in person-centredness, with around three-quarters (73.9 per cent, n=34) stating that this was always the case in their day service location. Fewer than 5 per cent of respondents (n=2) stated that senior managers were not trained, or it wasn't appropriate to them, with one (who responded "not appropriate" to their location) stating that they were trained instead in individual action planning (n=1).

### 12.8.7 Proofing of Policies for Person-Centredness

Proofing of policies for person-centredness is about recognising those that support and reinforce its ethos, or challenging any potential for bias that may act as an impediment to the disadvantage of adults and the development/implementation of their plans. It is also about thinking through intended and unintended consequences and their impact (adversely or otherwise) on person-centred planning. Respondents were asked if the adult day service locations' policies have been proofed to ensure they are person-centred.

**Table 65: Proofing of Policies for Person-Centredness**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	32	69.6%
Yes, sometimes but not always	11	23.9%
No	2	4.3%
Not Appropriate	1	2.2%
<b>Total</b>	<b>46</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 46

Total Skipped: 4

Of the 46 respondents, the large majority (93.5 per cent, n=43) stated that their policies are proofed for person-centredness, with over two-thirds (69.6 per cent, n=32) stating that this was always the case in their day service location. Just three (6.5 per cent) stated this was not the case, or it was not appropriate to them, with one (who felt this "not appropriate" to them), stating that all their current policies are under review (n=1).

### 12.8.8 Consultation with Adults with Disabilities on Locations Designed to Meet Their Needs

An important element of person-centred planning is the involvement of the individual whose plan is being developed. Through consultation and engagement with adults, adult day services can elicit valuable information about their wishes and aspirations including their location requirements and how best these can meet their needs. Respondents were asked whether people with disabilities were consulted on locations designed to meet their needs.

**Table 66: Consultation with Adults with Disabilities on Locations Designed to Meet their Needs**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	18	40.9%
Yes, sometimes but not always	19	43.1%
No	5	11.4%
Not Appropriate	2	4.6%
<b>Total</b>	<b>44</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 44

Total Skipped: 6

Of the 44 respondents, the majority (84.0 per cent, n=37) stated that such consultation takes place, however, less than half respondents (40.9 per cent, n=18) stated this was always the case in their day service location. Seven respondents (16.0 per cent) stated this was not the case. Two respondents felt the question was not appropriate to their location, with one stating that is something they would consider in future (n=1), and another unable to answer at the time (n=1).

### 12.8.9 Summary

Person-centred planning practices are much in evidence in day service locations. Most indicated that all staff were trained in the practice (principles and ethos of person-centred approaches): (81.0 per cent, n=34) and person-centred planning (how to implement person-centred planning): (80.0 per cent, n=36). It is interesting to note that while most respondents indicated all staff were trained in the area, only some had been trained relatively recently: 42.1 per cent of

respondents (n=16) had required staff to complete training in person-centred planning training in the last 12 months. At least 84 per cent of adult day services had six person-centred practices in place either sometimes or always (see Table 67):

- Adult day service senior managers are trained in person-centredness principles (95.6 per cent, n=44).
- Adult day service locations' policies are proofed to ensure they are person-centred (93.5 per cent, n=43). Proofing of policies for person-centredness is about recognising those that support and reinforce the ethos of person-centredness or challenging any potential for bias that may exist and serve to effectively act as an impediment or to the disadvantage of adults and the development/implementation of their plans. It is also about thinking through intended and unintended consequences and their impact (adversely or other-wise) on person-centred planning.
- Adults with disabilities using their location have their needs, strengths, aspirations assessed at the outset (93.5 per cent, n=43).
- Families or carers of adults with disabilities using their location are consulted when developing person-centred plans (93.3 per cent, n=42).
- Adults with disabilities using their location have person-centred plans (91.3 per cent, n=42).
- Adults with disabilities using their location are consulted on locations designed to meet their needs (84 per cent, n=37). Seven respondents (16.0 per cent) stated this was not the case. Two felt the question was not appropriate to their location, with one stating that it was something they would consider in future (n=1), and another unable to answer at the time (n=1). An important element of person-centred planning is the involvement of the individual whose plan is being developed. Through consultation and engagement with adults, day services can elicit valuable information about their wishes and aspirations including their location requirements and how best these can their needs.

A majority, albeit a smaller proportion (66.7 per cent, n=30) had one other person-centred practice ("Adult day service board members are trained in person-centredness principles") in place either sometimes or always.

A third of respondents (33.4 per cent, n=15) stated that board members were not trained, or it was not appropriate to them. The importance of board member training in person-centredness principles should not be under-estimated. Successful implementation of policies and practice depend on embedding these within an organisation's culture and ethos from operational to management and indeed governance level. This should be facilitated and enabled through orientation and training at all levels in an organisation including at board level.

**Table 67: Person-Centred Planning – Practices Evident in Day Service Locations**

	Yes, always	Yes, sometimes	Yes (total)
Adults with disabilities using their location have their needs, strengths, aspirations assessed at the outset	69.6%	23.9%	93.5%
Adults with disabilities using their location have person-centred plans	82.6%	8.7%	91.3%
Families or carers of adults with disabilities using their location are consulted with when developing person-centred plans.	53.3%	40.0%	93.3%
Adult day service board members are trained in person-centredness principles.	37.8%	28.9%	66.7%
Adult day service senior managers are trained in person-centredness principles	73.9%	21.7%	95.6%
Adult day service location policies are proofed to ensure they are person-centred.	69.6%	23.9%	93.5%
Adults with disabilities using their location are consulted on locations designed to meet their needs	40.9%	43.1%	84.0%

Source: RSM, 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Further analysis reveals that at least two-thirds of adult day service locations always had four practices in place:

- Adults with disabilities using their location have person-centred plans (82.6 per cent).
- Adult day service senior managers are trained in person-centredness principles (73.9 per cent).
- Adult day service location policies are proofed to ensure they are person-centred (69.6 per cent).
- Adults with disabilities using their location have their needs, strengths, aspirations assessed at the outset (69.6 per cent).

A somewhat smaller proportion (between around a third and a half) of adult day service locations always had three other practices in place:

- Families or carers of adults with disabilities using their location are consulted with developing person-centred plans (53.3 per cent).
- Adults with disabilities using their location are consulted on locations designed to meet their needs (40.9 per cent).
- Adult day service board members are trained in person-centredness principles (37.8 per cent).

## 12.9 Adult Day Service Location – Placements and Outcomes

This section focuses on practices of adult day service locations for placements and outcomes. At the outset it is worth noting that it can be difficult for people with disabilities to navigate the system of education, training and employment. There is no clear pathway such as exists within a school setting or for others when they leave school. People with disabilities who access placements or training may drop out and potentially have a greater propensity to do so. That has the potential to have an adverse effect on the individual, leaving them worse off than prior to a placement. The survey found evidence of positive practices for placements and outcomes.

### 12.9.1 Support for Employers to Provide Placements

Respondents were asked if their location supports employers who provide placements or training to people with disabilities.

**Table 68: Support for Employers that Provide Placements**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	27	60.0%
Yes, sometimes but not always	6	13.3%
No	5	11.1%
Not Appropriate	7	15.6%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 45

Total Skipped: 5

Almost three-quarters of locations supported employers who provided placements or training to service users; of the 45 respondents, the majority (73.3 per cent, n=33) stated that this was in place either always or sometimes. Over half (60.0 per cent n=27) indicated this was always the case in their day service location. Just over a quarter (26.7 per cent, n=12) indicated this was not the case, or was not appropriate to their location; six of seven respondents who responded "Not appropriate" indicated that none of their service users currently attended placements.

## 12.9.2 Monitoring of Outcomes

Respondents were asked if their location monitored outcomes achieved by people with disabilities.

**Table 69: Monitoring of Outcomes in Day Service Locations**

Response	Number of Day Service Locations	Day Service Locations %
Yes, always	29	64.4%
Yes, sometimes but not always	11	24.4%
No	1	2.2%
Not appropriate	4	8.9%
<b>Total</b>	<b>45</b>	<b>100.0%</b>

Source: RSM 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Total Respondents: 45

Total Skipped: 5

Almost all (88.8 per cent, n=40) locations indicated that monitoring outcomes achieved for people with disabilities was a feature of the service either always or sometimes; with almost two-thirds (64.4, n=29 per cent) stating this was always the case. Only five respondents (11.1 per cent, n=5) stated this was not the case or it was not appropriate to their location, with one who answered “not appropriate” stating that rather than continuous monitoring, progress was reviewed every four months, and three who answered “not appropriate” stating that a tool for monitoring was in development.

## 13. Appendix 13: Profile of Site Visits: Settings and Adults

### 13.1 Introduction

This section provides a profile of 20 sites (including two pilots) and of service users interviewed at the sites:

- Estimated profile of population: in tables in this section, available data is presented for “population” (N and per cent for settings and service users) where available/feasible to develop this. This draws on information in Appendix 1. As detailed in the report, the population data is subject to caveats and does not provide a totally comprehensive, accurate and up-to-date profile of the sector. Therefore it is difficult to make definitive statements on the total number of day service settings and their profile. Population information should therefore be regarded as an estimated profile.
- Profile of achieved sample: in tables in this section, available data is presented for “sample” (N and per cent) for settings and service users.
- The profile of the achieved sample is compared to the profile of the population across five characteristics for sites and three characteristics for service users where possible to do so. It is not possible in a sample of 20 sites and 40 service users to ensure that each characteristic of the estimated population is fully covered. The research team has sought to ensure the profile across the eight characteristics is as representative as possible, given that it has also depended on willingness of sites and service users to participate.

### 13.2 Examining Representativeness: Site Visit Locations

#### 13.2.1 Introduction

In this section, we compare the profile of all day service settings (locations or service users) and the day services (locations or service users) for site visits. This is based on existing available data, recognising there are limitations and caveats associated with that. For these two groups, this section considers the distribution by geographical location (CHO Area); organisation size (staff, service users); organisation type, categories of disability catered for (single/multiple).

#### 13.2.2 Geography – CHO area

The table below shows distribution of day service locations by geography (CHO Area) for the population and the sample of site visits. The figures for the overall population (based on service users) is sourced from HSE data (2018). It shows a reasonable geographic spread of site visit locations by CHO area, with just one CHO area not represented.

**Table 70: Profile by CHO Area**

CHO Area	Population (locations)		Achieved Sample (locations)	
	N	per cent	N	per cent
1: Donegal, Sligo/Leitrim, Cavan/Monaghan	60	6.3%	2	10.0%
2: Galway, Roscommon, Mayo	131	13.7%	1	5.0%
3: Clare, Limerick, North Tipperary	95	10.0%	0	0.0%
4: Kerry/North Cork, North Lee, South Lee, West Cork	129	13.5%	3	15.0%
5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford	137	14.4%	1	5.0%
6: Wicklow, Dublin South East, Dun Laoghaire	66	6.9%	4	20.0%
7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West	118	12.4%	3	15.0%
8: Laois/Offaly, Longford, Westmeath, Louth/Meath	117	12.3%	4	20.0%
9: Dublin North, Dublin North Central, Dublin North West	100	10.5%	2	10.0%
<b>TOTAL</b>	<b>953</b>	<b>100.0%</b>	<b>20</b>	<b>100.0%</b>

Source: Population data from [www.hse.ie/newdirections](http://www.hse.ie/newdirections)

### 13.2.3 Size – Number of Staff and Service Users

The research team recognises that the practice and experience within day service locations is likely to vary by size of setting. The extensive research conducted as part of this review did not uncover any information on the distribution of the full population of day service settings by size. Two measures have been used as a proxy for site size: numbers of staff and service users. The research team has no access to information on these characteristics for the "population". The tables below show some variation in the sample including smaller, medium and larger sites, based on numbers of staff and service users as a proxy for size.

## Number of Staff

**Table 71: Profile by Organisation Size – Number of Staff (All Staff in Setting)**

Number of Staff (All Staff in Setting)	Population (All locations)		Achieved Sample	
	N	per cent	N	per cent
0-9	Unknown	Unknown	10	50.0%
10-19	Unknown	Unknown	8	40.0%
20-29	Unknown	Unknown	0	0.0%
30-39	Unknown	Unknown	1	5.0%
40-49	Unknown	unknown	1	5.0%
50 +	Unknown	Unknown	0	0.0%
<b>Total</b>	<b>Unknown</b>	<b>unknown</b>	<b>20</b>	<b>100.0%</b>

Note: Number of staff.

- Information was collected in the RSM/TCD survey about number of staff. It sought information on those involved in delivering lifelong learning, rather than total staff. Survey responses were received from 50 respondents though all 50 did not answer every question. Due to the relatively small number of responses (50) and lack of clarity on scale/extent of staff involvement in delivering lifelong learning in all sites (that is some sites might regard this as being zero or have varying interpretations of what this meant), the number of staff involved in lifelong learning was not used as a proxy for size.
- Total staff was considered to be a more accurate proxy for site size. It is a commonly understood term and available for all sites visited.

## Number of Service Users

**Table 72: Profile by Organisation Size – Number of Service Users**

Number of Service Users	Population (all locations)		Achieved Sample	
	N	per cent	N	per cent
0-9	Unknown	Unknown	2	10.0%
10-19	Unknown	Unknown	8	40.0%
20-39	Unknown	Unknown	3	15.0%
40-59	Unknown	Unknown	4	20.0%
60-99	Unknown	unknown	1	5.0%
100-139	Unknown	Unknown	2	10.0%
140+	Unknown	Unknown	0	0.0%
<b>Total</b>	<b>Unknown</b>	<b>unknown</b>	<b>20</b>	<b>100.0%</b>

### 13.2.4 Nature (Organisation Type) of Service Location

The table below shows the distribution of site visits (locations) compared to that for population (service locations – based on the New Directions report which does not include “private” nor “other” categories) by nature of organisation. This shows that the majority of both are voluntary.

**Table 73: Profile by Organisation Type**

Organisation Type	Population (All Locations)		Achieved Sample	
	N	per cent	N	per cent
Voluntary	573	70.1%	15	75.0%
Statutory	244	29.9%	4	20.0%
Other (private)	n/a	n/a	1	5.0%
<b>Total</b>	<b>817</b>	<b>100.0%</b>	<b>20</b>	<b>100.0%</b>

Source of Population Data: HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-16. Personal Support Services for Adults with Disabilities. *Working Group Report*. Dublin: Health Service Executive.

Caveat: Population data is not up to date. It is from a 2012 report that cited findings about profile of locations from 2008.

### 13.2.5 Disabilities Catered for (Single/Multiple Categories)

The table below shows the distribution of site visits (locations) compared to that for the population (service locations – based on New Directions report) by nature of disabilities catered for. Compared to the overall population, the distribution of disabilities catered for in the sample of site visits displays a different profile with most catering for those with multiple disability, whereas this is a minority in the overall population.

**Table 74: Profile by Nature of Disabilities (Single/Multiple) Catered for**

Disabilities Catered For	Population (All Locations)		Achieved Sample	
	N	per cent	N	N
Single Disability	640	78%	8	40.0%
Multiple Disability	177	22%	12	60.0%
<b>Total</b>	<b>817</b>	<b>100%</b>	<b>20</b>	<b>100.0%</b>

Source of Population Data: HSE, (2012). New Directions: Review of HSE Day Services and Implementation Plan 2012-2016. Personal Support Services for Adults with Disabilities. *Working Group Report*. Dublin: Health Service Executive.

Caveat: Population data is not up-to-date: it is from a 2012 report which cited findings about profile of locations from 2008.

## 13.3 Examining Representativeness: Service Users

### 13.3.1 Age of Service Users

Table 75 presents data relating to adults with disabilities by age. They use extracts from the two HRB databases, including day service users (aged 18-plus). The data from the NIDD are based on those aged 18-plus registered on the database; the data from the NPSDD is based on those aged 18-plus registered or reviewed in 2017, a sample of all those on the NPSDD. As noted previously, it would not be appropriate to combine the data or to extrapolate from them to the overall population. The figures should be treated with caution. These databases offer an insight into users of all types of day service, not only those in adult settings. It shows the profile of adults availing of day services is weighted towards older users: 50 per cent of those with PSD are aged 45 and older; 17.5 per cent are 18 to 24. While the profile of those with ID broadly reflects that of those with PSD, the proportion aged 45 and older is somewhat lower (41.2 per cent) and the proportion aged 18 to 24 is somewhat higher (19.4 per cent).

**Table 75: Profile of Day Service Users (18+ Years) by Age – NIDD and NPSDD**

Age of Service User Years	ID		PSD <sup>362</sup>	
	N	per cent	N	per cent
18-19	1,209	6.3%	104	6.9%
20-24	2,513	13.1%	160	10.6%
25-34	3,766	19.7%	206	13.6%
35-44	3,743	19.6%	287	19.0%
45-54	3,733	19.5%	379	25.0%
55+	4,153	21.7%	378	25.0%
<b>Total</b>	<b>19,117</b>	<b>100.0%</b>	<b>1,514</b>	<b>100%</b>

Note: Total for ID here is 19,117 (not 19,111 as per annual report and in other tables in this section). The reason for this difference is that the annual report gives total excluding suppressed cells.

Note: NPSDD does not include people over 65 years.

Source: Provided by HRB, (2019). Based on information from NIDD 2017 (registered on NIDD) and NPSDD 2017 (only those registered or reviewed in 2017).

Table 76 shows distribution of age in the sample of service users at site visits. This includes representation in all age groups. There are fewer in the over 35 age groups and more in the 20-24 age group. This is consistent with the research focus. As such it is not appropriate to compare this table with the one above; nor does Table 75 present an overall population total as it is not appropriate to simply sum the NIDD and NPSDD data.

<sup>362</sup> HRB, (2019). HRB PSD Statistics. Note this profile by disability for PSD is based on data from NPSDD 2017: of the 20,676 people registered on the NPSDD in 2017, only 5,654 of those were registered or reviewed in 2017 so it was decided to base the services information on those individuals only. Of these, 3,276 people were accessing day services (includes all day services, ie schools) and when children (under 18) are taken out of this figure, the total is 1,514.

**Table 76: Profile of Service Users by Age Category with an ID and PSD – Site Visits**

Age of Service User (years)	Achieved Sample (Site Visits)	
	N	%
18-19	2	5.0%
20-24	18	45.0%
25-34	8	20.0%
35-44	5	12.5%
45-54	5	12.5%
55+	2	5.0%
<b>Total</b>	<b>40</b>	<b>100.0%</b>

Source: Site Visit Data – RSM 2019.

### 13.3.2 Gender of Service Users

Table 77 presents data on adults with disabilities by gender based on extracts from the two HRB databases, including day service users (aged 18-plus) with the same caveats as noted in section 13.3.1. The profile of adults availing of day services with ID is skewed towards males (over 55 per cent with ID). The reverse applies for adults with PSD using day services with over half (53.5 per cent) being female.

**Table 77: Profile of Adult Day Service Users by Gender**

Gender of Service User	ID		PSD <sup>363</sup>	
	N	per cent	N	per cent
Female	8,575	44.9%	810	53.5%
Male	10,542	55.1%	704	46.5%
<b>Total</b>	<b>19,117</b>	<b>100.0%</b>	<b>1,514</b>	<b>100.0%</b>

Note: Total for ID is 19,117 (not 19,111 as per annual report and in other tables in this section). The difference arises as the annual report gives total excluding suppressed cells.

Note: NPSDD does not include people over 65 years.

Source: Provided by HRB, (2019). Based on information from NIDD 2017 (registered on NIDD) and NPSDD 2017 (only those registered or reviewed in 2017).

363 HRB, (2019). HRB PSD Statistics. Note this profile by disability for PSD is based on data from NPSDD 2017: of the 20,676 people registered on the NPSDD in 2017, only 5,654 of those were registered or reviewed in 2017 so it was decided to base the services information on those individuals only. Of these, 3,276 people were accessing day services (includes all day services, ie schools) and when children (under 18) are taken out of this figure, the total is 1,514.

Table 78 shows the number of service users by gender in the sample from site visits. There are slightly more males than females. The ratio of male to female is 57.5: 42.5 per cent. This is not dissimilar to the ratio in the population with ID (from the NIDD) and given that the HSE data (see Appendix 1.7.2) indicate that those with ID are predominant in the day services sector (accounting for around 90 per cent of users), this suggests the sample is broadly consistent with the overall population.

**Table 78: Profile of Service Users by Gender – Site Visits**

Gender	Achieved Sample (Site Visits)	
	N	per cent
Female	17	42.5%
Male	23	57.5%
<b>Total</b>	<b>40</b>	<b>100.0%</b>

Assumptions re: Population Data – NIDD 2017 and NPSD 2017 are independent.

Source: HRB, (2018). Population data estimated from NPSDD 2017 (2018) and NIDD 2017 (2018).

### 13.3.3 Nature of Disability

Table 79 below shows distribution of service users at site visits against populations (service users – based on NIDD and NPSDD databases) by primary/principal disability, respectively.

Information from the HRB databases (NIDD and NPSDD) and extracts from these are discussed in section 6 of the report and presented in the tables below. They are not intended to present an overall population total as it is not appropriate to simply sum the NIDD and NPSDD data (as discussed in section 6).

**Table 79: Profile of Day Service Users (18+ Years) by Age – NIDD (2017) and Site Visits**

Intellectual Disability (Degree)	N (NIDD)	per cent (NIDD)	N (site visits)	per cent (site visits)
Not verified	199	1.0%	0	0.0%
Borderline	–	–	1	2.9%
Mild	6,190	32.4%	16	47.1%
Moderate	12,694	66.4%	15	44.1%
Severe or profound			2	5.9%
<b>Total ID</b>	<b>19,111</b>	<b>100.0%</b>	<b>34</b>	<b>100.0%</b>

Note: Data from NIDD: ~ To protect against the risk of indirect identification of people, items with fewer than five entries have been suppressed.

Source: Population Data: extract from HRB NIDD 2017; Site Visit Data – RSM 2019.

**Table 80: Profile of Day Service Users (18+ Years) by Age – NPSDD (2017) and Site Visits**

Physical and Sensory Disability	N (NPSDD)	per cent (NPSDD)	N (site visits)	per cent (site visits)
Neurological	769	50.8%	0	0%
Multiple disabilities	445	29.4%	0	0%
Physical disability	140	9.2%	4	66.7%
Hearing loss or deafness	74	4.9%	0	0%
Visual disabilities or blindness	81	5.4%	2	33.3%
Speech and/or language disabilities	5	0.3%	0	0%
<b>Total PSD</b>	<b>1,514</b>	<b>100%</b>	<b>6</b>	<b>100%</b>

Source: Population Data: extract from HRB NPSDD 2017; Site Visit Data – RSM 2019.

The comparison above shows that the profile of site visit service users displays some level of similarity according to nature of disability, particularly for those with ID though there are differences in distribution. Most types of disability are represented in service users, though the very small numbers limit the robustness of the analysis possible.

### 13.4 Minimising Potential for Bias in Selection of Sites and Service Users

Ideally, the availability of robust and comprehensive datasets will minimise the potential for bias in the development of a representative sample of site visit locations. Given the limitations in availability of such data, however, an alternative and pragmatic approach has been adopted. Table 81 documents potential biases that could occur in the site visit selection process, and the strategies researchers adopted to mitigate these. To minimise the effect of bias as far as is reasonably possible, a variety of sources has been drawn on and diverse characteristics of the proposed site visit locations offer some evidence this is being achieved.

The sections below document potential biases that could occur in selecting sample site visits and service users, and the strategies adopted to mitigate these.

### 13.4.1 Minimising Potential Bias in Selection of Sites

**Table 81: Potential Biases in Selection of Sites and Mitigation Strategies**

Potential Bias	Description	Response Strategy (to Mitigate Potential Bias)
<b>Selection/ convenience bias</b> <sup>364</sup>	Site visits are selected based on their immediate availability to the researchers	<p>Sites are selected according to their value in contributing to a sample of locations that is – as far as is reasonably possible – broadly representative of the population of all locations and service users. The profile of the sites and their service users (see section 13.2 and 13.3) is considered in the selection process.</p> <p>The research team has drawn on several sources to inform the selection of sites, including self-referrals from survey respondents, referrals from stakeholder consultations and contacts within the research team, among other sources (see section 3.5 in the report). These steps seek to alleviate convenience bias.</p>
<b>Recommendations made of only positively associated sites</b>	Sites recommended or that volunteer to participate may create a sample viewed as successful, performing well, demonstrating “good practice” for provision of lifelong learning	<p>There is no widely recognised/agreed definition of good practice in provision of lifelong learning in adult day services. Furthermore, there is a lack of consistency in literature reviewed in how good practice is characterised within adult day centres, particularly for lifelong learning provision. The lack of a universal good practice framework in this context means different perspectives will exist of what constitutes good practice in adult day services. Therefore, if it is proposed that there is bias towards good practice locations being recommended for the sample, this could be countered by the argument that the variety of information on the definition of good practice means it is highly unlikely that sites proposed for the sample are universally consistent with a single definition of “good practice”.</p> <p>Potential site visit locations have been identified from:</p> <ul style="list-style-type: none"> <li>Stakeholder consultations and within the research team’s network: these individuals are from a wide variety of backgrounds and positions within and out with the sector. This diversity goes some way to addressing bias in proposals as individuals are likely to make their recommendations for varying and different reasons, dependent on their position or interest within the sector. Additionally, locations have been recommended by stakeholders on the basis of the particular schemes that they deliver that align with educational provision within adult day centres.</li> </ul>

364 Owen, K., et al. (2011). *The Magenta Book: Guidance for Evaluation*. London: HM Treasury.

Potential Bias	Description	Response Strategy (to Mitigate Potential Bias)
<b>Recommendations made of only positively associated sites (continued)</b>		<ul style="list-style-type: none"> <li>Self-referrals from survey respondents: proposed locations are diverse in characteristics and while some may be considered "good practice" by the nominee, this diversity goes some way to alleviating potential for bias. Further in the absence of a universally agreed definition of "good practice", these self-nominations cannot all be assumed to meet "good practice" as identified in the framework.</li> <li>Snowball effect: some sites have been referred simply by word of mouth – there is no implicit "good practice" in such referrals.</li> </ul>
<b>Homogeneous sample of site visit locations</b>	List of site visits selected are similar in traits or profile	<p>Across the service locations proposed for site visits, there is substantial diversity including:</p> <ul style="list-style-type: none"> <li>Profile of locations (see section 13.2).</li> <li>Profile of service users (see section 13.3);.</li> <li>Nature/range of programmes of support offered (where information is available from survey respondents who self-nominated).</li> </ul>

### 13.4.2 Minimising Potential Bias in Selection of Service Users

**Table 82: Potential Biases in Selection of Service Users and Mitigation Strategies**

Potential Bias	Description	Response Strategy (to Mitigate Potential Bias)
<b>Selection/ convenience bias<sup>365</sup></b>	Service users are selected based on their immediate availability to researchers	<p>Sites and service users are selected according to their value in contributing to a sample of locations that is – as far as is reasonably possible – broadly representative of the population of all locations and service users. The profile of the site visit locations and service users (see section 13.2 and 13.3) – is considered in the selection process.</p> <p>The research team has drawn on several sources to inform the selection of site visit locations, including self-referrals from survey respondents, referrals from stakeholder consultations and contacts within the research team, among other sources (see section 3.5 in the report). These steps seek to alleviate convenience bias.</p>

365 Owen, K., et al. (2011). *The Magenta Book: Guidance for Evaluation*. London: HM Treasury.

Potential Bias	Description	Response Strategy (to Mitigate Potential Bias)
<p><b>Recommendations made of only positively associated service users</b></p>	<p>Service users that are recommended or volunteer to participate may create a sample viewed as performing well, demonstrating progress in lifelong learning, positively disposed towards the service/setting</p>	<p>Service users are accessed via research team contact with the sites. The research team invites sites to nominate users to participate; and recognise that this creates potential risks in relation to bias:</p> <ul style="list-style-type: none"> <li>• Sites may tend to select users who may be regarded as the “highest performing” individuals in the broad areas the research is focused on.</li> <li>• Sites may tend to select users who have made the most progress in the areas of lifelong learning and development/areas the research is focused on.</li> <li>• Sites may tend to select users who they feel may present a more positive view of the service/setting.</li> <li>• Sites may tend to select younger service users who have recently transitioned from school and as such may have a greater involvement in education and lifelong learning.</li> </ul> <p>The research team recognises the potential risk of bias in selection of service users. The team has in place the following strategies to minimise risks and seek to ensure that the sample of service users is as representative as possible within the constraints of the project.</p> <p>To mitigate the risk of bias, the research team’s engagement with sites sets out the research purpose and explains that researchers wish to engage with two randomly selected service users from each site; the team also explains that it is important the users proposed represent diversity in age, gender and disability nature/severity.</p> <p>While there are measures in place to avoid bias we must also recognise there are constraints. Certain service users may exclude themselves from the research furthermore, service user availability has a role in influencing who is selected for interview.</p> <p>Furthermore, as detailed in the table above, there is no widely recognised/agreed definition of good practice in the provision of lifelong learning in adult day service locations therefore the assertion that individuals are “high performing” or “have made the most progress” is to some extent subjective in the context of this research subject matter.</p>
<p><b>Homogeneous sample of service users</b></p>	<p>The sample of service users selected is similar in traits or profile</p>	<p>Across the service locations and users in the sample of site visits, there is substantial diversity including:</p> <ul style="list-style-type: none"> <li>• Profile of locations (see section 13.2).</li> <li>• Profile of service users (see section 13.3).</li> <li>• Nature/range of programmes of support offered (where information is available from survey respondents who self-nominated).</li> </ul>

## 14. Appendix 14: Site Visits: Invitation

Dear [Manager of Adult Day Service Setting]

### **Review of Educational Provision for Adults with Disabilities in Day Services – Invitation to Participate in Site Visit**

I am contacting you to invite you to take part in a site visit as part of research conducted on behalf of the National Council for Special Education (NCSE). A research team comprising RSM (a research company) and colleagues from Trinity College Dublin is conducting this research.

### **Alternative Paragraphs Used – Depending on Source of Contact**

Thank you for completing the online survey as part of the review. In the survey, you agreed that we could contact you to discuss your involvement in further research, that is a site visit.

OR

Thank you for completing a stakeholder consultation as part of the review. During this consultation, you agreed that we could contact you to discuss your involvement in further research, that is a site visit.

OR

As part of the stakeholder consultation conducted as part of the review, we spoke to XX who have passed on your contact details and have indicated that you may be interested in participating in a site visit.

OR

Trinity College Dublin (School of Education) have passed on your contact details and have indicated that you are interested in participating in a site visit.

OR

Colleagues from RSM Ireland have passed on your contact details and have indicated that you are interested in participating in a site visit.

### **Proposed case study visits: what is involved?**

We plan to undertake case study visits to a number of adult day service settings. The site visits will include:

- interviews with adult day service staff (two at your setting);
- interviews with adult day service users (two at your setting); and
- observations at adult day service settings, including interactions with service users/adults with disabilities.

This will allow us to develop a holistic understanding of the setting, and in particular what particular types of support involving learning are available to service users, and how these supports are delivered including overall staff involvement in their delivery, staff training to support the delivery, environment, resources and levels of engagement in learning.

The site visit will be conducted by colleagues from Trinity College Dublin who will be accompanied by a member of the RSM research team, for all of the visits to adult day services settings.

### **Action Required**

I am contacting you firstly to ask you to confirm if you are still interested in taking part in the site visit – please respond to indicate whether you would be or not.

If you are interested, we would like to discuss practical arrangements around who we might engage with and on what topics. Ideally the site visit should take place on a single day, and have interviews organised one after each other. From the indicative list below could you provide details of:

- **Two adult day service users** to participate in a consultation. This will involve them discussing the variety of educational programmes on offer, which they may have availed of, around the 12 categories of support. It is important that the adult day service users who are kind enough to offer their time to participate in the research are also representative of services, age ranges and range of disabilities in Ireland. Therefore, we are keen to involve adults with a range of disabilities (in terms of severity and type), and a range of needs and abilities. In advance of our visit, we would ask that the parent/advocate is aware of/content with the consultation, and is involved (if appropriate);
- **Two adult day service staff** to participate in a consultation. This will involve them discussing:
  - the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
  - how this learning is delivered; and
  - the outcomes the adults achieve as a result of this learning.
- Confirm availability/indicative dates in the coming weeks to take part in a site visit; and
- Confirm you could help to coordinate arrangements for the interviews – we can provide further material to assist with this including topic guides, consent forms, etc.

The research team would appreciate your response as soon as possible and ideally by **Wednesday 30 January** at the latest.

We really appreciate your contribution to this research. If you have any queries, do not hesitate to contact me (by email: [patrick.mccourt@rsmuk.com](mailto:patrick.mccourt@rsmuk.com) or 01 526 7440).

Regards

**Patrick McCourt**

*RSM UK Consulting LLP*

## 15. Appendix 15: Site Visits: Information and Consent Forms

### 15.1 Adult Day Service Staff – Information and Consent

#### 15.1.1 Information for Research Participants

##### **Review of Lifelong Learning and Educational Provision for Adults with Disabilities in Day Service Settings**

You have been invited to take part in an interview as part of the Review of Educational Provision for Adults with Disabilities in Day Service Settings. A research team comprising RSM and Trinity College Dublin (TCD) School of Education has been commissioned by the National Council for Special Education (NCSE) to conduct the review. The review includes several complementary strands including an online survey of day service settings, interviews with stakeholders (including policy makers, disability representative organisations and others) and site visits to day service settings to interview day service staff and adults.

Before you decide whether to take part, it is important you understand why the research is being carried out and what it will involve. Please take your time to read the following information.

Please ask the research team if you have any questions or if you would like any further information (contact details provided in section 1.2).

##### **Purpose of the Research**

This research seeks to fill a void in the understanding of learning opportunities and experiences for adults with disabilities accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that HSE day services do not provide educational services to people that avail of day services. However, in the delivery of day services, much learning may be achieved by service users.

This research aims to improve the understanding of:

- the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
- how this learning is delivered; and
- the actual outcomes the adults achieve as a result of this learning;

##### **Why Have I Been Invited?**

You have been identified as a potential participant in this research because you have a role in supporting adults with disabilities in a day service setting. Your feedback will help to develop a picture of the current nature and extent of educational provision in day service settings. The review values the perspectives of all stakeholders: hearing about the experiences of those who are providing a direct service to adults with disabilities is crucial given first-hand experience of their needs. As part of the review, the research team is keen to hear your perspective.

### **Do I Have to Take Part?**

It is entirely your decision whether you take part in this research. The research team will not reveal who is taking part in the research or who has declined to take part. If you do decide to take part, you are free to withdraw at any time without giving a reason. Under the Freedom of Information Act you also have the right to access any information you have provided while it is in storage or otherwise specified. Please contact the research manager (details in section 1.2) if you would like your information to be removed at any time.

### **What's Involved?**

You will take part in a single interview, with a trained interviewer from the research team (which includes staff from RSM and TCD) who will follow a set of questions. This interview will take up to 45 minutes to complete. The interview will be one of several undertaken as part of a site visit. The research team is developing a framework and intend to use this to capture information about a range of elements regarding the lifelong, formal and informal learning of adults using day services. It will be used to contextualise and guide the data collection. Therefore, interviews will explore topics including:

- Rationale for lifelong learning in adult day service settings for adults with disabilities;
- Current range and scope of opportunities for lifelong learning that are available in adult day service settings for adults with disabilities; also gaps;
- How learning is delivered in your setting;
- The outcomes the adults achieve as a result of this learning; and
- What is regarded as good practice in lifelong learning for adults with disabilities in day service settings and why? Including consideration of: Barriers (What impedes good practice?); Enablers (What contributes to good practice?); Measures of Success (Outcomes achieved).

### **Why Take Part?**

The information obtained from you and others during the research will improve NCSE's understanding of what support for lifelong learning is currently available to adults with disabilities in day service settings. Your opinion and experiences may help to improve the delivery of such services.

### **Safeguarding**

If you inform the researcher that you or someone else is at risk of harm, they may have to report this to the relevant authorities. This will be discussed with you first, but we may be required to report the matter with or without your permission.

## Right to Privacy

If you take part in the research, your privacy will be protected at all times. All information provided by you through the research will be treated confidentially and securely. The reporting of results for this research will ensure that your identity will remain anonymous. Therefore, individuals' interview findings are aggregated, and the analysis will only provide high-level or collective summaries of information and disguising any details of your response which may reveal your identity or the identity of people you speak about.

In circumstances where information in the report may potentially identify stakeholder organisations (only where it may be appropriate to do so), we will provide draft text to the participant for approval and ensure their right to privacy is protected.

All data (for example interview transcripts) will be stored securely and personal data will be removed (for example name, email address) to avoid individuals being identified. Interview data in its raw form will not be shared with the NCSE or indeed to anyone outside the research team.

A transcript of your interview, in which all identifying information has been removed and will be retained by RSM. Only the research team will have access to these until six months after the project is completed at which point these data will be destroyed.

In giving consent, participants have the right to withdraw this consent and be removed from the active research. Only the research team have access and the ability to remove the personal data of research participants who wish to withdraw from the research.

All data collected will be treated in compliance with the General Data Protection Regulations.

## What will Happen to the Results of this Review?

NCSE may publish the report of the review, but you will not be identified in any report or publication.

### 15.1.2 Contact Details

If you have any queries about the research or want to make a complaint, please contact the research manager on the details below.

Rosalind Henry (Associate Director, RSM UK Consulting LLP)	
Email:	<a href="mailto:rosalind.henry@rsmuk.com">rosalind.henry@rsmuk.com</a>
Telephone:	01 526 7440

### 15.1.3 Consent to Take Part in Research

I \_\_\_\_ am willing to participate in the research study entitled “Review of Educational Provision for Adults with Disabilities in Day Services” being conducted by RSM and Trinity College Dublin on behalf of the National Council for Special Education. I have been given sufficient information about the project and I understand the nature of the research. I am satisfied that the data I provide can be used in anonymous form in any publications that arise from this research.

By ticking this box, I understand I am giving my informed consent to participate in this study.	<input type="checkbox"/>
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#### Signature of Participant:

Signature of participant
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Date
------

#### Signature of Researcher:

I believe the participant is giving informed consent to participate in this study.

Signature of researcher
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Date
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## 15.2 Adult Day Service Users – Information and Consent

### 15.2.1 Information for Research Participants

#### Review of Lifelong Learning and Educational Provision for Adults with Disabilities in Day Service Settings

You have been invited to take part in an interview as part of the Review of Educational Provision for Adults with Disabilities in Day Service Settings. A research team comprising RSM UK Consulting and Trinity College Dublin (TCD) School of Education has been commissioned by the National Council for Special Education (NCSE) to conduct the review. The review includes several complementary strands including an online survey of day service settings, interviews with stakeholders (including policy makers, disability representative organisations and others) and site visits to day service settings to interview day service staff and adults.

Before you decide whether to take part, it is important you understand why the research is being carried out and what it will involve. Please take your time to read the following information. Please ask the research team if you have any questions or if you would like any further information (contact details provided in section 1.2).

## Purpose of the Research

This research seeks to fill a void in the understanding of learning opportunities and experiences for adults with disabilities accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that HSE day services do not provide educational services to people that avail of day services. However, in the delivery of day services, much learning may be achieved by service users.

This research aims to improve the understanding of:

- the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
- how this learning is delivered; and
- the actual outcomes the adults achieve as a result of this learning;

## Why Have I Been Invited?

You have been identified as a potential participant in this research because you have a role in supporting adults with disabilities in a day service setting. Your feedback will help to develop a picture of the current nature and extent of educational provision in day service settings. The review values the perspectives of all stakeholders: hearing about the experiences of those who are providing a direct service to adults with disabilities is crucial given first-hand experience of their needs. As part of the review, the research team is keen to hear your perspective.

## Do I Have to Take Part?

It is entirely your decision whether you take part in this research. The research team will not reveal who is taking part in the research or who has declined to take part. If you do decide to take part, you are free to withdraw at any time without giving a reason. Under the Freedom of Information Act you also have the right to access any information you have provided while it is in storage or otherwise specified. Please contact the research manager (details in section 1.2) if you would like your information to be removed at any time.

## What's Involved?

You will take part in a single interview, with a trained interviewer from the research team (which includes staff from RSM and TCD) who will follow a set of questions. This interview will take up to 45 minutes to complete. The interview will be one of several undertaken as part of a site visit. The research team is developing a framework and intends to use this to capture information about a range of elements regarding the lifelong, formal and informal learning of adults using day services. It will be used to contextualise and guide the data collection. Therefore, interviews will explore topics including:

- Rationale for lifelong learning in adult day service settings for adults with disabilities;
- Current range and scope of opportunities for lifelong learning that are available in adult day service settings for adults with disabilities; also gaps;

- How learning is delivered in your setting;
- The outcomes the adults achieve as a result of this learning; and
- What is regarded as good practice in lifelong learning for adults with disabilities in day service settings and why? Including consideration of: barriers (what impedes good practice?); enablers (what contributes to good practice?); measures of success (outcomes achieved).

### **Why Take Part?**

The information obtained from you and others during the research will improve NCSE's understanding of what support for lifelong learning is currently available to adults with disabilities in day service settings. Your opinion and experiences may help to improve the delivery of such services.

### **Safeguarding**

If you inform the researcher that you or someone else is at risk of harm, they may have to report this to the relevant authorities. This will be discussed with you first, but we may be required to report the matter with or without your permission.

### **Right to Privacy**

If you take part in the research, your privacy will be protected at all times. All information provided by you through the research will be treated confidentially and securely. The reporting of results for this research will ensure that your identity will remain anonymous. Therefore, individuals' interview findings are aggregated, and the analysis will only provide high-level or collective summaries of information and disguising any details of your response which may reveal your identity or the identity of people you speak about.

In circumstances where information in the report may potentially identify stakeholder organisations (only where it may be appropriate to do so), we will provide draft text to the participant for approval and ensure their right to privacy is protected.

All data (for example interview transcripts) will be stored securely and personal data will be removed (for example name, email address) to avoid individuals being identified. Interview data in its raw form will not be shared with the NCSE or indeed anyone outside the research team.

A transcript of your interview, in which all identifying information has been removed and will be retained by RSM. Only the research team will have access to these until six months after the project is completed at which point these data will be destroyed.

In giving consent, participants have the right to withdraw this consent and be removed from the active research. Only the research team has access and the ability to remove the personal data of research participants who wish to withdraw from the research.

All data collected will be treated in compliance with the General Data Protection Regulations.

### What will Happen to the Results of this Review?

NCSE may publish the report of the review, but you will not be identified in any report or publication.

### 15.2.2 Contact Details

If you have any queries about the research or want to make a complaint, please contact the research manager on the details below.

Rosalind Henry (Associate Director, RSM UK Consulting LLP)	
Email:	<a href="mailto:rosalind.henry@rsmuk.com">rosalind.henry@rsmuk.com</a>
Telephone:	01 526 7440

### 15.2.3 Consent to Take Part in Research

I \_\_\_\_ am willing to participate in the research study entitled "Review of Educational Provision for Adults with Disabilities in Day Services" being conducted by RSM and Trinity College Dublin on behalf of the National Council for Special Education. I have been given sufficient information about the project and I understand the nature of the research. I am satisfied that the data I provide can be used in anonymous form in any publications that arise from this research.

By ticking this box, I understand I am giving my informed consent to participate in this study.	<input type="checkbox"/>
---	--------------------------

#### Signature of Participant:

Signature of participant
Date

#### Signature of Researcher:


I believe the participant is giving informed consent to participate in this study.


Signature of researcher
Date


## 15.3 Adult Day Service Users – Information and Consent – Easy Read

### Interview Consent Form

Please Tick if You Agree

<input type="checkbox"/>	The researcher has talked about the research	
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<input type="checkbox"/>	I have been able to ask questions about the research	
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<input type="checkbox"/>	I agree to have what I said recorded	
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<input type="checkbox"/>	I can stop being involved in this project at any time
<input type="checkbox"/>	My answers will be confidential
<input type="checkbox"/>	I agree to take part in this project

Signature
Printed Name
Date

## 16. Appendix 16: Site Visits: List of Materials Requested

Organisation Name:	
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**Table 83: Table of Content/Materials to Request from Organisation**

	Numbering	Materials	Yes/ No	Soft/ Hard Copy	Not Yet Received
<b>Material related to adult/service users</b>	1	Artefacts relating to adult's person-centred plan			
	2	Picture cards if in use			
	3	Photo-story vignettes or equivalent from the activities engaged in by service users			
	4	Photographs			
	5	Samples of adults' work relative to lifelong learning			
	6	Oral/visual histories			
<b>Person-centred planning</b>	7	Template for person-centred plan			
	8	Policy/procedures for: developing person-centred plans			
	9	Policy/procedures for: reviewing person-centred plans			
<b>Organisation strategy/policies</b>	10	Organisation mission statement			
	11	Organisation vision statement			
	12	Policies/procedures that capture adults, relatives, staff input into organisation policy/strategy			
	13	Inclusion policy			

	Numbering	Materials	Yes/ No	Soft/ Hard Copy	Not Yet Received
<b>Organisation – staff training/development</b>	14	Staff training/development policy and/or training plan (organisation)			
	15	Training needs analysis – particularly in relation to training to support lifelong learning for adults with disabilities			
	16	Training development plan (per individual staff member) – particularly in relation to training to support lifelong learning for adults with disabilities			
	17	Staff training/development budget (overall) – particularly in relation to training to support lifelong learning for adults with disabilities			
	18	Staff training/development budget (per staff member) – particularly in relation to training to support lifelong learning for adults with disabilities			
<b>Information about any lifelong learning programmes offered (under 4 New Directions supports) – for example: programme name; method of delivery; duration; no. of participants; profile of participants (age, nature of disability), outcomes), etc.</b>	19	1: Support for Accessing Mainstream Education/Formal Learning, aims to help participants access mainstream educational programmes that are in line with their needs and abilities			
	20	2: Support for Making Transition and Progression, aims to help people with disability experience a seamless transition and progression through support systems provided by specialist and mainstream services			
	21	3: Support for Maximising Independence, aims to offer a range of skills preparation support such as money management, literacy and numeracy development, and building and maintaining relationships			
	22	4: Support for Making Choices and Plans, aims to support people with disabilities to take control over their life choices and how to achieve goals			

## 17. Appendix 17: Site Visits: Research Instruments

### 17.1 Discussion Guide for Day Service Management

#### Introduction/Opening Paragraphs (Five Minutes)

##### Preamble

Thank you for agreeing to be interviewed as part of this Review of Educational Provision for Adults with Disabilities in Day Service Settings

A research team comprising RSM UK Consulting and Trinity College Dublin (TCD) School of Education has been commissioned by the National Council for Special Education (NCSE) to conduct the review. The review includes several complementary strands including an online survey of day service settings, interviews with stakeholders (including policy makers, disability representative organisations and others) and site visits to day service settings to interview day service staff and adults.

The information obtained from you and others during the research will improve NCSE's understanding of what support for lifelong learning is currently available to adults with disabilities in day service settings. Your opinion and experiences may help to improve the delivery of such services.

The NCSE may publish the report of the review, but you will not be identified in any report or publication.

##### Purpose of the Research

This research is being commissioned to fill a void in the understanding of learning opportunities for? and experiences of? adults with disabilities who are accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that day services funded and/or delivered by the HSE may not provide educational services to people that avail of them. However, in the delivery of day services, much learning may be achieved by service users.

This research aims to improve the understanding of:

- the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
- how this learning is delivered; and
- the actual outcomes the adults achieve as a result of this learning.

This interview will take up to 45 minutes to complete. The interview will be one of several undertaken as part of a site visit. The research team is developing a framework and intends to use this to capture information about a range of elements regarding the lifelong, formal and informal learning of adults using day services. It will be used to contextualise and guide the data collection. Therefore, interviews will explore topics including:

- Rationale for lifelong learning in adult day service settings for adults with disabilities;
- Current range and scope of opportunities for lifelong learning that are available in adult day service settings for adults with disabilities; also gaps;
- How learning is delivered in your setting;
- The outcomes the adults achieve as a result of this learning; and
- What is regarded as good practice in lifelong learning for adults with disabilities in day service settings and why? Including consideration of: barriers (what impedes good practice?); enablers (what contributes to good practice?); measures of success (outcomes achieved).

The research team requests that you provide us with documents relating to lifelong learning for adults with disabilities attending your service before or during our site visit. In the event that these documents have already been received by the research team, we are happy to review this material if it is relative to any of our questions.

### **Consent to Participate and Recording the Interview**

Thank you for returning written consent form (if returned already).

[Note for Interviewer: If not returned, ask them to read and sign written consent form before commencing interview.]

The research team request permission to audio record the interview for the purposes of accurate reporting. Recordings will be transcribed but all views expressed will remain anonymous and confidential.

## Incorporating the Framework

This section of the interview guide will invite you to provide us with information regarding the approach to person-centred planning in the context of lifelong learning.

### Criterion 1: Person-centred approach to lifelong learning

#### SC 1.1 Individual plan developed and regularly reviewed setting goals which include learning

1. Can you tell me about your role in the organisation?
2. Does the organisation implement person-centred planning?
  - Prompt: Can you tell me about that? Who does it? Who is involved? Who approves, how often-reviewed etc?
  - Prompt: Do you oversee it?
  - Prompt: Does it reflect adults' strengths and needs; ability/capacity; college/flexible/adaptable/community? SMART
  - Prompt: Does it enhance adults' QoL; personal development; health and wellbeing? social roles; personal expression and creativity?

#### SC 1.2 Individuals develop their plans; making choices and decisions

3. Are the adults themselves involved in designing the plan? How are they involved? How does it work? what is the management perspective on this?
4. Are parents, family members and the wider community/services involved
  - Prompt: Can you describe how this works?

#### SC 1.3 Individuals have access to a range of certification options at all levels-document evidence

5. Do adults have access to a range of lifelong learning opportunities?
  - Prompt: Can you describe this?
  - Prompt: Are other stakeholders/services involved? Is support provided?
6. What does this involvement look like? How does it work?

The following section of the interview guide will ask your opinions on the importance of outcomes and the value to individuals.

### Criterion 2: Outcomes

#### SC 2.1 Impact on participants: value to individuals

7. Does the plan focus on learning that is meaningful to the adult? Could you elaborate on this? Are adults happy with their outcomes? – How do you know this?
2. Prompt: Are outcomes identified or are outcomes achieved or both?
3. Prompt: How is this recorded?
4. Prompt: How are new goals identified? – How are they measured?/achieved? – do you celebrate this?
5. Prompt: How are adults supported to manage setbacks/success?

### Criterion 2: Outcomes

#### SC 2.2 Impact on participants: outcomes

8. Can you describe the impact and outcomes of planning, for example the skills adults develop including general learning?
  - a. social skills;
  - b. life skills; and
  - c. communication skills.
9. Do adults have work goals as part of their plans/are these considered desired outcomes of learning/education?
  - a. Has their learning helped them towards employment/achieve employment goals?
  - b. Is there a link between learning activities and work goals?
  - c. Is career guidance provided? Prompt: National Guidance Service

#### SC2.3 Wider outcomes for organisations and the system

10. Are outcomes identified by adults through a person-centred planning process used by organisations to influence their organisational plans?
6. Prompt: Does this lead to innovation across the system?

This section of the interview guide will invite you to comment on staff capacity to deliver lifelong learning provision in your day service.

### Criterion 3: Staff capacity to deliver lifelong learning provision

#### SC3.1 Staff have appropriate knowledge skills etc. to support LIL of adults with disabilities

11. Do you support staff to gain the knowledge and skills etc. to support LIL of adults with disabilities?  
Prompt: How do you do this?
12. If staff need to consult or communicate with other staff or professionals for advice, collaboration or joint planning? – What happens? Can you give me examples?
  - a. Do you promote a culture of lifelong learning? What does that look like?

#### SC 3.2 Learning techniques integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning

13. Do you encourage staff to engage in joint planning and sharing of information and expertise?
14. How do you encourage staff to **communicate** with all relevant professionals working with each adult with disabilities?

#### SC 3.3 Staff training documentary evidence

15. Do you provide ongoing professional development and training (such as workshops, conferences and specialist consultations) in LIL and the **rights of adults with disabilities** for staff members?
  - a. How do you review training?
  - b. How do you advise and support staff re: implementation/within resource constraints?  
Prompt: Are there any facilitators and barriers? Can you describe these?

This section of the interview guide will seek your opinions on the culture of your organisation with respect to lifelong learning. Some of the information in this section will be obtained alternatively through a request for documentation by the research team

#### Criterion 4: Organisational culture with respect to lifelong learning

##### Organisation culture management questions/documents

##### SC 4.1 Organisation vision for adult services

16. Does the setting have a clear vision statement reflecting on emphasis on lifelong learning?
  - a. Is it regularly reviewed?
17. Does the organisation/day service's focus on lifelong learning prepare adults for the future?
  - a. Can you describe this?
  - b. How does the voice of the adult inform this? Your policy/practices?

##### SC 4.2 Governance and management

18. How does the organisation demonstrate person-centred services and improved outcomes for adults through its strategic and operational plans?

##### SC 4.3 Inclusive service culture and learning environment documentary evidence

##### SC 4.4 Staff attitudes to lifelong learning/documentary evidence

19. Is there a clear understanding among staff of what learning means for adults in the day service?
  - Prompt: How is the effectiveness of different learning activities (projects) assessed?
  - Prompt: Do you celebrate achievements?

##### SC 4.5 Holistic approach/documentary evidence

20. Does the organisation have a culture that encourages regular feedback from relatives, staff and others, and does this feedback inform practice?

## 17.2 Discussion Guide for Day Service Staff

### Introduction/Opening Paragraphs (Five Minutes)

#### Preamble

Thank you for agreeing to be interviewed as part of this Review of Educational Provision for Adults with Disabilities in Day Service Settings

A research team comprising RSM and Trinity College Dublin (TCD) School of Education has been commissioned by the National Council for Special Education (NCSE) to conduct the review. The review includes several complementary strands including an online survey of day service settings, interviews with stakeholders (including policy makers, disability representative organisations and others) and site visits to day service settings to interview day service staff and adults.

The information obtained from you and others during the research will improve NCSE's understanding of what support for lifelong learning is currently available to adults with disabilities in day service settings. Your opinion and experiences may help to improve the delivery of such services.

The NCSE may publish the report of the review, but you will not be identified in any report or publication.

## Purpose of the Research

This research is being commissioned to fill a void in the understanding of learning opportunities for? and experiences of? adults with disabilities who are accessing day services. These learning opportunities could cover a broad range, from the very informal to more formal ones. The research team recognises that day services funded and/or delivered by the HSE may not provide educational services to people that avail of them. However, in the delivery of day services, much learning may be achieved by service users.

This research aims to improve the understanding of:

- the range and scope of opportunities for learning that are available in adult day services for adults with disabilities;
- how this learning is delivered; and
- the actual outcomes the adults achieve as a result of this learning;

This interview will take up to 45 minutes to complete. The interview will be one of several undertaken as part of a site visit. The research team is developing a framework and intend to use this to capture information about a range of elements regarding the lifelong, formal and informal learning of adults using day services. It will be used to contextualise and guide the data collection. Therefore, interviews will explore topics including:

- Rationale for lifelong learning in adult day service settings for adults with disabilities;
- Current range and scope of opportunities for lifelong learning that are available in adult day service settings for adults with disabilities; also gaps;
- How learning is delivered in your setting;
- The outcomes the adults achieve as a result of this learning; and
- What is regarded as good practice in lifelong learning for adults with disabilities in day service settings and why? Including consideration of: barriers (what impedes good practice?); enablers (what contributes to good practice?); measures of success (outcomes achieved).

The research team requests that you provide us with documents relating to lifelong learning for adults with disabilities attending your service before or during our site visit. In the event that these documents have already been received by the research team, we are happy to review this material if it is relative to any of our questions.

## Consent to Participate and Recording the Interview

Thank you for returning written consent form (if returned already).

[Note for Interviewer: If not returned, ask them to read and sign written consent form before commencing interview].

The research team request permission to audio record the interview, for the purposes of accurate reporting. Recordings will be transcribed but all views expressed will remain anonymous and confidential.

### Opening Questions (Five Minutes) – Profile of the Day Service Location

As part of the research, we are conducting a number of site visits.

To ensure we cover as broad and representative a sample as possible, we would like to confirm/complete the following information about this setting.

- [Note for Interviewer: The table overleaf will be populated as far as possible in advance – this should be checked/any gaps completed at the site visit].

Agreed Date/Time of Visit	
Researcher Attending – TCD	
Researcher Attending – RSM	
Organisation Name	
Contact Person	
Title/Role	
CHO Area	
Type of Organisation Voluntary/Statutory/HSE	
Nature of Disability/Range of needs [SINGLE/MULTIPLE DISABILITY AT LOCATION]	
PRIMARY DIAGNOSIS of adults attending this location	
For those with ID, degree of disability	
Size of Setting (Staff numbers)	
Size of Setting (Service user numbers)	
ND Supports – 1: Accessing mainstream and education/ formal learning (Y/N)	
ND Supports-2: Making transitions and progression (Y/N)	
ND Supports-3: Maximising independence (Y/N)	
ND Supports-4: Making choices and plans (Y/N)	

If the location has completed RSM survey, some further information will be available on programmes offered.

## Incorporating the Framework

This section of the interview guide will invite you to provide us with information regarding the approach to person-centred planning in the context of lifelong learning.

### Criterion 1: Person-centred approach to lifelong learning

#### SC 1.1 Individual plan developed and regularly reviewed setting goals which include learning

1. Can you tell me about your role?
2. Can you tell me about person centred planning in your Day Service?  
Prompt: Is it reviewed? How often?
3. Can you tell me how you support adults in your service?  
Prompt: Can you describe their likes/interests/strengths/wishes?
4. Can you take me through a typical day?  
Prompt: Are these activities individual/group/community based?
  - a. Do you think there are potential benefits of a service having a lifelong learning focus?  
Prompt: Does it support **quality of life** and **personal development**, how?  
Prompt: What are the challenges?

#### SC 1.2 Individuals develop their plans; making choices and decisions

5. Can you tell me how adults are involved/active in their own education/learning?
6. Are parents/carers and support workers involved and consulted? Could you explain how?
7. Is the wider community involved? Are **external services/employers** included in the planning process?  
Prompt: Do you support employers to understand the needs of people with disabilities in work?

#### SC 1.3 Individuals have access to a range of certification options at all levels – document analysis

8. Do adults have access to a range of lifelong learning opportunities? that is formal/informal education? DOCS  
Prompt: Can you describe this?  
Prompt: Are other stakeholders involved? Support?

The following section of the interview guide will ask your opinions on the importance of outcomes and the value to individuals:

### Criterion 2: Outcomes

#### SC 2.1 Impact on participants: value to individuals

9. Does the plan focus on learning that is important to the adult? – How do you know this?
10. Are new goals identified?  
Prompt: How? How are they recorded?
11. Can you describe how adults supported to manage setbacks/success?

#### SC 2.2 Impact on participants: outcomes

12. Can you describe the impact and outcomes of planning for adults, for example do they develop?
  - a. social skills,
  - b. life skills; and
  - c. communication skills.

### Criterion 2: Outcomes

13. Do adults have work goals as part of their plans/is it a desired outcome of learning/education?  
Can you tell me about this?

Prompt: Has their learning helped them towards employment/achieve employment goals?

Can you explain how?

Prompt: Is there a link between learning activities and work goals?

Prompt: Is career guidance provided?

#### SC2.3 Wider outcomes for organisations and the system

14. Does person-centred planning influence organisational plans?

Prompt: How does this happen?

Prompt: Does this ever lead to innovation? In other words, does it help create something new?  
How?

This section of the interview guide will invite you to comment on staff capacity to deliver lifelong learning provision in your day service:

### Criterion 3: Staff capacity to deliver lifelong learning provision

#### SC3.1 Staff have appropriate knowledge skills etc. to support LLL of adults with disabilities

15. Do you feel you have the appropriate knowledge and skills to support LLL of adults with disabilities?

Prompt: Can you tell me about this?

Prompt: Are you supported and supervised to empower adults with disabilities?

Prompt: Do you understand when to consult or communicate with other staff or professionals for advice, collaboration or joint planning?

Prompt: how does that happen? Can you give me examples?

#### SC 3.2 Learning techniques integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning

#### SC 3.3 Staff Training – May be evident in Documents

16. Do you receive ongoing professional development (such as workshops, conferences and specialist consultations) in relation to lifelong learning and the rights of adults with disabilities?

Prompt: Is it regular/reviewed?

#### SC4.1 Organisation Vision for adult services – May be evident in Documents

17. Do you feel that the organisation's focus on lifelong learning helps prepare adults for the future – what lies ahead?

Prompt: How does the voice of the adult inform this?

#### SC4.5 Holistic Approach

18. Does the organisation have a culture that encourages regular feedback from residents, relatives, staff and others?

Prompt: does this feedback inform practice?

Prompt: Do you celebrate achievements?

## 17.3 Discussion Guide for Service Users






### Introduction/Opening Paragraphs (Five Minutes)

#### Preamble

Thank you for agreeing to be interviewed as part of this Review of Educational Provision for Adults with Disabilities in Day Service Settings. The information that is collected today will help the National Council for Special Education (NCSE) understand more about lifelong learning in Day Services. The NCSE may publish the report but you will not be identified if included.

#### About this Project

A research team from RSM and Trinity college Dublin are joining together to help learn more about adults' day services in Ireland.

	<p><b>What will we research?</b> We are doing research on lifelong learning in Day Services.</p>
	<p><b>Why do we want to work on this?</b> We don't have enough information on lifelong learning in Day Services.</p>
	<p><b>What do we need to find out?</b> We need to find out about how person-centred planning and learning is delivered in your setting; We would like to ask you for your views on this, or what you think about it.</p>
	<p><b>How will we find it out?</b> By visiting day services, asking questions and talking to people including day service staff, and managers [and parents], looking at how adults use services, and how staff work with adults using the service?</p>
	<p><b>Information about the Interview?</b> The interview will take about 15 minutes. Please ask for a break if you need one. If you need to stop, please let me know. That is OK. We will use the information to create a report on Education and lifelong learning for adults in Day services.</p>

During the interview I will ask questions about your person-centred plan and learning.

## Consent to Participate and Recording the Interview

Thank you for returning written consent form (if returned already).

[Note for Interviewer: If not returned, ask them to read and sign written consent form before commencing interview].

The research team request permission to audio record the interview, for the purposes of accurate reporting. Recordings will be transcribed but all views expressed will remain anonymous and confidential.

## Incorporating the Framework

This section of the interview guide will invite you to provide us with information regarding the approach to Person Centred Planning in the context of Lifelong Learning.

## Incorporating the Framework for Service Users

### Criterion 1: Person-centred approach to lifelong learning

#### SC 1.1 Individual plan developed and regularly reviewed setting goals which include learning

1. Tell me about your [person-centred] plan... (Subsequently, minimal nonverbal encouragers (for example, head nods, pauses) and further open-ended questions (for example, Tell me more about the plan),
  - a. Does your plan include goals?  
 Prompt: What are they?  
 Prompt: could you describe what they are? Who sets the goals?
  - b. Who helps you?
  - c. Can you tell me what you when you make your plan?  
 Prompt: What is it about?  
 Prompt: What is in it?  
 Prompt: Is it about your-strengths/provide supports?  
 Prompt: Does it change over time? Why?
  - d. Do you check the goals at different times – how? Can you describe this? What happens then?
  - e. Are there steps to follow in working on the goals?

#### SC1.2

2. Is your family involved?
3. Does any of the staff support and help you? – In what way?
4. Does anyone in the community help? – In what way?

#### SC1.3

5. Does your plan help you learn new things –  
 Prompt: Where? [College/Uni?]  
 Prompt: Do you receive Certs/Quals?  
 Prompt: Who else is involved?

**Criterion 2: Impact on participants: value to individuals**

**SC2.1 Outcomes**

6. Tell me more about what the plan does?
  - a. Is it important to you?
  - b. Are you happy with the plan?
  - c. How do you manage setbacks and successes?
  - d. Do you get feedback? – who gives it? How?

**Outcomes**

**SC2.2 Impact on participants: outcomes**

7. How does your plan help you socially/independence/communication?
8. Does your plan help you prepare you for work?
9. Can you tell if the plan:
  - a. Affects the way you feel about yourself? when you are with others?
  - b. Affects how you express yourself/using the Arts?
  - c. Affects how you stand up for yourself [advocacy]?
  - d. Does anyone advise you around education/training/work in the DS/externally?

**Criterion 3: Staff capacity to deliver lifelong learning provision**

**SC3.1 Staff have appropriate knowledge skills etc. to support LIL of adults with disabilities**

10. Do the staff in your day service help you learn new skills –
  - a. Based on your strengths/interest?
  - b. Do you learn new skills similar to your friends and family?
11. Do the staff in your day service help you become involved in a variety of activities and experiences? (Can you tell me about this?/Where does this happen?)
  - c. Do they work with other people and professionals to support you?

**Criterion 4: Organisational culture with respect to lifelong learning**

**Organisation Culture**

**SC4.1 Organisation vision for adults services**

12. Does your DS/organisation have a vision statement/website?
 

Prompt: (Tell me what you think about it ...are you involved/on it?)

Prompt: Does the DS/Organisation prepare you for the future/what lies ahead?

**Governance and management**

13. Do families/carers/advocates and support workers work together with your day service?
14. Do your staff/management. understand your needs well and find supports/help if you need them?

**Inclusive service culture and learning environment**

15. Are you involved in projects?
 

Prompt: Tell me about that? – what does these look like?

Prompt: Is there anything else you would like to do?

Prompt: Does your DS celebrate your achievements? (Tell me how...?)

**Staff attitudes to lifelong learning**

16. What's the most important thing about your plan?
 

Prompt: Is there anything else you would like to say about lifelong learning?

Thank you for taking part in this interview!

## 17.4 Discussion Guide for Service Users – Easy Read






### Introduction/Opening Paragraphs (Five Minutes)

#### Preamble

Thank you for agreeing to be interviewed as part of this Review of Educational Provision for Adults with Disabilities in Day Service Settings. The information that is collected today will help the National Council for Special Education (NCSE) understand more about lifelong learning in Day Services. The NCSE may publish the report but you will not be identified if included.

#### About this Project



A research team from RSM and Trinity college Dublin are joining together to help learn more about adults' day services in Ireland.

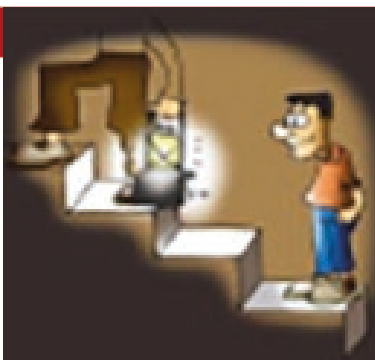
	<p><b>What will we research?</b> We are doing research on person-centred planning and lifelong learning in Day Services.</p>
	<p><b>Why do we want to work on this?</b> We don't have enough information on person-centred planning or learning in Day Services.</p>
	<p><b>What do we need to find out?</b> We need to find out about how person-centred planning and learning is delivered in your setting.</p>
	<p><b>How will we find it out?</b> By visiting day services, asking questions and interviewing adults, day service staff, and managers [and parents].</p>
	<p><b>Information about the Interview?</b> The interview will take about 15 minutes. Please ask for a break if you need one. If you need to stop, please let me know. That is OK. We will use the information to create a report on Education and lifelong learning for adults in Day services.</p>


During the interview I will ask questions about your person-centred plan and learning.


To help me take part in this interview, i can ask someone to support me (keyworker/mentor).


**Consent**

	saying YES
	or NO

<p><b>Can you tell me about your plan?</b></p> <ul style="list-style-type: none"> <li>• Do you make/develop your plan?</li> <li>• Does your plan include goals?             <ul style="list-style-type: none"> <li>a. Who sets the goals? How? Who helps you?</li> </ul> </li> <li>• Are there steps to follow in working on the goals?</li> <li>• Does your plan describe your strengths/support you?             <ul style="list-style-type: none"> <li>a. Does it change over time?</li> <li>b. Do you check the goals at different times during the year? How often?</li> </ul> </li> </ul>	
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<p><b>Tell me more about how you are involved in the plan?</b></p> <ul style="list-style-type: none"> <li>• Is your family involved?</li> <li>• Do staff support/community help?</li> </ul>	
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<p><b>Does your plan help you learn new things/subjects/courses?</b></p> <ul style="list-style-type: none"> <li>• Where? [College/Uni?]</li> <li>• Do you receive Certs/Quals?</li> <li>• Are other people/tutors/colleges etc. involved in the courses?</li> </ul>	
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<p><b>Tell me more about your plan</b></p> <ul style="list-style-type: none"> <li>• Is it important to you?</li> <li>• Are you happy with it?</li> <li>• Can you find out how your plan is working?</li> </ul>	
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**Tell me about when things go well**

- If they don't go well – what happens then?
- Does the plan help you get on with other people, feel independent/communicate?



**Does your plan help prepare you for work?**

1. Does the plan affect how?
  - i. You feel good about yourself – when you are with others?
  - ii. Express yourself
  - iii. Stand up for yourself
  - iv. Help you do new things for the Day Service?
2. How does that feel?



**Do staff in your Day Service help you learn new skills?**

- Do different things that you like?
- Do things like everyone else?



**Does the Day Service have a website?**

- Are you involved/on it?

**What does your family think about the Day Service?**

- Does your family work with the Day Service?



**Do staff understand your needs and find supports?**

- Do they think your plan is important?



**Are you involved in any projects?**

- Tell me about that? Is there anything else you want to do?

**Does your Day Service celebrate your success?**

- What's the most important thing about your plan?



Thank you for your time!

## 17.5 Observation Schedule of Environment/Activity in Day Service

Categories	Components	Elements of Criteria/Sub-criteria
<b>Activity</b>	Participation/engagement level	
<b>Time/Duration</b>	Time spent in activity/frequency of activity	
<b>Involvement</b>	Level of involvement in activity – vocalisations, gestures, eye gaze, postural changes, and object use (Hamilton and Atkinson, 2009)	
<b>Language and interactions</b>	Who speaks to whom, who initiates, responses, tone of voice	
<b>Day service personnel activity</b>	What people do, who does what, who interacts with whom, who is not interacting	
<b>Social interaction</b>	Proximity to others; social interactions/isolate	
<b>Physical space/ environment</b>	Sizes of rooms, distance to walk/ travel to desired destinations, physical layout of the observation site/activity levels	
<b>Human traffic</b>	People who enter, leave, and spend time at the observation site	
<b>Notable behaviours</b>	Identification of change in behaviour	

## 18. Appendix 18: Mapping Data Sources to the Framework

Evidence was collected from four data sources. The table below shows how the evidence collated from these is mapped against each element of the framework. The following key is used:

- Document checklist – **DC**
- Staff interviews – **SI**
- Service users interviews – **SUI**
- Observations of setting – **OS**

**Table 84: Mapping Data Sources/Evidence by Against Criteria/Sub-Criteria**

Criterion	Sub-Criterion	Element	DC	SI	SUI	OS	Total Number of Data Sources
<b>1. Person-centred approach to lifelong learning</b>	1.1 Individual plan developed (and regularly reviewed) – setting goals which include learning	1.1.1	✓	✓	✓	✓	4
		1.1.2	✓	✓	✓	✓	4
		1.1.3	✓	✓	✓	✓	4
		1.1.4	✓	✓			2
		1.1.5	✓	✓			2
		1.1.6	✓	✓	✓		3
		1.1.7	✓	✓	✓		3
		1.1.8	✓				1
	1.2 Individuals develop their plans; making choices and decisions	1.2.1	✓	✓	✓	✓	4
		1.2.2	✓	✓	✓	✓	4
		1.2.3	✓	✓	✓		3
		1.2.4	✓	✓			2
		1.2.5	✓	✓			2
	1.3 Individuals have access to a range of certification options, at all levels	1.3.1	✓	✓	✓		3
		1.3.2	✓	✓	✓		3
		1.3.3		✓	✓		2
		1.3.4		✓			1
		1.3.5		✓	✓		2

Criterion	Sub-Criterion	Element	DC	SI	SUI	OS	Total Number of Data Sources
<b>2. Outcomes</b>	2.1 Impact on participants: value to individuals	2.1.1	✓	✓	✓	✓	4
		2.1.2	✓	✓	✓	✓	4
		2.1.3	✓	✓	✓		3
		2.1.4	✓	✓	✓		3
		2.1.5	✓	✓	✓	✓	4
	2.2 Impact on participants: Outcomes	2.2.1	✓	✓	✓	✓	4
		2.2.2	✓	✓	✓		3
		2.2.3	✓	✓	✓		3
		2.2.4	✓	✓	✓		3
		2.2.5	✓	✓	✓		3
		2.2.6	✓	✓			2
		2.2.7	✓	✓			2
		2.2.8	✓	✓			2
		2.2.9	✓	✓	✓		3
		2.2.10	✓	✓			2
		2.2.11	✓	✓			2
		2.2.12	✓	✓	✓		3
		2.2.13	✓	✓	✓		3
		2.2.14	✓	✓	✓		3
		2.2.15	✓	✓	✓		3
		2.2.16	✓	✓			2
		2.2.17	✓	✓			2
		2.2.18	✓	✓			2
		2.2.19	✓	✓	✓		3
	2.3 Wider outcomes for organisations and the system	2.3.1	✓	✓			2
		2.3.2			✓		1

Criterion	Sub-Criterion	Element	DC	SI	SUI	OS	Total Number of Data Sources	
<b>3. Staff capacity to deliver lifelong learning provision</b>	3.1 Staff have knowledge, skills etc. required to support lifelong learning of adults with disabilities	3.1.1	✓	✓			2	
		3.1.2	✓	✓			2	
		3.1.3	✓	✓			2	
		3.1.4	✓	✓			2	
		3.1.5	✓	✓			2	
		3.1.6	✓	✓			2	
		3.1.7	✓	✓			2	
	3.2 Learning techniques integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning	3.2.1	✓	✓	✓	✓	4	
		3.2.2	✓	✓	✓	✓	4	
		3.2.3	✓	✓	✓	✓	4	
	3.3 Staff training	3.3.1	✓	✓	✓		3	
		3.3.2	✓	✓			2	
		3.3.3	✓	✓			2	
		3.3.4	✓	✓			2	
		3.3.5	✓	✓			2	
		3.3.6	✓	✓			2	
		3.3.7	✓	✓			2	
		3.3.8	✓	✓			2	
	<b>4. Organisational culture</b>	4.1 Organisation vision (for adult day service)	4.1.1	✓	✓	✓		3
			4.1.2	✓	✓	✓		3
			4.1.3	✓	✓	✓		3
4.1.4			✓	✓			2	
4.1.5			✓	✓			2	
4.2 Governance and management		4.2.1	✓	✓	✓		3	
		4.2.2	✓	✓	✓		3	
		4.2.3	✓	✓			2	
		4.2.4	✓	✓	✓		3	
		4.2.5	✓	✓			2	

Criterion	Sub-Criterion	Element	DC	SI	SUI	OS	Total Number of Data Sources
<b>4. Organisational culture (continued)</b>	4.3 inclusive service culture and learning environment	4.3.1	✓	✓	✓		3
		4.3.2	✓	✓	✓		3
		4.3.3	✓	✓			2
		4.3.4	✓	✓			2
	4.4 Staff attitudes to lifelong learning	4.4.1	✓	✓			2
		4.4.2	✓	✓			2
		4.4.3	✓	✓			2
		4.4.4	✓	✓			2
		4.4.5	✓	✓			2
	4.5 Holistic approach	4.5.1	✓	✓			2
		4.5.2	✓	✓			2
		4.5.3	✓	✓			2

