

Review of Education in Adult Day Services

RSM: Terry McAdam, Jenny Irwin, Rosalind Henry, Beth Young, Laura Brownlee, Steven Norris,
June Graham, David Fleming, Patrick McCourt, Matthew McCracken and Robert Ward.

TCD: Professor Michael Shevlin, Dr Miriam Twomey, Dr Conor McGuckin,
Dr Joanne Banks, Dr Norah Sweetman and Dr Mary-Ann O'Donovan.

RESEARCH REPORT NO. 29



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



A report commissioned by the NCSE.
All NCSE research reports undergo peer review.

2021

The National Council for Special Education has funded this research.
Responsibility for the research (including any errors or omissions) remains with
the authors. The views and opinions contained in this report are those of the authors
and do not necessarily reflect the views or opinions of the Council.

© NCSE 2021

National Council for Special Education

1-2 Mill Street

Trim

Co Meath

C15 P2KC

T: 01 6033200

www.ncse.ie

Foreword

The NCSE is pleased to publish this review of education provision in adult day services. Research evidence in the Irish context points to challenges that young people with disabilities experience in successfully transitioning from school to the next level of education or training. While the experience of those moving to higher and further education settings is reasonably well documented, little is known about educational provision and learning programmes for people with disabilities in adult day services.

We commissioned this review to achieve a number of objectives – to understand more about education provision in the sector; to examine what practice guidelines and standards exist nationally and internationally; and to review education provision in a number of adult day services in the context of practice guidelines.

The review demonstrated an extensive and diverse range of educational provision in settings, ranging from the most common programmes on personal care that helped to develop life skills for adult users, to supporting access to mainstream education or formal learning.

This research has been novel in producing a framework for reviewing education and lifelong learning in day services. The review of sites visited in this study highlighted that there was strong evidence of good practice consistent with the framework in many areas, such as good person centred approaches in sites and a focus on outcomes for users. However, there was scope for improvement and development in other areas, such as providing greater staff training opportunities.

The engagement with stakeholders as part of this research highlighted the merits of the framework as a benchmark for good practice within the sector. This report offers an initial snapshot of how adults are experiencing education supports in day service provision in Ireland, with scope to further develop the framework by consulting with people with disabilities and seeking the views of parents/carers directly. The research will be of considerable interest to those working to provide and progress education and lifelong learning in day services for adults with a range of disabilities.

Teresa Griffin
Chief Executive Officer

December 2021

Acknowledgements

The research team, RSM with associates from Trinity College Dublin School of Education, would like to acknowledge the support and contribution of the NCSE, along with members of the Advisory Group in the delivery of this review, including feedback on approach/methodology, draft materials and research constraints.

The Advisory Group comprised:

Anne Marie Ward, Manager, HSE Day Services Supports

Anne Melly, National Disability Specialist, HSE

Catherine Kelly, Director of Services, WALK

Catherine Stuart, Training Manager, Central Remedial Clinic

Dharragh Hunt, Policy Advisor, National Disability Authority

Justin Sinnott, Research and Evaluation Manager, SOLAS

Liam Coen, Research Unit, NCSE (chair)

Sheelagh Drudy, Vice Chairperson of NCSE, 2016-2018, and Emeritus Professor of Education, UCD

We also greatly appreciate and acknowledge the valuable contributions and engagement of adults, day service centre staff and other stakeholders who participated in various strands of consultation. This included hosting site visits, completing online survey and participating in interviews as well as sharing information and views with us.

In addition, the research team also wishes to record its appreciation of support from various organisations including: NCSE, HSE, National Federation of Voluntary Bodies and Not-for-Profit Association in promoting the review, in particular disseminating information about the online survey.

The report was completed by a team from RSM and TCD including:

RSM: Terry McAdam, Jenny Irwin, Rosalind Henry, Beth Young, Laura Brownlee, Steven Norris, June Graham, David Fleming, Patrick McCourt, Matthew McCracken and Robert Ward.

TCD: Professor Michael Shevlin, Dr Miriam Twomey, Dr Conor McGuckin, Dr Joanne Banks, Dr Norah Sweetman and Dr Mary-Ann O'Donovan.

Contents

Definitions and Glossary	vii
1. Executive Summary	1
2. Introduction and Background	17
3. Methodology	25
4. Literature/Policy Review to Identify Good Practice	48
5. The Framework	83
6. Profile of the Sector	90
7. Survey Findings	104
8. Stakeholder Perspectives	113
9. Criterion 1: Person-Centred Approach to Lifelong Learning	124
10. Criterion 2: Outcomes	133
11. Criterion 3: Staff Capacity to Deliver Lifelong Learning	142
12. Criterion 4: Organisational Culture with Respect to Lifelong Learning	147
13. Key Findings and Implications	154
14. Bibliography	170

Appendices

The appendices below are published in a [separate volume](#) to the main report.

Appendix 1: Profile of Adult Day Services in Ireland

Appendix 2: Policy Context

Appendix 3: Literature Review

Appendix 4: Definitions

Appendix 5: Bibliography

Appendix 6: Stakeholder Consultation: Invitation

Appendix 7: Stakeholder Consultation: Information
for Research Participants and Consent Forms

Appendix 8: Stakeholder Consultation: Topic Guide

Appendix 9: Survey: Invitation

Appendix 10: Survey: Information and Consent

Appendix 11: Survey: Questionnaire

Appendix 12: Survey: Findings

Appendix 13: Profile of Site Visits: Settings and Adults

Appendix 14: Site Visits: Invitation

Appendix 15: Site Visits: Information and Consent Forms

Appendix 16: Site Visits: List of Materials Requested

Appendix 17: Site Visits: Research Instruments

Appendix 18: Mapping Data Sources to the Framework

Index of Tables

Table 1: Definitions	vii
Table 2: Glossary	xi
Table 3: Sites Visited by Source	36
Table 4: Characteristics of Research Sites	38
Table 5: Profile of Service Users Interviewed	39
Table 6: Rating at the Sub-Criterion Level	41
Table 7: Framework – Summary	83
Table 8: Framework – Criterion 1 Person-Centred Approach to Lifelong Learning	84
Table 9: Framework – Criterion 2 Outcomes	85
Table 10: Framework – Criterion 3 Staff Capacity to Deliver Lifelong Learning	87
Table 11: Framework – Criterion 4 Organisational Culture with Respect to Lifelong Learning	88
Table 12: Profile of Settings by Location	91
Table 13: Profile of Day Service Users (18+ Years) by Age – NIDD (2017)	94
Table 14: Profile of Day Service Users (18+ Years) by Age – NPSDD (2017)	95
Table 15: Profile of Day Service Users (18+ Years) by Age – NIDD and NPSDD	96
Table 16: Profile of Adult Day Service Users by Gender	97
Table 17: Number of People in Day Services by CHO Area	97
Table 18: Summary Findings by Support – Number and Nature of Programmes Offered	106
Table 19: Summary Findings by Support – Programme Delivery	107
Table 20: Summary Findings by Support – Most Common Outcomes Achieved by Adults with Disabilities	109
Table 21: Summary of Programmes by Support	161

Definitions and Glossary

Definitions

It is acknowledged at the outset that there are no standard fixed definitions of the many terms associated with this study either internationally or within national contexts, nor are they specifically defined in legislation or guidance. Therefore, the research team has reviewed multiple definitions for each term from credible and reputable sources, primarily Irish due to relevance and consistency, for 17 key terms associated with this research. The proposed definitions have been taken from these sources and are presented in the table below (further details in Appendix 4).

Table 1: Definitions

Term	Proposed Working Definition
Disability	A constraint in a person's ability 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. ¹ In respect of lifelong learning: a constraint in a person's ability to participate in and benefit from education due to an enduring physical, sensory, mental health or learning disability, or any other condition that which results in a person learning differently from a person without that condition. It is recognised, however, that such constraints may be accommodated in order to allow individuals to achieve their full potential in line with their needs, abilities and aspirations. ²
Adult day services	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. ³ The service aims 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 ⁴ .

1 Government of Ireland, (2005). Disability Act 2005 – Part 2. Dublin: Governments Publications Office.

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

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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

4 NCSE. (2014). *Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities*. Trim, IRL: National Council for Special Education. [Accessed 20/05/2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

Term	Proposed Working Definition
Where adult day services are provided ⁵	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.
Service user ⁶	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.
Personnel who deliver education ⁷	Although some staff may view themselves as solely focused within 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, a wide range of personnel providing services to individuals with disabilities can be referred to as trainers or tutors who support the provision of learning programmes.
Education ⁸	Lifelong learning, formal and informal learning and learning which may or may not be accredited and supports individuals to reach their potential.
Lifelong learning ⁹	Lifelong learning is all purposeful learning activity – whether formal, non-formal or informal – undertaken on an ongoing basis to improve knowledge, skills and competence.
Lifelong learning – for adults with disabilities in day services ¹⁰	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: <ul style="list-style-type: none"> • Support for accessing education/formal learning • Support for making transitions and progressions • Support for maximising independence • Support for making choices and plans

- 5 HSE National Vision for Change Working Group, (2012). *Advancing Community Mental Health Services in Ireland, Guidance Papers*. Dublin: Health Service Executive.
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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>
- 6 HSE, (2012). National Healthcare Charter. [Viewed 19/06/19] Available from: <https://www.hse.ie/eng/about/who/qid/person-family-engagement/national-healthcare-charter/national-healthcare-charter.pdf>
- 7 HSE, (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: HSE. [Viewed 20/05/2019].
Job Description. Viewed [13/09/18]. Available at: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>
- NALA, (2018). *Guidelines on the inclusion of people with intellectual disabilities in adult literacy services*. Dublin: NALA.
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 20/05/2019]. Available at: <https://www.jamk.fi/en/Research-and-Development/RDI-Projects/senel/home/>
- 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*. Meath, IRL: National Council for Special Education.
- 8 UIS, OECD, Eurostat (2001). *Data Collection on Education Systems: Definitions, Explanations and Instructions*. Paris: UIS, OECD, Eurostat.
Department of Education and Science, (2000). *Learning for Life: White Paper on Adult Education*. Dublin: The Stationery Office.
- 9 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.
- 10 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

Term	Proposed Working Definition
Inclusive education ¹¹	Inclusive education is defined as that which provides learners with access to meaningful, high-quality education and learning opportunities in their local community, alongside their disabled and non-disabled peers.
Formal learning ¹²	Formal learning is a structured and organised form of education that comprises set learning objectives formally measured by assessment.
Accreditation ¹³	Accreditation is the formal or informal recognition of achievement in education activities which adds value to a prior process of learning.
Informal and non-formal learning ¹⁴	Any learning outside the structured curriculum of formal learning where it is experiential and not governed by the formal assessment system.
Further education and training (FET) and vocational education and training (VET) ¹⁵	Learning dedicated to all learners aged 16 and over that facilitates training, employment, upskilling and reskilling and for some progress to higher education. This is achieved through high-quality, accessible and flexible education support alongside training and skill development supports suited to the individual.
(Learning) outcomes ¹⁶	(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.

-
- 11 Adapted from European Agency for Special Education Needs and Inclusive Education [Viewed 05/06/2019]. Available at: <https://www.european-agency.org/about-us/who-we-are/agency-position-inclusive-education-systems>
- 12 Werquin, P., 2010. *Recognition of non-formal and informal learning: Country practices*. Organisation de coopération et de développement économiques OCDE. Paris. Disonible en Council of Europe. Formal, non-formal and informal learning [online]. Council of Europe. [Viewed 20/05/2019] Available at: <https://www.coe.int/en/web/lang-migrants/formal-non-formal-and-informal-learning>
- 13 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.
- 14 Council of Europe. Formal, non-formal and informal learning [online]. Council of Europe. [Viewed 20/05/2019] Available at: <https://www.coe.int/en/web/lang-migrants/formal-non-formal-and-informal-learning>
- Murphy, A., (2007). OECD Thematic Review on Recognition of non-formal and informal learning. Country Background Report, Ireland [Viewed 20/10/2009] Available from: <http://www.oecd.org/dataoecd/3/57/41679902.pdf>
- 15 Werquin, P., 2010. *Recognising non-formal and informal learning*. SOLAS, (2016). 2016 Further Education and Training Services Plan. SOLAS.
- 16 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>
- 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.

Term	Proposed Working Definition
Person-centredness ¹⁷	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 provider truly listens to and respects that person's choices and tailors services and supports around them. This may involve adapting existing supports and services to meet the person's needs and/or facilitating choices not limited to the options on offer within any one provider's range of services. A person-centred approach means having high expectations for the person, helping them to manage challenges and risk. Support for community inclusion, active citizenship and positive risk taking is integral to this approach.
Empowerment ¹⁸	Empowerment provides a lifelong learner with the ability to have full autonomy – to have the ability to exercise their choices and be treated equally.
Individual education plan ¹⁹	An individual education plan is a written document prepared for a named person specifying the learning goals to be achieved over a set period and the teaching strategies, resources and supports necessary to achieve those goals. Goals should be based on individual ability, aspiration and capacity.

17 HSE. (2015). Interim Standards for New Directions, Services and Supports for Adults with Disabilities. Dublin. HSE. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

18 Ibid.

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.

19 NCSE. (2006). Guidelines on the Individual Education Plan Process. Dublin. Stationery Office. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/final_report.pdf

Glossary

Table 2: Glossary

Acronym	Description
AAC	Augmentative and Alternative Communication
AHEAD	Association for Higher Education Access and Disability
ANED	Academic Network of European Disability Experts
ASD	Autistic Spectrum Disorder
ASDAN	Award Scheme Development and Accreditation Network
CDVEC	City of Dublin Vocational Education Committee (now subsumed within ETBs)
CHO	Community Healthcare Organisation
CPD	Continuing Professional Development
DAWN	Disability Advisors Working Network
DES	Department of Education and Skills
DFI	Disability Federation Ireland
DoH	Department of Health
EASI	Evaluation, Action and Service Improvement Tool (part of New Directions)
EASNIE	European Agency for Special Needs and Inclusive Education
EPSEN	Education for Persons with Special Educational Needs
ETB	Education and Training Board
ETBI	Education and Training Boards Ireland
FE(T)	Further Education (and Training)
FPLD	Foundation for People with Learning Disabilities
HIQA	Health Information and Quality Authority
HRB	Health Research Board
HSE	Health Service Executive
ID	Intellectual Disability
IEP	Individual Education Plan
NALA	National Adult Literacy Agency
NASS	National Ability Supports System
NCSE	National Council for Special Education
ND	New Directions
NDA	National Disability Authority
NDIS	National Disability Inclusion Strategy
NDS	National Disability Strategy

Acronym	Description
NFQ	National Framework of Qualifications
NFRC	Norah Fry Research Centre
NIDD	National Intellectual Disability Database
NPSDD	National Physical and Sensory Disability Database
NQAI	National Qualifications Authority of Ireland
PCP	Person-Centred Planning
PSD	Physical and Sensory Disability
PWD	People with Disabilities
QOI	Quality and Qualifications Ireland
RfT	Request for Tender
SCIE	Social Care Institute for Excellence
SOLAS	An tSeirbhís Oideachais Leanúnaigh agus Scileanna/ Further Education and Skills Service
SNA	Special Needs Assistant
TCD	Trinity College Dublin
TNA	Training Needs Analysis
ToR	Terms of Reference
UN	United Nations
UNCPRD	United Nations Convention on the Rights of Persons with Disabilities
VET	Vocational Education and Training

1. Executive Summary

1.1 Background and Context

The National Council for Special Education (NCSE) commissioned a research team comprising RSM Ireland, RSM UK and Trinity College Dublin (TCD) School of Education to conduct this review of education provision as experienced by adults with disabilities who have left school and are accessing day services.²⁰ The study addresses the following research questions:

1. What good practice guidelines, policies and standards exist nationally and internationally for the educational provision for adults with disabilities in day services after they leave schools?
2. What are the key principles and indicators of good educational practices in these documents?
3. What is the range of services made available by adult day service providers in Ireland to support adults with a variety of disabilities when they leave schools?
4. What type of educational provision is offered in adult day services in Ireland to support adults with a variety of disabilities (in terms of both type and severity) when they leave schools?
5. How is educational provision delivered in these services and how does it relate to the broader range of services made available by providers?
6. What are the expected standards and outcomes for the services users and are they being achieved?
7. What lessons can be identified from this research for educational provision for adults with disabilities in day services in Ireland?

The study's rationale arises from research evidence that shows post-secondary educational outcomes for adults with disabilities are poor, with challenges to successful transitioning from schools²¹. Recent evidence in the Irish context points to the particular disadvantages faced by students with intellectual, speech or learning disabilities in post-school life²². Little is known, however, of educational provision in day services compared to higher and further education settings²³.

20 Not all students with disabilities progress to day services on leaving school. This study focuses specifically on the cohort who do.

21 Winn, S. and Hay, I., 2009. Transition from school for youths with a disability: Issues and challenges. *Disability & Society*, 24(1), pp.103-115.

22 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*.

23 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.

The research presented in this report is novel as it provides a framework for reviewing practice in adult day service settings for education/lifelong learning. It offers evidence of good practice and areas needing improvement. Day service centres and others can use it to review and revise delivery where necessary.

This research occurred in the context of the implementation of the Health Service Executive (HSE) policy New Directions (see 1.3.1). Adult day service provision is funded by the HSE. While currently no legislative basis exists for adult day settings to provide education/learning, they are required to deliver services consistent with New Directions.

1.2 Methodology

The research team adopted the following methodology to address the research questions:

- Desk-based review of literature, research and policy documents/guidance in Ireland and other countries to scope provision and range of services and inform the development of a framework. This set out expected standards of provision of education in adult day services settings and was used to review its provision.
- Online survey of day service providers to examine the range available.
- Stakeholder consultation: interviews with key personnel involved in policymaking and stakeholders from disability and other representative organisations.
- Site visits to 20 adult day service centres. Each visit included: one-to-one qualitative interviews with adult day service staff; one-to-one qualitative interviews with adult day service users; observations, including interactions with service users/adults with disabilities; review and/or collection of relevant documentation (for example policies) as per checklist (if not already provided by the setting in advance).
- Data collation and analysis. Analysis was informed by choice and design of the research instruments. It was completed in a robust and structured manner using appropriate software, coding frameworks and analytical techniques.
- Synthesis and reporting. This involved the synthesis of evidence from preceding stages and presentation of findings that informed the discussion and implications in this report.

1.3 Main Findings, Discussion and Implications

Research findings are discussed for each research question (RQ1-6); the section headings reflect the exact wording of each RQ. Implications are included throughout the sections and these address RQ7.

1.3.1 RQ1: What good practice guidelines, policies and standards exist nationally and internationally for the educational provision for adults with disabilities in day services after they leave schools?

An extensive review of national and international policy, practice and research literature found no evidence of existing frameworks for provision of education for adults in day services. This is not altogether unexpected given the profound systemic changes and resulting service adaptations in the past few decades. They include a shift from medicalised to social models of support and an increasing focus on life course. The development of inclusive provision has not been uniform, however. Significant variations exist within and between countries. Encouraging the development of inclusive environments and promoting participation of people with disabilities within society has not been straightforward. Challenges, in Ireland and other jurisdictions, include establishing appropriate individualised services within a community setting, enabling independent living and fostering access to high quality care and support services.

In Ireland, New Directions²⁴ introduced a new approach for day service delivery built around 12 supports that should be available to users with disabilities to ensure their access to wide choices and options. It proposes that these services should take the form of individualised outcome-focused supports so users can live a life of their choosing in accordance with their own wishes, needs and aspirations.

Implication 1: Identified rationale for a good practice framework: The absence of any existing framework for reviewing education/lifelong learning in day services or similar settings in the context of changes in provision outlined above is notable. These changes emphasise the importance of lifelong learning and its provision for day service users. The ability to review such provision is important; the development of a framework can contribute to this.

1.3.2 RQ2: What are the key principles and indicators of good educational practices in these documents?

The research team developed a good practice framework outlining key criteria, sub-criteria and indicators that was refined through an iterative process. This was initially informed by the desk review which identified common themes and characteristics for good practice adult care provision relating to lifelong learning. It also took into account feedback from the Advisory Group, stakeholder consultation and the NCSE.

Common themes or characteristics emerged from the literature review that were developed into the criteria and sub-criteria (SC) below.

²⁴ New Directions is a key policy document contained in the HSE Transforming Lives Programme. It sets out an approach to day services that envisages all supports available in communities will be mobilised so users have the widest choice and options on how to live their lives and spend their time. It 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 that adults using them can live a life of their choosing in accordance with their own wishes, needs and aspirations.

- **Criterion 1:** Person-Centred Approach to Education Provision: SC 1.1 Individual plan developed (and regularly reviewed) – setting education goals; SC 1.2 Individuals contribute to their own plans; choice and decision-making; and SC 1.3 Individuals have access to an appropriate range of curriculum and certification options.
- **Criterion 2:** Outcomes: SC 2.1 Impact on participants; Value to individuals; and SC 2.2 Impact on participants: Outcomes.
- **Criterion 3:** Staff Capacity to Deliver Education Provision: SC 3.1 Staff have appropriate knowledge, skills to support education of adults with disabilities; SC 3.2 Teaching methodologies integrate a variety of appropriate methodologies, activities and experiences for adults to engagement in meaningful learning; and SC 3.3 Staff training.
- **Criterion 4:** Organisational Culture: SC 4.1 Organisation vision for adult day service; SC 4.2 Governance and management; SC 4.3 Inclusive service culture and learning environment; SC 4.4 Staff attitudes to education; and SC 4.5 Holistic approach.

These represent key principles and indicators of good practice.

This framework therefore sets out a guide to key areas for consideration when delivering or planning delivery of lifelong learning provision for people with disabilities in adult day services. It includes a hierarchy of criteria, sub-criteria and elements. Each element is grounded in evidence with an appropriate descriptor of what this looks like in practice and the type of evidence to be sought. This framework provides a structured way to capture a wide range of data about an organisation's activity in education and lifelong learning for adults with disabilities.

Implication 2: Identified the need to codify key principles and indicators and develop a bespoke good practice framework: In the absence of documented policies, standards or frameworks, this research has been novel in producing a framework for reviewing education and lifelong learning in adult day service settings by providing a mechanism to identify evidence of good practice and areas needing improvement. Following this review and publication of the report, there may be scope to further refine and develop it in light of review findings.

1.3.3 RQ3: What is the range of services made available by adult day service providers in Ireland to support adults with a variety of disabilities when they leave schools?

At the outset, it is important to bear in mind the challenges and limitations associated with use of secondary data sources to establish the range and scale of service provision. These include variation in scope, definitions, age of data, for example. While various sources exist, none is comprehensive, entirely up to date nor are they consistent.

Secondary research sources present a view of a diverse and fragmented sector with multiple approaches to supporting service user needs (through an extensive range of programmes and activities) though perhaps a lack of uniformity/consistency where that might be of benefit. There is considerable variation in the scale of service provider organisations: some

operate nationally with multiple sites and significant resources; others operate in single settings. Diversity is also reflected in the varied nature of disabilities catered for with some sites focusing on single disability, others on multiple, the differing profile of service users (age, gender, nature and severity of disability) and the size of facilities and organisational culture/focus on lifelong learning.

Data sources differ on the number of day services in operation. Analysis of the most recent (at the time of writing) information (March 2019) from the HSE indicates 953 day service settings in total with 89 unique service providers. Sixty organisations provide services in more than one setting, ranging from those with two settings, up to larger organisations that operate in 68 separate locations.

The nature of current day service provision for adults with disabilities is varied and undergoing significant change. New Directions has spurred a period of transformation within the sector as it provides a new structure and approach to adult day service provision that focuses on giving rights to people with disabilities. Without additional resources to support implementation, however, service settings are embracing and implementing New Directions at different and varying speeds.

Within this somewhat complex and dynamic context, the sector has developed a broad and varied range of services, including educational provision and lifelong learning support, for service users.

It is also important to locate these findings within the current broader policy context. While support for people with disabilities features in many aspects of the wider policy context, evidence from stakeholder consultations showed the policy and legislative context within Ireland for them is viewed as disjointed, and related to this:

- At time of writing there is no legal basis for appropriate education provision post-18 for people with disabilities.
- Inadequate funding – of services and to fulfil individual plans/needs.
- The experience of people with disabilities is not consistent with that of others – adults encounter a lack of equal opportunities.

The rights and needs of people with a disability cut across many policy areas. Policy and funding for adult day service provision, however, traditionally sits within the remit of the Department of Health/Health Service Executive. At present, there is no legislative basis for those working in the sector to provide education/learning. The framework in this report could be considered by service providers as a guidance tool in terms of good practice for delivery of education/lifelong learning.

In light of transformative change within the sector arising from New Directions, a need for clarity is needed on what can be expected so that adult day service users can be assured of receiving an equitable service, regardless of location across the country or size of adult provider. Again, the framework could assist in this regard.

Implication 3: Systemic links (statutory and voluntary level linkages) need to be reinforced and consolidated: To harness the knowledge, skills and remit of the wide range of statutory and voluntary stakeholders in the best interests of adults in day services settings, and recognising resource constraints in the sector more generally, the establishment of systemic links between those involved at a statutory and voluntary level is important. It would be timely to seek engagement with stakeholders in the statutory education sector, using the framework as a tool to reinforce and consolidate existing links and as the basis for discussion on areas of mutual interest/complementarity in education/lifelong learning provision for adults.

Implication 4: Data collection: exploiting and improving existing resources: Recognising the data challenges noted above, there would be merit in exploring how the National Ability Supports System (NASS) could be exploited to better meet the aims of education/lifelong learning, for example by exploring the inclusion of fields/typology for education/lifelong learning into the ongoing data collection, having clear typology associated with education/lifelong learning, raising awareness in order to share common understanding and interpretation.

Implication 5: Within the wide range of services/supports there is no evidence of a common typology, shared understanding or interpretation in relation to education/lifelong learning: These could be developed for programmes in adult day services drawing on the findings of this review along with consultation with adults and parents/carers/advocates as appropriate. The New Directions report provides an outline for 12 supports that are much broader than education/lifelong learning and should be available; the language and terminology of New Directions associated with these supports offer a useful structure to develop common or shared typology, understanding and interpretation.

1.3.4 RQ4: What type of educational provision is offered in adult day services in Ireland to support adults with a variety of disabilities (in terms of both type and severity) when they leave schools?

Evidence on the type of educational provision offered in adult day services comes from secondary data sources and primary research including interviews with stakeholders and the survey of adult day service settings.

Secondary data sources offer some evidence of the types of educational provision offered in centres to support adults when they leave schools. The challenges and limitations associated with these sources noted under RQ3 are also relevant here. The limited number of secondary data sources and their variation, in terms of when they were compiled and what they report, presents a challenge in determining definitively the type of education offered. For example, while the information in these sources on type of provision (in particular education/lifelong learning) describes a range of educational, formal and informal learning and employment support, each source presents a somewhat different perspective:

- New Directions report cites historical data (2008 census of 817 locations) which refers to 13 categories of day services provision. Most were work-related – sheltered work or sheltered/supported employment. Some had a more explicit education/lifelong learning focus: day activation/activity; active community participation/inclusion; rehabilitative training; and education programme.
- New Directions promotes a new approach built on 12 categories of support, the current approach being implemented in day services. Four have an education/learning focus, education and formal learning, transitions and progression, maximising independence, and choices and plans. As noted in section 1.3.3, day service settings are embracing and implementing New Directions at different and varying speeds. While activities are being delivered under the 12 categories of support, including four with an education/lifelong learning focus, data are not routinely captured and reported on the activity type delivered. Implication 4 in section 1.3.3 is relevant to this matter. Further, the survey undertaken as part of this review presents relevant findings on the types of activities delivered in a sample of settings and are discussed later in this section.
- Health Research Board (HRB) data (dating from 2017) drawn from the National Physical and Sensory Disability Database (NPSDD) and the National Intellectual Disability Database (NIDD) offer the following insights:
 - The 2018 NPSDD report identified 26 programmes for adult day service users with physical and sensory disabilities. Considering the principal day service only, there are 19. The most common is "open employment"; the least common are "specialist residential secondary school", "specialist day secondary school" and "secondary school education provided at home".
 - The 2018 NIDD report identified 26 programmes for adult day service users with intellectual disabilities. Considering the principal day service only, there are 26. The most common is "activation centre" and the least common is "enclave within open employment".
 - These data sourced directly from the HRB relate to adults engaged in day services of all types; they do not correspond exactly to the number of adults in HSE day services. However as data are scarce, the HRB source offers a useful indicative breakdown of the type of provision/activity for those with physical and sensory disabilities and those with intellectual disabilities.

Evidence from interviewed stakeholders highlighted the broad understanding and interpretation of education/learning in the day service sector. It can incorporate literacy, numeracy and digital skills, and developing social and physical skills. Furthermore, a wide spectrum of approaches addresses the needs of people with intellectual, physical and/or sensory disability. The numerous different approaches to implementation of lifelong learning results in many and diverse types of provision. Stakeholders perceive day services as providing support to people with disabilities to fulfil what is in their person-centred plans. The latter can vary based on individual needs and aspirations and are likely to involve a spectrum of educational provision/learning supports to promote skills development. This includes:

- Individual independence in daily living, for example travel training, basic literacy and numeracy.
- Access and participation in the community and the development of wider skills, for example confidence, self-esteem and networking.
- Support to access mainstream provision, for example tertiary level courses via ETB and universities or lifelong learning key skills mapped into Level 1, 2, 3 of QQI.

Most stakeholders believed day services should provide access to mainstream education and encourage mainstreaming where possible to ensure that people with disabilities are supported in breaking social barriers, decreasing poverty, increasing employment and reducing stigma.

Some stakeholders consulted noted a silo approach across health and education in day services. They believe that while awareness and familiarity in the sector is good on supports offered under New Directions, it does not typically regard itself as a provider of education and lifelong learning. Although often integral to many activities and programmes, the sector does not typically distinguish between “education and lifelong learning” and other services offered. Stakeholders had a perception that the Department of Health does not see education as part of its remit. Further, no legislation underpins education provision for those with disabilities aged 18-plus. The HSE is implementing New Directions which is very much focused on the rights of people with disabilities to access a range of public services including education, though for the reasons noted above, it can be challenging to bring these other services/supports into the “health” space. Thus the HSE’s role may be regarded by stakeholders as supporting/facilitating access to education but not providing it as such.

Survey evidence is broadly consistent with stakeholder consultation findings on types of educational provision. The survey – accounting for 50 out of 900-1,000 settings – cannot be seen as representative of the whole sector. Nonetheless the included settings cover a range of community health organisation (CHO) areas, organisation types, sizes, and disabilities catered for and a range of service users (age, gender and nature of disability). As such, it gives rich and interesting insights into the type of education activity on offer in this sample of sites. It revealed that most locations were delivering some programmes under all four of the education/learning-focused New Directions supports.

- 1: Support for Accessing Mainstream Education/Formal Learning, which aims to help participants access mainstream educational programmes in line with their needs and abilities.
- 2: Support for Making Transition and Progression, which aims to help people with disability experience a seamless transition and progression through support systems provided by specialist and mainstream services.
- 3: Support for Maximising Independence, which aims to offer a range of skills preparation support such as money management, literacy and numeracy development, and building and maintaining relationships.

- 4: Support for Making Choices and Plans, which aims to support people with disabilities to take control of their life choices and how to achieve goals – that is supports helping to develop self-advocacy skills, ability to participate in person-centred planning etc.

Across these four supports, survey findings showed a wide variety, in number and nature, of lifelong learning activities undertaken in adult day services. The findings indicated that:

- Lifelong learning programmes are evident in many locations with most delivering some programmes under all four supports. A large number of programmes are offered (over 200 across four supports), with around 50 cited per support.
- A wide variety of programmes is offered under each of the four categories of supports. Programmes reported by respondents were grouped by the research team, typically into around 13-16 groups for each category of support.

In summary, primary and secondary research undertaken as part of this review has identified an extensive and diverse range of education/lifelong learning interventions being delivered in the adult day service sector. Across all strands of evidence, however, it is useful to bear in mind the lack of common typology. Thus while a wide range of programmes and activities is recorded, some may refer to similar activities. This issue applies to all types of activity not only education/lifelong learning.

It is also useful to reflect on and position findings about types of educational provision within the current broader policy context, in particular the health/education interface. Under the Disability Act people with disabilities are entitled to have their health and educational needs assessed²⁵. Therefore, at present, education provision tends to be ad hoc in health settings/HSE-funded services. Similarly, education stakeholders may not regard day service as part of their remit as these are funded by the HSE.

Implication 6: Sharing good practice across the sector: Given the breadth and diversity of settings and also of education/lifelong learning provision, there would be merit in developing or hosting a central resource through which good practice could be disseminated and shared. This could include for example:

- Library of tools/approaches to deliver education/lifelong learning – grouped according to type of intervention, target group, etc.
- Good practice/case studies to provide clear pathways/demonstrate benefits of education/lifelong learning and showcase to others who may be less engaged how to get involved in this area of practice.
- Networks/contacts – to provide mutual support in areas of common interest.
- Benchmarking tool.

25 Government of Ireland, (2005). Disability Act 2005 – Part 2. Dublin: Governments Publications Office.

There is merit in exploring further the framework's applicability to a larger number of settings and the potential to share findings, for example in groups with a mutual interest.

Implication 7: Mainstreaming: While mainstreaming has been Government policy since the early 2000s, progress has been much slower in some areas. One such is provision of adult day services led by organisations with a health remit (the Department of Health and the HSE). Here progress in making further education, training and employment supports mainstream has been slow. Rather than reinforcing a medical model approach – bringing public services providers of adult day services “into the ‘health’ space” – it would be important to encourage and recognise that mainstreaming means public service providers of adult day centres should offer appropriate services to everyone and recognise that some people will need certain accommodations or supports to access mainstream public services, in particular further education, training and employment.

1.3.5 RQ5: How is educational provision delivered in these services and how does it relate to the broader range of services made available by providers?

The survey found a variety of evidence for how educational/lifelong provision was delivered. The most common mode was in small groups or one-to-one. The most common duration for programme delivery was less than six hours per week across the four different supports. External providers were the most common deliverers of programmes under Support 1 (support for accessing mainstream education/formal learning), while staff within the adult day service location mostly delivered programmes under the other three supports (for making transition and progression; maximising independence; making choices and plans).

Considering the resourcing of provision of all services, different funding models exist for older and younger service users. Older service users are supported via block funding whereas support for school leavers is based on individual assessment of need as part of the school leaver profiling process. Connected with resourcing, the ratio of staff to service user was an issue explored in the survey of sites and particularly raised by Advisory Group members, who were included in the stakeholder consultation. It is evident that no guidance exists for staff to service user ratios as is the case in other related sectors. For example, the DES guidance states that staff provision will continue to be determined by each year's school enrolment and the nature of each pupil's disability. The pupil to staff ratio in the special school sector varies (from 6:1 to 11:1²⁶) depending on a school's student population. This ratio gives one example of a comparator though it relates to formal learning settings not directly comparable to the funding model or practice in adult day services.

While acknowledging that ratios are important for formal learning activities in adult day centres, their introduction to the sector may not be appropriate for all learning activities for several

26 [Viewed 21-06-2021] Available at: <https://www.gov.ie/en/circular/6ac108-appointment-of-administrative-deputy-principal-and-staffing-arrangem/>

reasons. Resourcing in these services is increasingly based on individual need assessments. Furthermore, New Directions seeks to move away from group-based to more individualised provision. Finally, much of New Directions is about supporting people (informal teaching/learning) to do activities in their community without paid support.

Implication 8: Data collection – ownership, raising awareness and building shared understanding: Despite the breadth of provision evident, a lack of common or shared interpretation and implementation of the New Directions supports and programmes is evident, particularly for education/lifelong learning. Data are poor quality. This is not a new issue and applies to many areas of HSE disability services. But for education/lifelong learning provision in particular, the poor quality data point to deeper issues: the limited, or absence of, recognition that its delivery occurs in adult day services with an associated lack of ownership – and hence motivation to collect appropriate data for monitoring provision.

Given this lack of recognition, this report is of value in demonstrating that while not widely or typically recognised, in fact education/lifelong learning is happening in adult day services. The report offers an initial snapshot of this provision. Appropriate data, using commonly understood and agreed typologies, relating to education/lifelong learning could perhaps be collected through existing data collection mechanisms (for instance NASS) which may be modified/expanded to include the sector. This points to a need for awareness raising/capacity building for those involved in providing data returns and working with the monitoring information (see also Implication 4).

Implication 9: Guidance in relation to staff ratios and funding: Given the lack of guidance on staff to service user ratios for the adult day service sector, the connection between resources and service users (see Criterion 4:2), feedback from stakeholders (Advisory Group members) and evidence of such ratios informing practice in other sectors, and also recognising the diverse service user population and the activities in which they engage, there may be merit in specifying a range for such a ratio (or tiers, for example). This should take into account complexity of needs and nature of activity (ratios particularly relevant for group-based, formal learning).

1.3.6 RQ6: What are the expected standards and outcomes for the services' users and are they being achieved?

In the absence of an existing framework setting out standards for education provision in adult day service settings, the research team developed a good practice framework. Its basis is described under RQ1 and RQ2. It sets out standards across four criteria, 14 sub-criteria and 80-plus elements associated with education/learning provision in adult day service settings.

To determine whether these standards are being achieved in adult day service settings in Ireland, 20 site visits were completed. While these are in no way representative of the whole sector, they do provide an insight into how it operates. Evidence from the visits highlighted that standards and outcomes across the four criteria are being achieved to varying degrees in those sites. Strong evidence was identified in some areas while in others there was scope for improvement/development (discussed in more detail below).

1.3.7 Criterion 1: Person-Centred Planning – Findings from Site Visits

Evidence collected from the 20 sites visited suggested most service users were supported to develop their individual person-centred planning (PCPs) as well as making their own choices and decisions. Given the context of New Directions, PCPs played an important role in service provision at almost all sites visited and evidence was strong or good that these reflected and were tailored, relevant and appropriate to the needs of service users. This is good practice consistent with the framework.²⁷

Good practice was strongly evident in that almost all sites were developing individual plans and setting goals which included learning, tailoring the PCP format for individual users, for example diary format or incorporating a visual list. Users at almost all sites had a central role in developing their PCPs and deciding which activities they wished to be involved in, in consultation with their key worker. In addition it was clear from most sites that PCPs were regularly reviewed with the service user. While review frequency varied across sites it included ongoing and informal reviews between user and key worker.

There was also evidence that changes were made where necessary as individuals at these sites progressed, developed and their needs changed. There was room for improvement, however, in two sites that had limited or no evidence of having PCPs in place. The decision to include PCP in the good practice framework was based on it being widely recognised and embedded in many policies and strategies relating to this area. In one site this was in the process of being implemented and the manager was seeking to develop greater links with their local community. In another site, there was no evidence that PCPs were being planned. This is poor practice as it indicates a “one size fits all” approach which is not consistent with the characteristics of PCP outlined in the framework.

Support from outside organisations and training bodies in the design of lifelong learning was cited by staff in some sites as an area for future development to help increase awareness in the community of, for example, hidden disabilities like ASD and to increase opportunities for further integration.

The research found strong or good evidence that almost all sites had well-developed links with outside colleges and training providers to offer a range of accredited courses at all levels. There is room for improvement, however, as staff in a minority of sites believed they were restricted in the training/accredited certification options they could offer due to their rural location. Another site thought their provision under this sub-criterion was restricted by the behavioural support needs of individuals. This is poor practice as it is not consistent with the characteristics of PCP outlined in the framework which advocates providing users with access to a range of certification options within and external to the day service setting.

27 Within the context of New Directions and considering PCPs in particular, it is worth noting that the HSE has developed a PCP framework published guidelines for self-evaluation and has run and evaluated a pilot demonstration project. See HSE (2018), *A National Framework for Person-Centred Planning in Services for Persons with a Disability*; HSE (2019), *Guidelines for EASI Process and Tool Evaluation, Action and Service Improvement*; HSE (2020) *Supporting the Implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability: A Report on the Demonstration Project 2019*.

1.3.8 Criterion 2: Outcomes – Findings from Site Visits

Evidence collected from the 20 sites visited noted good practice in the support provided, consistent with the good practice framework: most service users were supported to achieve learning outcomes as well as developing social and life skills. They were also gaining work experience and engaging in activities outside of the day service.

Strongly evident across almost all sites was good practice in focusing on outcomes of value to the individual. Staff highlighted that while not all opportunities were offered to all service users this was to ensure the activities they were completing were relevant to their interests and abilities. For some sites/individuals the focus was on behaviour and confidence changes rather than community involvement or education. This indicates a lack of focus on individual lifelong learning opportunities and outcomes that is not consistent with the characteristics of good practice as outlined in the framework. There was strong or good evidence of good practice at almost all sites in terms of managing user expectations by setting incremental steps towards their goals as well as realistic timeframes for achieving them.

In addition, good practice was evident in supporting service users to gain employability skills/ work placements and experience where relevant to them. Almost all day service sites had some linkages to the local community. Links with employers were particularly important for work placements. In most sites, service users were in work or volunteering in the community. Similarly, they were supported to develop social skills in the community with staff highlighting that these develop better in authentic situations. Across the sites, staff indicated their focus was increasingly on soft skill development and supporting service users to develop life skills such as travelling, cooking and job searching as well as helping with their health and wellbeing.

As noted under Criterion 1 and relevant here too, there is room for improvement in providing increased access to formal, accredited courses for more rurally located day centres for those that wish to access these but currently unable to do so. Staff in almost all sites indicated the day centres had links with local employers to help service users gain work experience and develop new skills. It was acknowledged that there was scope to develop these further, however, to increase availability of work placements/options for employment and to help challenge misconceptions about service users' ability to add value the workplace.

Most sites demonstrated strong evidence of a focus on soft skill development, for example communication and social skills, as well as wider skills such as self-advocacy, independent thinking and interpersonal skills as an active member of society. Service delivery consistent with two elements in the framework (advocacy skills; influencing policies and practice of services) was apparent in that some sites had systems and structures in place to support users to influence policies and practices, for example the development of an advocacy group to make users more aware of their rights and help develop advocacy skills. More could be done in this respect to ensure consistency with the good practice framework. All sites should actively consult service users in the development and improvement of their policies and practices.

1.3.9 Criterion 3: Staff Capacity to Deliver Lifelong Learning – Findings from Site Visits

There was strong evidence of good practice consistent with the framework: staff at most sites visited had the knowledge and skills necessary to support the lifelong learning of adults with disabilities. There was also strong or good evidence of good practice across almost all sites for learning techniques that integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning.

Good practice was evident in understanding the importance of knowing the needs of the adults within the staff training plan. This demonstrates an organisational commitment to ensuring that all staff understand the needs of service users. There is room for improvement, however, in providing more up-to-date training on diverse learning styles for adults with disabilities to support better personalisation of training to individual needs and abilities.

Good practice was apparent in how staff organised their own personal professional development to support users reach their desired goals. For example these include behavioural therapist training. There were also examples of staff sharing external training and information gained offsite with colleagues on return to work. Greater focus at an organisational level on offering personal development and progression training would enable staff to continue to develop their skills and capacity to deliver lifelong learning.

Good practice was found in regular service visits by external professionals, such as psychologists or occupational therapists, to get to know service users so they are better able to support them in developing their PCPs. One area for improvement was on the need to improve communication with external professionals by sites – ideally through regular meetings and review sessions – to ensure information sharing and collaboration to support the individual to fulfil their potential.

Other examples of good practice were found in staff training in the rights of adults with disabilities, outcomes, supporting lifelong learning for adults with disabilities. Some sites offered enhanced training options to support professional development along with regular evaluation of opportunities to ensure they were effective and meeting staff training needs. Room for improvement was evident in formally documenting staff training/development budgets for individuals and ensuring that all staff have training needs identified annually and training/development outcomes recorded.

1.3.10 Criterion 4: Organisation Culture – Findings from Site Visits

The sites visited were on a continuum in relation to a culture that supports lifelong learning, that is engaging in some or all examples of good practice highlighted below, indicating variation in delivery when compared to the good practice framework. Almost all sites showed evidence of a commitment to lifelong learning in their vision statement and an awareness of it among staff and service users, less so among parents/carers/advocates. Also apparent was a commitment to lifelong learning in governance and management of most sites along with an inclusive service culture and learning environment and a positive attitude to lifelong learning among service staff.

Almost all sites demonstrated an holistic approach to lifelong learning. Regular reviews of an organisation's vision could be more regular to ensure it fits the service's current ethos and is aligned to its users' lifelong learning needs.

Examples of good practice in governance and management commitment to lifelong learning included a log to facilitate frequent communication between staff and families on all issues to do with the user including lifelong learning; inviting parents/carers to participate in formal meetings about progress on their PCP where the service user wants this. Examples of good practice in creating an inclusive service culture and learning environment were also evident, for instance inviting parents/carers to events, including those celebrating/showcasing skill development. This was said to increase engagement.

Staff attitudes to lifelong learning could be improved through regular, formal review of the effectiveness of different learning activities. This specifically relates to enabling adults with disabilities to achieve their learning goals in order to direct resources towards interventions that work. Sites could make their approach to lifelong learning more holistic in line with characteristics of the good practice framework, by extending learning opportunities for diversity awareness to families and advocates of individuals where possible.

Implication 10: Using the framework at a local level: The framework and associated research instruments provide a structured means to reflect on practice within adult day service settings for provision of education/lifelong learning. To extend this learning and complement the lessons above for sharing of good practice, the framework could be made available for use as a reflective tool for individual sites. This would require briefings/support materials to help sites understand how best to use it and ensure they were doing so consistently. This could help improve consistency of provision across the diverse range of settings by setting a baseline for good practice.

1.3.11 Further Work – Stakeholder Participation and Engagement

This review of education provision in adult day services has been extensive and sought to engage widely with many interested parties. Given the development and successful application of the framework (in 20 sites) as part of this review, there would be merit in engaging with other key groups to progress it further. As part of the research design, the research team consulted several representative sector organisations – some represent views of adults with disabilities and parents/carers of adults with disabilities. Consultation directly with parents was outside the scope of this review, however.

Implication 11: Seeking views of key stakeholders (including people with disabilities, parents and carers) on the framework: It would be of benefit to carry out further work on developing the framework by engaging/consulting with people with disabilities in the first instance and to seek the views of parents/carers directly on the framework and the extent to which it supports standards of good practice in education/lifelong learning provision.

1.4 Research Challenges and Limitations

There are challenges and limitations to the methodological approach to be considered when interpreting the findings including:

- Absence of a standard definition and typology of relevant terms such as adult day service, lifelong learning and educational provision.
- Incomplete and inconsistent data on the sector.
- Limited literature/existing research material, particularly in relation to evidence of standards or good practice, nationally and internationally.
- The low response rate to the survey – approximately 5 per cent.
- The number of sites visited (20) within the scope of this research limits the extent to which findings may be generalised.

2. Introduction and Background

2.1 Context for the Review

The NCSE was formally established under the Education for Persons with Special Educational Needs (EPSEN) Act 2004. Under the Act, NCSE has a specific role to review the provision made for adults with disabilities to avail of higher, adult and continuing education, rehabilitation and training and to advise educational institutions concerning best practice. The NCSE's remit includes research that provides an evidence base to inform policy advice and underpins good practice guidelines and information developed for schools and parents on special education matters.

There are many education and training options for students with disabilities²⁸. These include further and higher education and vocational training routes. For some people with disabilities, other options offer access to additional, individualised support. These include rehabilitative training and adult day services that may focus on provision of personal care support, activation/activity, community participation and inclusion, supported employment, education, voluntary work and therapeutic work programmes.

Generally, research evidence highlights that post-secondary educational outcomes for adults with disabilities are poor with challenges to successful transitioning from schools.²⁹ In the Irish context, recent evidence³⁰ points to the particular disadvantages facing students with intellectual, speech or learning disabilities in post-school life. Little is known about educational provision in day services in particular, however. An NCSE commissioned review³¹ reflects the dearth of research on education in adult day services when compared to that undertaken in the higher and further education areas. Additional challenges were highlighted in NCSE consultations for the preparation of its policy advice on Supporting Students with Autism Spectrum Disorder in Schools³² which identified 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 students' inclusion alongside often necessary specialist support, and concern about provision of adequate support within different settings.

Given the lack of knowledge in this area, NCSE commissioned a team comprising RSM Ireland, RSM UK and the School of Education, Trinity College Dublin (TCD) to conduct this research and add to the evidence base. Specifically this review was commissioned to develop an understanding

28 NCSE. (2014). *Post-School Education and Training: Information and Options for Adults and School Leavers with Disabilities*, National Council for Special Education. Trim, IRL: National Council for Special Education. [Accessed 20/05/2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

29 Winn, S. and Hay, I., 2009. Transition from school for youths with a disability: Issues and challenges. *Disability & Society*, 24(1), pp.103-115.

30 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*.

31 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.

32 NCSE, (2016). Supporting Students with Autism Spectrum Disorder in Schools. Policy Advice Paper no.5. NCSE. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/1_NCSE-Supporting-Students-ASD-Schools.pdf

and review provision of educational and learning provision in adult day services for adults with disabilities who have left school and are accessing these services. Its focus included the range and scope of provision, how it is delivered and outcomes achieved. The scope of this research is provision of education as experienced by adults with a variety of disabilities attending day services. It should be noted that not all students with disabilities who have left school progress to day services, rather a cohort do so. These services typically provide for adults with intellectual disabilities, mental health difficulties, physical and sensory disabilities, autistic spectrum disorder (ASD) and for people who have suffered life-changing illnesses such as heart attack or stroke. They aim to help people with a disability:

- to make choices and plans to support their personal goals;
- have influence over decisions affecting their lives;
- achieve personal goals and aspirations;
- be active, independent members of their community and society.

A large number of providers deliver day services to a wide range of adults with different disabilities and an extensive variety of needs and abilities. Education and lifelong learning services may be provided in a variety of ways and aim to improve knowledge, skills and competence. These learning opportunities cover a broad spectrum from very informal approaches to more formal forms of learning. The way in which this is delivered or accessed by adults in day services is the focus of this study.

2.2 Brief Context of Day Services

2.2.1 Key Policy Developments

Since the early 1990s the main thrust of disability policy internationally has been a move away from segregation towards supporting people with disabilities to live their lives independently in the community. In December 2006, the UN Convention on the Rights of Persons with Disabilities (UN CRPD) was adopted by the eighth General Assembly, coming into force in May 2008. It was signed by Ireland in 2007 but not ratified here until March 2018. Its purpose is to: "Promote, protect and ensure the full enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity." The convention is important in the context of international policy developments, but two articles specifically relate to the provision of lifelong learning: Article 24 which obliges state parties to ensure that people with disabilities are not discriminated against in education; and Article 27 which requires state parties to safeguard and promote the realisation of the right to work. Article 27 seeks to enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training; and promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

2.2.2 Disability Policy in Europe

The objectives and direction of the UN CRPD are fully reflected in policies within Europe. Two key policies are relevant here. The Council of Europe Disability Action Plan (2006-15) recognises the need for a broad spectrum of public policy to support participation of this group and provides a reference point for policy makers in member states during design, implementation and evaluation of disability policies and strategies. It comprises 15 action lines, two of which relate to lifelong learning:

Action Line 4:

- Ensuring all persons, irrespective of the nature and degree of their impairment, have equal access to education, and develop their personality, talents, creativity and intellectual and physical abilities to their full potential.
- Ensuring disabled people can seek a place in mainstream education by encouraging relevant authorities to develop educational provision to meet the need of their disabled population.
- Supporting and promoting lifelong learning for disabled people of all ages and facilitating efficient and effective transitions between each phase of their education and between education and employment.

Action Line 5:

- Identifies options regarding potential occupations.
- Shifts focus from assessing disabilities to assessing abilities and relating them to specific job requirements.
- Provides the basis for their programme of vocational training.
- Helps them find appropriate employment or re-employment.

The EU Disability Strategy (2010-20) of the European Commission, focuses on reinforcing member states' work on disability policy. It provides a framework to address the diverse situation of men, women and children with disabilities, to be actioned at both national and European level where the Commission will work together with member states to tackle the 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. In relation to education and training, the European Commission undertakes to increase knowledge on levels of education and opportunities for people with disabilities by facilitating participation in the Lifelong Learning Programme.

2.2.3 Disability Policy in Ireland

Disability policy in Ireland shares many features of the European frameworks. At a broad level, people with disabilities in Ireland are covered by the Equal Status Act. This relates mainly to service provision, including in education, and prohibits discrimination on nine grounds, disability being one. The remainder of this section examines specific national policies relating to disability (for example EPSEN Act) and education.

2.2.4 National Disability Strategy

Key components are:

- EPSEN Act (2004) which provides for assessment of children's educational needs and the allocation of resources to meet those needs, with an emphasis on integrating children into mainstream education where appropriate. As noted above, the NCSE was established under the EPSEN Act and has a specific role to review 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 in respect of the education of adults who have disabilities. The EPSEN Act has not been fully enacted.
- Disability Act (2005) which provides for independent statutory assessment of disability service needs, and the delivery of services to meet those needs, subject to availability of resources and services. It places a statutory obligation on public service providers to support access to services and facilities for people with disabilities. Under the Act, people with disabilities are entitled to have their health and educational needs assessed and individual service statements drawn up, setting out what services they should get.

The NDS Implementation Plan launched in 2013 sets out the practical measures to be taken to advance the NDS over the period 2013 to 2015. Lifelong learning/education for people with disabilities is highlighted in the plan under High Level Goal 4b: People with disabilities get the education and training that enables them to reach their potential.

More recently, the National Disability Inclusion Strategy 2017-21 (NDIS) is a four-year action 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 NDS 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 also in creating the best possible opportunities for people with disabilities to fulfil their potential. This cuts across eight themes, including 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 from one stage of life to the next.

- Action 42: “We will promote participation in third level education by persons with disabilities.”
- Action 67: The strategy also demonstrates a commitment to person-centred planning stating that: “We will continue to support and monitor a new evidence-based framework for person-centred planning across residential and day services.”

The Department of Justice and Equality (Equality Division) develops government policy on disability. Its functions include implementing the new NDIS (2017-21) as well as coordinating implementation of the Comprehensive Employment Strategy for People with Disabilities (2015-24). That strategy sets out a ten-year approach to ensuring that people with disabilities who are able to and want to work are supported and enabled to do so. Its six strategic priorities are: Build skills, capacity and independence; Provide bridges and supports into work; Make work pay; Promote job retention and re-entry to work; Provide co-ordinated and seamless support; and Engage employers. Successful implementation of this strategy requires continuing interdepartmental cooperation and a joined-up approach to supports and services for jobseekers and workers with disabilities. This is an incremental and ongoing process.

2.2.5 Legal Responsibilities of Education Providers and Right to Education

Since 2000, under Irish disability and equality law, educational establishments are legally obliged to ensure that students with disabilities are not discriminated against in either their application for admission to an educational programme or their experience while on an education or training programme. The Equal Status Act requires providers of goods and services such as education to accommodate the needs of people with disabilities by making reasonable adjustments in their provision or by putting in place specific supports or facilities. These measures are necessary to put people with disabilities on an equal level as per requirements of the UN CRPD to ensure that people with disabilities are not discriminated against in education and promote the realisation of the right to work, as discussed earlier in this section. Furthermore, the right to education is protected by a number of laws including article 42 of the Irish Constitution, the EPSEN Act 2004, the Disability Act 2005 and the Equal Status Act 2000-11.

2.2.6 Other Policies and Interventions Relating to Education for Adults with Disabilities

In addition to the National Disability Strategy, other policies and strategies relevant to the education and training of adults with disabilities include:

- Learning for Life: White Paper on Adult Education (Department of Education and Science, 2000) which outlines a commitment to equal access for people with disabilities in adult education and measures to support people with disabilities participate in education and training across the full range of provision.

- **Implementation Plan for Further Education and Training (FET) 2014-19 (SOLAS, 2016)** represents the FET Strategy for Ireland, the first ever five-year plan for further education in Ireland. It includes five high level strategic goals one of which is focused on "Active Inclusion: to support the active inclusion of people of all abilities in society with special reference to literacy and numeracy".

The remit of the Department of Education and Skills (DES) includes FE encompassing education and training after secondary school which is not part of the third level system. This cuts across the disability sector. The main providers of further and adult education and training are the education and training boards (ETBs). SOLAS works with the ETBs to support the development of appropriate FET programmes and curricula and sourcing of FET interventions from the private, public and not-for-profit sector and also to ensure that appropriate actions are being taken to support those who may be excluded and to ensure they are integrated into the mainstream. 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 these mainstream training options are available to people with disabilities. Specific mechanisms through which the DES supports people with disabilities include:

- Specialist training providers (STPs) – a dedicated programme offering around 5,000 places per annum. The 16 ETBs contract programme delivery to other providers (around 80 per cent delivered through National Learning Network (Rehab) and around 20 per cent through others). Many referrals to the programme come from the Department of Employment Affairs and Social Protection (DEASP) Intreo centres. The programme has a strong vocational and rehabilitative dimension; it is delivered, in segregated settings, specifically for persons with disabilities.
- Cooperation hours: funded by DES. This supports ETB staff to work in specific settings such as adult day services; it also supports other areas including wider health and social care, (such as addiction services, psychiatric hospitals), prisons, probation, and migrants, for example. Applications are made by ETBs to SOLAS for approval. This support is somewhat less structured than the STP and is more reactive to needs indicated by ETBs, which in turn depend on requests from adult day service settings.
- Other inclusion mechanisms in FE settings (such as Universal Design, Fund for Student with Disabilities).

2.2.7 Disability Services – Day Service Provision: New Directions

Launched in 2012, New Directions set out a new, personalised approach to the provision of adult day services. It is one of the key policy documents contained in the HSE Transforming Lives Programme ([Value for Money and Policy Review of Disability Services in Ireland](#)). New Directions promotes 12 categories of supports that should be available to individuals using day services³³. It proposes that these services should take the form of individualised outcome-focused supports

33 HSE (2012) New Directions: Review of HSE Day Services and Implementation Plan 2012-16, *Working Group Report*.

to allow adults using them to live a life of their choosing in accordance with their own wishes, needs and aspirations. New Directions recognises the wide variety of programmes offered through day service provision. Little is known, however, about the content or effectiveness of the programmes offered in enabling people with disabilities to fulfil educational and/or employment aspirations. See Section 4.1.2 and Section 6.5.1 for further details on New Directions.

2.2.8 Summary

This section highlights international conventions and national policies relating to disability and education that provide a strong foundation and clear rationale for the provision of education for adults with disabilities in day service settings. The overview of disability policy in general illustrates a rights-based approach to disability, incorporating both broad equality measures to outlaw discrimination and specific enabling measures to actively promote inclusion.

Irish policy shares many of the principles of the European-wide frameworks reviewed. The establishment of specific legislative and policy instruments and strategies to promote equality of participation in education and training all endorse the Europe-wide approach. Other than the White Paper on Adult Education (2000), however, there is a dearth of policy relating to education for adults with disabilities; apart from anti-discrimination legislation and the extent to which service providers are covered by it. For education and lifelong learning for adults with disabilities specifically, the policy context clearly sets out a rights-based approach in general. But there is no legislative basis or up-to-date policy framework with respect to education provision post-18 years for people with disabilities, in contrast to others. The National Disability Inclusion Strategy 2017-21 has laudable ambitions in seeking to adopt a “whole of Government” approach to improving the lives of people with disabilities and to foster collaboration and co-ordination across sectors within Government as well as across relevant statutory and voluntary organisations.

In the absence of clear legislative basis and policy drivers, however, it is challenging for a focus to be placed on education and lifelong learning for adults with disabilities in service delivery settings that clearly have a role to play in advancing an agenda of inclusion. The silo-based approach to policy-making and delivery can also impede provision of education/lifelong learning opportunities.

2.3 Report Structure

The remainder of the report is structured in sections as follows:

- 3: Methodology – describes processes to collect and analyse evidence to address the research questions. Research challenges, limitations and ethics are also discussed.
- 4: Good practice – outlines the literature review that informed the framework’s development.
- 5: The framework – introduces the good practice framework developed during this review. It offers a structured approach, built around four criteria, to examine how day services offer their adult users opportunities to develop their learning capacity and engage in lifelong learning.

- 6: Profile of the sector – presents administrative data describing adult day service providers' offerings to support adults with disabilities when they leave school.
- 7: Survey findings – presents key findings from a survey of day service settings.
- 8: Stakeholder perspectives – summarises key findings from the stakeholder consultations.
- 9 to 12 summarise evidence from visits to 20 day service locations with each section focusing on one criterion:
 - Criterion 1: Person-Centred Planning. Examines how organisations support adults with disabilities in person-centred planning, particularly in the context of lifelong learning.
 - Criterion 2: Outcomes. Considers the impact of adult day services on individuals and also for the wider organisation, particularly in the context of lifelong learning.
 - Criterion 3: Staff Capacity to Deliver Lifelong Learning. Examines the extent to which staff are equipped with the knowledge and skills, awareness of learning techniques and access to training to support the lifelong learning of service users.
 - Criterion 4: Organisation Culture. Explores organisational culture with respect to the lifelong learning of service users and the extent to which lifelong learning is part of the organisation's vision and is supported by the governance, management and staff.
- 13: Key Lessons and Implications. Discussion of research findings addressing the research questions.

A separate document was produced containing appendices that provide supporting information and supplementary data to each of the sections.

3. Methodology

3.1 Introduction Including Research Questions

This section describes the methodology, agreed with NCSE, for addressing the research questions below. It also sets out the challenges and limitations of this research as well as the approach to research ethics.

3.1.1 Research Questions

1. What good practice guidelines, policies and standards exist nationally and internationally for the educational provision for adults with disabilities in day services after they leave schools?
2. What are the key principles and indicators of good educational practices in these documents?
3. What is the range of services made available by adult day service providers in Ireland to support adults with a variety of disabilities when they leave schools?
4. What type of educational provision is offered in adult day services in Ireland to support adults with a variety of disabilities (in terms of both type and severity) when they leave schools?
5. How is educational provision delivered in these services and how does it relate to the broader range of services made available by providers?
6. What are the expected standards and outcomes for the services users and are they being achieved?
7. What lessons can be identified from this research for educational provision for adults with disabilities in day services in Ireland?

Key findings against each of the research questions are considered in section 13.

3.1.2 Methodology

The research team devised a mixed-methods approach guided by the research questions. This included:

- Desk-based research;
- Online survey of day service providers;
- Stakeholder consultation;
- Site visits (to adult day service centres);

- Data collation and analysis;
- Synthesis and reporting.

3.2 Desk-Based Research

This stage, including the three workstreams summarised below, resulted in a series of working papers on range and profile of the sector, policy context, literature review, framework (conceptual model of good practice) and definitions. Elements from these working papers were refined and, in many cases, formed the foundation of some sections of the report and appendices.

3.2.1 Scoping Provision and Range of Services

This involved an examination of available information on adult day service programmes for adults with disabilities when they leave school. It drew on information in the public domain (primarily the New Directions³⁴ report) supplemented by more recent information and also consultation. This provided a foundation to underpin the review, amended on an ongoing, iterative basis as new information was identified.

3.2.2 Review of Policy Context and Literature Review

Aim

The aim of the literature review was to identify, explore and develop a good practice framework relevant to the provision for lifelong learners in adult day services. It involved a review of policy contexts and a literature review covering national and international sources seeking to identify policies/guidelines/standards/indicators to inform the basis of a good practice framework. The research team summarised the evidence from academic and other literature as well as available policy documents, guidelines and similar material identified in Ireland and other jurisdictions. This provided an evidence base from which to develop an initial set of standards as a basis for a good practice framework.

Search Strategy

This sought to identify the available evidence and support for lifelong learners using adult day services. A list of sources is shown in Appendix 1. The methodology involved accessing materials for review consistent with the following inclusion and exclusion criteria.

³⁴ New Directions is a key policy document contained in the HSE Transforming Lives Programme. It sets out an approach to day services that envisages all the supports available in communities that will be mobilised to ensure people with disabilities have the widest choice and options on how to live their lives and spend their time. It sets out 12 supports that should be available to people with disabilities using day services. It proposes that such 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.

Inclusion Criteria

- **Timeframe:** the review was largely confined to material published in the past ten years, but relevant older material was also included. This ensured it focused on the most useful and relevant material currently available.
- **Jurisdiction:** published material on Ireland was included in the search parameters initially. The rationale was to confine the review to original material ensuring a focus on the social policy frameworks within the State. Where relevant European/international literature was reviewed from different countries including, Canada, the US, Australia, the UK and New Zealand.
- **Type of literature:** the range of literature considered for the most part material published:
 - by Government Departments, public bodies and non-governmental organisations including policies, research reports and discussion papers.
 - by the National Council for Special Education including research reports and material from the website.
 - by disability organisations and professional bodies including reports, guidelines and good practice in relation to disability education.
 - on websites related to disability education/training and lifelong learning. Information was sourced from the websites bio-page and the contents of publications.
 - in a peer reviewed journal (as a proxy for quality). To identify potentially relevant peer reviewed articles, relevant databases/search engines were included such as: google scholar, Taylor and Francis, Academic Search Complete, Sage, or Wiley Online Library. Research journals included: Journal of Intellectual Disabilities, Journal of Postsecondary Education and Disability, International Journal of Disability, Development and Education, Journal of Special Education, Journal of Occupational Psychology, Employment and Disability, Irish Educational Studies, Irish Journal of Education, and the Irish Journal of Sociology.

Exclusion Criteria

- Did not directly relate to the key themes of the review.
- Did not directly relate to provision of services to people with disabilities.
- Focused solely on outcomes at the emotional or social level rather than educational.

Screening

Titles, abstracts and executive summary of identified documents (90) were reviewed by the research team against the inclusion criteria. All those (73) that met the inclusion criteria were summarised using the approach below.

Data Management and Summary

A template was developed and populated with key information from the review of each piece of literature. It covered the following areas:

- Background, aims and objectives of the study;
- Study design;
- Timeline of the study;
- Target group(s);
- Rationale for the study;
- Implementation processes;
- Type of review, for example independent evaluation/internal evaluation;
- Evidence of standards and guidelines;
- Outcomes or impacts achieved; and
- Relevant evidence of outcomes for lifelong learners in adult day services.

General observations were also made, where appropriate and relevant, on the study's length, the number of participants and methodologies used, quantitative and qualitative. Findings from the literature review were used to develop the framework.

3.2.3 Expected Standards of Educational Provision for Adult Day Services: Development of Good Practice Framework

In the absence of documented policies, standards or frameworks, this research has been novel in developing a structure for reviewing practice in education/lifelong learning in adult day service settings. It provides a mechanism to identify evidence of good practice and areas where it needs improvement.

The research team developed a draft good practice framework setting out expected standards for education in adult day services settings based on findings in the literature review. This included a hierarchy of criteria, sub-criteria and elements. Each element within the framework is grounded in evidence with an appropriate descriptor of what it looks like in practice. This means it offers a structured way to capture a wide range of evidence about an organisation's activity with respect to education and lifelong learning for adults with disabilities.

The framework was refined on an iterative basis, taking account of feedback from the Advisory Group, the stakeholder consultation and the NCSE. The framework's research instruments were tested on two adult day service settings and subsequently refined (see section 3.5.2).

3.3 Online Survey of Day Service Settings

3.3.1 Survey Design and Piloting

An online survey was developed to examine the programmes offered by adult day service providers to adults with a variety of disabilities when they leave schools. Its purpose was to gather information about the setting, the nature of education/lifelong learning provision offered, categories of support/range of provision/spectrum of disability and other related data. The survey invitation, consent and questionnaire are included in Appendices 9, 10 and 11.

Initial questionnaire drafts were developed based on topics set out in the proposal and project initiation document and further developed with input from the NCSE and Advisory Group members including the HSE. The final draft, agreed and signed off by NCSE, included questions on:

- Profile and characteristics of the adult day service location;
- Programmes offered by the day service location under;³⁵
 - A. Support 1: Support for accessing mainstream education/formal learning
 - B. Support 2: Support for making transition and progression
 - C. Support 3: Support for maximising independence
 - D. Support 4: Support for making choices and plans
- Profile of staff (involved in lifelong learning) within the adult day service location;
- Person-centred planning in the adult day service location;
- Placements and outcomes in the adult day service location.

The research team uploaded the final questionnaire to survey software SMARTSURVEY© where it was tried out by individuals working in and with the day services sector before being launched.

3.3.2 Launching the Survey

The survey was launched on October 16th, 2018 and its distribution is described below. Without a fully comprehensive and up-to-date database of day service providers, it was disseminated through multiple routes including via the HSE through chairs of nine CHO New Directions Regional Implementation Groups who sent it to local members. It was issued to the sector more widely by relevant representative/umbrella bodies such as the National Federation of Voluntary Bodies and the Not-for-Profit Association, with the NCSE's assistance. The research team also circulated it among their own networks.

35 These four supports are from New Directions – as discussed in Section 2.2.7, Section 4.1.2 and Section 6.5.1.

3.3.3 Monitoring and Actions to Maximise Response Rate

When engaging with the sector, the research team made considerable effort to promote the survey in order to maximise the response rate:

- Follow-up of partially completed responses: the survey response rate was regularly monitored, and those who had partially completed the survey and used its Save and Continue function received several follow-up emails by RSM encouraging them to finish it. In total 59 such respondents were sent reminders at least once. Two further reminders went to those who did not finish it and a final reminder was sent immediately before the survey closed on January 9th, 2019.
- Extending the deadline: the initial deadline for completion was extended twice to boost the response rate – from November 7th to 21st and then to January 9th.
- Communicating extended deadline: when the deadline was extended, RSM and NCSE communicated this to the HSE and other relevant bodies mentioned above (November 6th and December 5th, 2018 respectively) to inform their networks or members. RSM did the same by email for the “Save and Continue” group.
- Alternative mechanisms: respondents were offered a range of mechanisms to complete the survey that included online, by phone and an offer to attend group meetings to complete the process on paper.

Despite these strategies, the number of respondents did not increase substantially after the initial closing date. It is also important to note that the survey asked if a site visit was of interest. But the survey extension affected the visiting timetable and not all who initially expressed interest in site visits in their survey response were available when those visits were being conducted.

3.3.4 Survey Close and Response Rate

The survey received 50 completed responses by its closing date of January 9th, 2019 making that number its base. This is equivalent to around 5-6 per cent of the estimate of adult day service locations in Ireland (estimates range from 817³⁶ to 900³⁷ to 953³⁸).

3.3.5 Survey Analysis

Survey responses were downloaded from SMARTSURVEY© into Excel, cleaned and analysed. Responses to closed questions were typically analysed using one-way frequency tables; responses to open questions were coded by reviewing a sample of responses to the question, identifying common themes appropriate to the question’s subject matter, applying these themes as codes.

36 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

37 HSE, (2017). HSE Annual Report 2016. Dublin: Health Service Executive.

38 HSE. New Directions Personal Support Services for Adults with Disabilities [online]. HSE. [Viewed 20/05/2019] Available from: www.hse.ie/newdirections

Frequency tables were produced based on the coded variables. Respondent quotations used in the report have been anonymised.

3.4 Stakeholder Consultation

3.4.1 Participants

A total of 23 stakeholders from 19 organisations, identified through snowball sampling, were invited to participate in interviews. Of these, 19 individuals across 15 organisations agreed to participate. These included:

- Eight respondents representing six separate statutory sector organisations including policy makers; statutory refers to all statutory sectors, not just Government Departments.
- Seven individuals from seven representative bodies of the voluntary/community sector including both general bodies covering all sectors and those specifically representing the disability sector.
- Three respondents representing two day-service providers.
- One individual who responded in a personal capacity and did not represent the views of an organisation.

3.4.2 Purpose of Consultation

The purpose of the stakeholder consultation was to examine the rationale for providing education in day services for adults; explore knowledge of current service provision for adults in day service locations and of service users; understand education and lifelong learning for adults with disabilities in these settings and identify what stakeholders regard as constituting good practice in provision of education for adults in day service locations. Stakeholder views on the draft/emerging framework were also sought – a draft version was shared before the consultation. This informed its iterative development (section 3.2.3). Materials associated with this consultation are included in Appendices 6, 7 and 8.

3.4.3 Data Validation, Analysis and Reporting

The interviewer documented each interview; transcribed notes were shared with each stakeholder for the purposes of validation and to address outstanding queries or gaps following each consultation. Feedback from the stakeholders fell into two areas – each of which was dealt with as follows.

Stakeholder feedback on the detailed content of the framework: comments from individual stakeholders were recorded on a single version of the framework which recorded all feedback. Once all feedback relating to the framework had been received, it was reviewed and accepted or rejected by the research team taking into account the strength of response, relevance to

the framework and the fit with the overall ethos of the review and intended purpose of the framework. In general, feedback related to refinements and revisions to clarify and simplify the language and to ensure relevance to the day service sector in Ireland in terminology and day-to-day practice.

Stakeholder feedback on other issues: themes were identified appropriate to the subject matter of the question and data was coded accordingly. The following approach has been adopted to indicate the strength of responses (section 8):

- All – all participants (19 participants);
- Almost all – more than three-quarters, but not all participants (15-18 participants);
- Majority – between half and three-quarters of participants (ten-14 participants);
- Some – between a quarter and a half of participants (five-nine participants);
- A minority – less than a quarter of participants (fewer than four participants).

Stakeholder quotations in section 8 have been anonymised; quotations are attributed using identifiers such as stakeholder 1, stakeholder 2 and so on, so the range of research participants being quoted is evident.

3.5 Site Visits

3.5.1 Introduction to Research Design for Site Visits

The approach to the site visits was informed by the framework with research instruments designed to collect data relevant to it. A case study research strategy comprising an empirical investigation of multiple data sources from 20 sites was used. The site visit workstream consists of four strands detailed below.

3.5.2 Strand 1: Development of Framework and Research Instruments

Development of Research Instruments

For the site visits, a multifaceted approach to data collection was devised using the research instruments developed as described below:

- Document checklist: a list of key documents (Appendix 16) was developed to reflect specific areas of the framework including mission and vision statements and policy/procedures for a) developing person-centred plans, and b) reviewing person-centred plans, staff training plans and so on. These materials were requested before visits.
- Observation guide: this was developed in line with the framework to collect observations at each adult day service setting, including interactions with service users/adults with disabilities (Appendix 17).

- Staff interviews: semi-structured interviews were designed to gather service staff views in order to cover a consistent range of topics while allowing the flexibility to explore relevant issues and seek further clarification as required. The aim was to conduct two interviews per site visit including managers and operational staff with separate topic guides developed for both in line with the framework (Appendix 17).
- Service user interviews: semi-structured interviews were designed to gather service user views. This allowed each interview to be tailored to the participant's specific needs and abilities while covering a consistent range of topics and allowing the interviewer to seek clarification and probe particular areas of interest. Two service user interviews were conducted per site visit. Two topic guides were developed in line with the framework: a standard topic guide; and an easy read topic guide (Appendix 17). Both were used for interviewing service users; the choice of topic guide depended on the communication needs of interviewees.

Piloting of Research Instruments and Procedures

Draft research instruments based on the framework were shared with the NCSE, later revised and then piloted at the first two site visits. Following this initial testing work, they were refined further before the full schedule of visits.

Pilot results were used to refine the research instruments which were then ready for 18 site visits.

3.5.3 Strand 2: Sampling Strategy, Selection of Sites and Arrangements for Site Visits

Sampling – Characteristics

The approach to selecting the sample of day service settings for site visits sought to ensure that as far as is reasonably possible given limitations of available data and constraints of the review:

- Sites in the sample are as representative as possible of the underlying population;
- Service users in the sample sites are as representative as possible of the underlying population.

Appropriate strategies were adopted to minimise potential bias in site and service user selection. These included monitoring the profile of both compared to the estimated profile of site/service user populations as visits were being scheduled and completed and targeted follow-up where under-represented characteristics were evident.

At the outset it is important to state, however, that no comprehensive and up-to-date source of data on education provision for adults in day service settings exists in the public domain. Therefore, a range of sources published at different dates and varying in extent of coverage was used to draw some preliminary conclusions on the nature and profile of the sector. There are inevitably some gaps and inconsistencies in the material.

The research team developed a profile of this population based on available information and reflecting known caveats and limitations of this. The research team sought to achieve a sample that was as representative of the albeit estimated sector given the relatively small size of the sample relative to the population, taking into account:

- Service provider characteristics – geography; type of provider, statutory and voluntary; size of setting, number of staff and service users as proxy measures for this; nature of disability catered for, single, multiple.
- Service user characteristics – age, gender, nature of disability. In particular in arranging site visits, the research team tried to ensure that adults of various ages were consulted. While the review’s focus is on adults who have left school and therefore a younger age-group is of particular interest to the research team, it was important to engage with older adults who may have been attending a day service for some time.

Given the relatively small number of case studies (20) within the context of total number of adult day service settings in Ireland (800-1,000), it was recognised as unfeasible to provide a fully representative sample. In selecting the sample of 20 settings, however, the research team has sought to provide balance across a number of factors associated with day service settings and users as detailed above.

As the research team engaged with sites to explore potential visits, the profile of those sites and their users was monitored against the population to ensure the achieved sample was as close as possible (given limitations of reliable and robust data on the whole population being sampled) to being representative (Appendix 13 – profile of sites in the achieved sample).

Source of Potential Site Visits

In the absence of a comprehensive and up-to-date database of all day service settings, complete with contact and profile information, these were identified through two main routes: referred and random.

Referred sites included those that had self-nominated in the survey³⁹ and/or sites proposed in stakeholder consultations and/or those proposed through the research team’s network of contacts and/or snowball effect from any one of these sources⁴⁰.

Random sites were selected from an HSE (March 2019) online listing of 953 day service settings⁴¹. This is organised by community health organisation area. It includes organisation name, address but no contact details or site characteristics. Sites were selected at random from this list after excluding any on the list of “referred” sites above or belonging to the same parent organisation as any of these.

39 Respondents were invited to indicate their interest and willingness to participate in future research to gain more in-depth information that could be presented as a case study.

40 As the research team engaged with sites and explored interest in visits with those in the other “referred” categories, some contacts signposted the research team to other settings.

41 HSE. New Directions Personal Support Services for Adults with Disabilities [online]. Dublin: HSE. [Viewed 20/05/2019] Available from: www.hse.ie/newdirections

Securing Site Visits

All potential sites were contacted by phone and email to invite them to participate. An overview of the research's purpose and process was provided at this stage and confirmed later via email with willing participants. Each site was invited to propose suitable dates for the visit based on staff and service user availability and asked to help coordinate interview arrangements. Materials to assist with the coordination were supplied in advance, including topic guides, information about the research and consent forms and so on (Appendices 14-17).

The research team was aware there might be a variety of reasons for a specific adult day service setting being unable to accommodate a visit within the research timescales. This might include staff or service user holidays; illness; clash with other activities in the centre including for example inspections; an organisation's policy not to participate in research; timing of organisation research ethics committee application and approval process. The research team therefore expected some attrition from invitees. In the achieved sample the following was observed:

- Referred sites: uptake was around one in three or 17 hosted visits out of 46;
- Random sites: uptake was around one in 30. Of 90 contacts, three hosted visits. Among the others:
 - 22 were contacted at least three times; in line with good research practice, further contact with these was not pursued subsequently;
 - 12 could not be reached due to lack of contact details despite extensive internet search for those details, seeking contact through the HSE central switchboard and its local office switchboard or unable to connect when the number was dialled despite several attempts).
 - 54 declined to participate for a wide variety of reasons including timing – unavailable during period when research was being conducted (due to staff holidays, staff sickness, other activities on site at the same time, including construction); lack of capacity to host site visit (unable to set aside staff and service user time away from regular activities); staff turnover (staff member who initially expressed interest had moved on); service users had recently been involved in other research and did not wish to participate in another such project so soon; service users and/or parents did not wish to participate in the research.

Table 3 below illustrates the profile of the achieved sample by source.

Table 3: Sites Visited by Source

Source of site visit	N	%
Referred: self-nominated in survey ONLY	5	25.0%
Referred: proposed in stakeholder consultations ONLY	5	25.0%
Random	3	15.0%
Referred: snowball effect ONLY	2	10.0%
Referred: proposed in stakeholder consultation AND Research team's network of contacts	2	10.0%
Referred: self-nominated in survey AND Research team's network of contacts	2	10.0%
Referred: self-nominated in survey AND Proposed in stakeholder consultations	1	5.0%
Total	20	100.0%

Estimated profile of population and profile of achieved sample

The tables in Appendix 13 present available data about the target population: number (n) and percentage (%) (based on information in section 6 and Appendix 1) and the achieved sample (20 sites, including two pilot visits, and service users interviewed at the sites). As detailed in section 6 and Appendix 1, the population data are subject to caveats and do not provide a totally comprehensive, accurate and up-to-date profile of the sector. Population information should be regarded as an estimated profile.

The profile of the achieved sample is compared to that of the population across five characteristics for sites and three characteristics for service users. 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. Considerable effort has been made to ensure the profile across the eight characteristics is as representative as possible (see Appendix 13), given that it has also depended on willingness of sites and service users to participate.

3.5.4 Strand 3: Conducting Site Visits

Each site visit was led by a TCD research team member, supported by a member of the RSM research team; researchers were on each site for around five hours. At each site visit, the following was completed:

- One-to-one qualitative interviews with adult day service staff (typically two per setting).
- One-to-one qualitative interviews with adult day service users (typically two per setting).
- Observations of adult day service settings, including interactions with service users/adults with disabilities. This was designed to provide a holistic understanding of the setting, how supports are delivered including the staff practice, environment, resources, levels of engagement.

- Review and/or collection of relevant documentation: policies etc as per checklist if not already provided by the setting in advance.
- Collection of signed information and consent forms if not already provided by the setting in advance.

Site visits were completed at 20 day services between March and May 2019. Using the research instruments associated with each strand of evidence above, this produced:

- 20 document checklists – one per site. In most cases (19) evidence of requested documents was made available to the research team during the site visit. Some day services also provided these in hard copy (two) or shared an electronic version of the documents (six), others were unable to share documents with the evaluation team but provided evidence of their existence during the site visit (11). One site was unable to show documentation at the site visit or to provide it later.
- 41 interviews with staff – two were interviewed at most sites (17); two sites provided three staff members; and the remaining site one⁴². This included both management⁴³ and operational⁴⁴ staff;
- 40 interviews with service users – two per site, see Table 4 for a profile of sites and Table 5 for the profile of service users interviewed;
- Observations of all 20 settings – holistic observation at each site considered the types of support involving learning available to service users and how they were delivered, including overall staff involvement in delivery, staff training to support delivery, environment, resources and levels of engagement in learning.

Informal unstructured participant observations were an important form of data gathering in relation to adults with intellectual disabilities especially when adults experienced communication challenges. When adult participants were unable to communicate verbally or via written text, observations involved the use of everyday objects and items of interest, including artefacts such as art work, pottery, photographs, posters on display, flyers on activities were gathered in consultation with the adult if possible and with their support staff in the immediate environment. The objects of interest symbolised meaning for the adult, were used inferentially by the researcher who positioned them in a proximal location for use whenever the participant had difficulty focusing on the discussion. Unstructured observations during discussions incorporated objects of interest to the participant or activities that identified their achievement.

42 This was the only member of staff available during the agreed time for the visit.

43 Job titles included: centre coordinator, centre manager, manager, programme supervisor, team leader.

44 Job titles included: activity facilitator, programme facilitator, training facilitator, inclusive learning facilitator, community link officer, instructor (senior, basic), IT tutor, care assistants (lead, personal, health, social), social care worker, support worker.

Participant observations were conducted in a range of day service activity and social situations. Observations were holistic in that they focused on interactions between the individual adult and peers/support staff/instructors and the environment (day centre, institution of education, college of FE) were used to provide a narrative of activity over a period of time. Data from these observations were analysed using codes consistent with those applied to other datasets throughout the research's fieldwork phase. This assisted in developing holistic information on the adult and enabled researchers to see the use of specialist resources and approaches concerning lifelong learning and person-centred planning in the adult's immediate environment.

Observations conducted as part of the fieldwork had two main purposes. The first was a process of verification and elaboration of understanding whereby the researchers visited day services to observe how those ideas expressed in documentation or discussed at interview were being applied.⁴⁵ For example, where documentation and interviews suggested use of a particular approach to providing lifelong learning and person-centred planning, the researchers visited day services to clarify how these procedures were being implemented in the appropriate location or natural environment. The second was to ensure that the researchers were fully conversant with the context in which the sample day services were functioning⁴⁶. Time spent in day services or other environments, for example local FE settings, afforded opportunities to gain insights into operational procedures, to understand potential enablers or challenges and to gain a clearer picture of the incorporation of the activity or goals.

Characteristics of the 20 sites visited are presented in the table below.

Table 4: Characteristics of Research Sites

Site #	Source of site	CHO Area	Organisation Type	Size: # Staff	Size: # Service Users	Disabilities That Site Caters for
1	Referred	7	Voluntary	35	127	Single
2	Referred	9	Voluntary	40	108	Multiple
3	Referred	7	Voluntary	13	55	Single
4	Referred	8	Voluntary	12	19	Single
5	Referred	8	Private	4	24	Multiple
6	Referred	9	Voluntary	11	95	Single
7	Referred	4	Voluntary	8	10	Multiple
8	Referred	2	Voluntary	4	10	Multiple
9	Referred	4	Voluntary	15	14	Multiple
10	Referred	1	statutory	16	56	Single

45 Rose, R., Shevlin, M., Winter, E., & O'Raw, P. (2015). *Project IRIS – Inclusive Research in Irish Schools. A Longitudinal Study of the Experiences of and Outcomes for Children with Special Educational Needs (SEN) in Irish Schools*. Trim, IRL: National Council for Special Education.

46 Ibid.

Site #	Source of site	CHO Area	Organisation Type	Size: # Staff	Size: # Service Users	Disabilities That Site Caters for
11	Referred	4	Voluntary	14	10	Multiple
12	Referred	8	Voluntary	5	17	Multiple
13	Referred	8	Voluntary	3	15	Multiple
14	Random	5	Statutory	3	9	Single
15	Random	6	Statutory	7.5	42	Single
16	Referred	6	Voluntary	4	24	Multiple
17	Referred	6	Voluntary	9	29	Multiple
18	Referred	7	Voluntary	6	9	Multiple
19	Referred	6	Voluntary	11	18	Multiple
20	Random	1	Statutory	15	43	Single

Table 5 provides a profile of service users interviewed by age, gender and nature of principal disability.

Table 5: Profile of Service Users Interviewed

Disability/ Gender/Age	Intellectual – Borderline	Intellectual – Mild	Intellectual – Moderate	Intellectual – Severe	Physical	Visual	Total (n)
Female		6	8		2	1	17
18-19							0
20-24		1	4				5
25-34		2	1		1		4
35-44		1	1				2
45-54		2			1	1	4
55-64			2				2
Male	1	10	7	2	2	1	23
18-19		1	1				2
20-24		7	5		1		13
25-34			1	2	1		4
35-44	1	2					3
45-54						1	1
55-64							0
Total (n)	1	16	15	2	4	2	40

Disability/ Gender/Age	Intellectual – Borderline	Intellectual – Mild	Intellectual – Moderate	Intellectual – Severe	Physical	Visual	Total (n)
18-19		1	1				2
20-24		8	9		1		18
25-34		2	2	2	2		8
35-44	1	3	1				5
45-54		2			1	2	5
55-64			2				2

3.5.5 Strand 4: Site Visits: Data Analysis

An electronic tool was designed for data collection and analysis, based on the framework. Data from each visit was entered in the tool; the research team then analysed this with reference to the framework.

Mapping Data Sources to the Framework

Appendix 18 maps evidence collated from the four sources against each element of the framework.

Weighting and Rating

A marking frame was used to rate available evidence across all elements in the framework. For each element:

- Each data source which is mapped to the element is reviewed and a score is allocated per source based on strength of evidence.
- A weighted score is then calculated. This is based on all relevant data sources/evidence for the element. At the element level, all data sources are weighted equally.

For each sub-criteria:

- A weighted score is calculated for each sub-criteria.
- This is based on all elements within it.
- Each element within each sub-criteria is weighted equally.
- A rationale based on available evidence and element scores is also produced.

The rating is based on a 5-point scale (1-5) as illustrated in the table below; this reflects the percentage of data sources which confirmed the relevant findings. This is a measure of the strength of available evidence; assessment of practice is discussed in more detail below the table.

Table 6: Rating at the Sub-Criterion Level

Score	1	2	3	4	5
Interpretation	No evidence	Limited evidence	Some/ incomplete evidence	Good evidence but scope for improvement	Strong evidence
Percentage/ value	Confirmed by findings from 0-19% data sources	Confirmed by findings from 20-39% data sources	Confirmed by findings from 40-59% data sources	Confirmed by findings from 60-79% data sources	Confirmed by findings from 80-100% data sources

An assessment of and differentiation between the types of practice evidenced through the 20 site visits (see sections 9-12) has also been made with reference to the framework, described in detail in section 5. This distinguishes different types of practice to identify:

- Poor practice – not consistent with the characteristics of good practice outlined in the framework.
- Satisfactory practice – consistent with most characteristics, but with some room for improvement.
- Good practice – consistent with the characteristics of good practice outlined in the framework.

Analysis Across All Sites

The approach below was adopted to provide a guide on the number of sites given a particular rating:

- All – all sites (20);
- Almost all – 16 to 19 sites;
- Majority – between 11 to 15 sites;
- Some – six to ten sites;
- A minority – one to five sites.

Where quotations from participants and examples from observations or documents are reported (sections 9-12), these have been anonymised; quotations and examples are attributed using identifiers such as service user 1, site 1 or staff member 1, site 1 and so on, so that the range of research participants and data sources cited is evident.

3.5.6 Site Visits: Research Validity and Reliability

Triangulation was used to increase the data's validity and reliability. This involved using multiple sources of evidence to corroborate the research findings. The quantitative scale used in analysing the data in Table 8 was used to record the frequency with which each element of each sub-criterion was evidenced at each individual site. The language used in reporting the research findings is linked to this scale to maintain precision and consistency.

The research team recognises the importance of considering inter-rater reliability. It has sought to ensure the validity and reliability of the data through triangulation, using multiple sources of evidence, that means similar lines of inquiry can support the truth. A process of peer and upward review was applied to ensure consistency and scoring of evidence.

3.6 Data Collation and Analysis: Synthesis and Reporting

Analysis was informed by the choice and design of the research instruments and completed in a robust and structured manner using appropriate software, coding frameworks and analytical techniques. This is more fully described in sections 3.2-3.5. The report was developed drawing on the synthesis of evidence from the preceding stages, which informed discussion and implications.

3.7 Research Challenges and Limitations

Research instruments for the survey, stakeholder consultation and site visits were designed, and data analysis conducted, in accordance with the framework. The research team also employed peer review (colleagues reviewing each other's work) of analysis for consistency and quality assurance review (senior team members reviewing the work of their more junior colleagues) of analysis. There are, however, challenges and limitations to the methodological approach that should be considered when interpreting the findings.

3.7.1 Desk-Based Research

Data and Definitions

There are limitations relating to data about the sector more generally; information about the underlying population is not comprehensive or fully up to date. Therefore, it is difficult to make definitive statements about the total number of day service settings and users and the profile of both. Key challenges include:

- A wide range of data sources with information on adult day services – making it challenging to definitively provide a comprehensive, accurate portrait of the sector.
- Incomplete datasets – for example some are based on voluntary inclusion, some have age limits in terms of which adults are included; some do not include as wide a range of data fields as others. Therefore the available data are not comprehensive in covering the underlying population, or fully representative of the underlying population of adult day service settings or their adult users.

- Varying ages of data – some sources are dated and may not accurately reflect current status.
- Definitions and typology – no unique, agreed/consistent definitions, nationally or internationally, for terms relevant to this review: adult day services, education provision, services/activities and so on.
- Data (dis)aggregation – limited data reported for adult day service settings that is often combined with other service provision making it difficult to isolate adult day services;
- Focus on settings and/or users – some datasets focus on locations/centres, others on users.

Literature Review/Research Material

The literature review has been extensive (Appendix 3), key challenges and limitations to note are:

- Paucity of in-depth research studies on current developments in service provision – both nationally and internationally, particularly for adult education or lifelong learning. There is wide variation in conceptualisation of what constitutes adult day services, both in Ireland and elsewhere, which limits the availability of relevant research material.
- Limited/no evidence of standards or good practice for education provision for adults with disabilities in adult day services – both nationally and internationally. Among the sources reviewed, no evidence was found of standards or good practice for education provision for adults with disabilities in adult day services, reinforcing the need to develop such a framework. This posed a challenge: in the absence of existing frameworks, the research team developed an original framework. It is important to note that prior to this review no such framework existed and it therefore was developed specifically as part of the research.
- Limited critiques of effectiveness of reformed service provision on lives of people with disabilities, particularly for adult education or lifelong learning.

To reflect challenges in accessing appropriate evidence, the scope of the literature review was broadened to include evidence from other sectors (health and social care, housing for example), other age-groups (for example children and young people with disabilities) and settings that are not specifically adult day services (for example schools, colleges, other educational establishments).

3.7.2 Online Survey

While the survey was widely promoted and disseminated and measures were taken to encourage responses by extending the deadline twice as well as offering a variety of routes to complete it, there were some challenges in securing responses from day service settings including:

- Competing demands on services due to reporting/compliance such as Health Information and Quality Authority (HIQA).
- Lack of widespread recognition of “education” falling within the remit of services.
- The research team depended on third parties to disseminate information on its behalf. While this had advantages in terms of endorsement and enhancing research credibility, it had disadvantages in the lack of direct access to potential respondents for follow up.

A lack of comprehensive, up-to-date and public data source on education provision for adults in day service settings limits the extent to which a population profile can be fully developed and the extent to which representativeness can be determined.

Participation in the survey was voluntary with all respondents being required to opt in. This may result in a potential selection bias. In other words, day services more interested or predisposed to participate in research might have been more inclined to participate.

The achieved survey response rate (n=50) is low and the lack of comprehensive data on the sector’s profile limits the extent to which findings may be generalised. Nonetheless, responses include sites with a range of characteristics covering many examples of the types of services that exist – CHO areas, organisation types, sizes, and disabilities catered for – and service users, age, gender and nature of disability. However, the final sample is not statistically representative of the sector’s total population of services or users. (See Appendix 13 which compares the profile of sites visited and service users interviewed against available information for all sites and all service users.) Nonetheless the survey offers interesting data and gives a rich picture of provision in a little researched area.

3.7.3 Stakeholder Consultation

Participation in stakeholder consultation was voluntary. While a broad range of stakeholders were invited and accepted the invitation to participate, others did not.

3.7.4 Site Visits

There were some challenges in securing sites to host visits for a variety of reasons:

- Accessing some sites, particularly from the HSE website – given limited contact details (address only).
- Competing demands on services at the time the site visits were due to take place, for example due to reporting/compliance for example HIQA and so on, staff commitments/holidays.
- Service users not wishing to participate.
- Extending the survey deadline meant the site visit field work was delayed.

- The research team devoted considerable resources to maintaining contact and continued engagement with sites which had initially volunteered to take part in fieldwork that was delayed.
- Some sites which had initially volunteered to take part in further research as part of their survey response were no longer available when the site visit fieldwork commenced.

As discussed above in relation to the survey, a lack of comprehensive and up-to-date data limits the extent to which a population profile can be fully developed and the extent to which representativeness can be determined.

Participation in the site visits was also voluntary. All sites and research participants had to opt-in to the evaluation. This may result in a potential selection bias, that is day services believing they might not be examples of good practice may have declined to take part. Appendix 13 addresses the issue of minimising potential bias.

The number of sites visited (n=20) limits the extent to which findings may be generalised. While efforts have been made to ensure the sample included a range of CHO areas, organisation types, sizes, and disabilities catered for, the final sample is not statistically representative of the total population of adult day services, nor of adult day service users (Appendix 13).

3.8 Research Ethics

The research was conducted in accordance with Research Ethical Guidelines for the School of Education TCD. The research team submitted an application to the TCD School of Education Research Ethics Committee that was subsequently approved. In some cases, the research team submitted research ethics applications to the host organisation for site visits and secured approval. Particular consideration was given to:

- Seeking written informed consent and providing participants with an information sheet related to the study that describes context, purpose, etc.
- Informing participants that any recordings, for example audio/video/photographs/artefacts would not be identifiable unless prior written permission was given.
- Highlighting that participation was entirely voluntary and participants were free to withdraw at any point and for any reason.
- Giving participants the option of omitting questions they did not wish to answer.
- Telling participants their data would be treated with care and confidentiality and retained in an anonymised format.
- Informing participants of the relevant safe storage, retention and destruction policy of data to be followed.

- Debriefing participants, on request and if required, at the end of their participation, that is give them a brief explanation of the study.
- Reminding all proposed participants that their anonymity would be respected at all times.
- Ensuring all data collected would be kept confidential and used for research purposes only.
- Other ethical issues included:
 - To minimise the burden of setting up site visits on adult day services, the research team drafted clear invitations and research instruments for interviewing adult day service centre staff and users.
 - The research team sought to arrange all consultation/engagement appointments at times convenient for participants so as to minimise disruption to their activities.
 - Research instruments were tailored to the specific needs of adult day service centre users. In particular to ensure appropriate engagement of service users including young adults in the research, TCD used its expertise on nuanced ability to engage with students including adults who are difficult to engage, this included developing a portfolio of appropriate methods including augmentative and alternative communication (AAC) for non-verbal students.
 - For safeguarding reasons, researchers were not left alone at any time while on site. They were accompanied to and from the interview room by a member of staff.

Communication and accessing the inner world of adults with intellectual disability occasionally was challenging due to the range, diversity and sometimes complex needs of the adults. The need for astute observational work and experiential decision-making regarding the suitability of the research methods vis à vis the adult's strengths and needs, involved pre-interview discussion and collaboration with all key participants at each site visit, including management, staff and adults with disabilities, in planning and conducting sensitive and effective communication strategies with adults with ID. As a result, communication strategies to be adopted as appropriate in using the discussion guides with this client group may arguably result in innovative, well-considered and structured efforts to assess de-facto, the wishes, interests and desires of this participant group.

In this study, the considerable experience of TCD researchers was drawn on in applying a range of research methods as appropriate to the needs of the adults with whom they were engaging; this included observation and communication strategies to elicit information from adults. TCD researchers have a long history of utilising and adapting observation as an ethnographic research method. Accordingly, observation has an intrinsic value in that it permits researchers to study people in their natural environment in order to understand "things" from their perspective. Observation requires the researcher to spend considerable time in the field with the possibility of adopting various roles in order to gain a more comprehensive understanding of the participant group and their lives. Researchers combined this with a variety of techniques used to collect data.

According to Johnson, Douglas, Bigby, and Iacono (2010)⁴⁷ the use of participant observation with adults with severe intellectual disability allows for unexpected insights and provides context and credence for alternative lines of inquiry.

TCD researchers are very experienced in participant engagement. Participant observation in this study was incorporated as a means by which the researchers engaged in a “process of learning through exposure to or involvement within the day-to-day routine activities of participants in the research setting”⁴⁸. The researcher’s degree of involvement with or proximity to the participants varied during the course of the research, occasionally situated on the periphery as an observer, other times being actively engaged with participants during their activities in the day services.⁴⁹

Researchers were adept at eliciting personal narratives, life histories and other documents of life; alternatively, they incorporated any revelatory objects of interest such as photographic images; pieces of art made by the adults, texts and documentary sources; artefacts of identity culture; or familiar discourse between the adult and day service support workers. Narratives and personal accounts were among a variety of spoken and written social actions that illustrate ethnographic features of the life world of the adult with an intellectual disability. Researchers paid particular attention to the distinctive features of narratives, and how they are used to achieve practical outcomes for the adult with a disability. Form and function were acknowledged. Was the adult communicating authentically and was this communication reciprocated? Did the adult achieve his or her wishes and desires and was responsiveness of staff appropriate? The researchers were aware of the power of proxy during these discourses and did so recognising that narratives are but one example of structured performance through which everyday life is enacted⁵⁰.

The research team was cognisant of all of these issues in its engagement with survey respondents, stakeholder and site visit participants through invitations (Appendices 6, 9, 14), information and consent proforma (Appendices 7, 10, 15), and telephone or email contact to arrange consultations and also in the introductions to interviews. Research instruments (Appendices 8, 11, 17) also reflect these issues.

All RSM and TCD staff involved with this project had previously been involved in projects conducting research into interventions geared towards vulnerable members of society. Alongside RSM’s internal procedures to ensure the proper treatment of all stakeholders and beneficiaries, the research team adhered to the legislation set out within relevant policy and guidance documents relating to adults with disabilities. The review adhered to the following core ethical principles and concepts minimising risk of harm: informed consent and assent; confidentiality and anonymity; and adopting an inclusive approach to the research.

47 Johnson, H., Douglas, J., Bigby, C., & Iacono, T. (2010). The pearl in the middle: A case study of social interactions in an individual with a severe intellectual disability. *Journal of Intellectual and Developmental Disability*, 35, pp175-186. doi: 10.3109/13668250.2010.501026.

48 Schensul, Jean J., LeCompte, Margaret Diane. (Eds.) (1999). *The ethnographer’s toolkit*. Walnut Creek, California: AltaMira Press. p91.

49 Hammersley, M. & Atkinson, P. (1995). *Ethnography: Principles in Practice*, 2nd edition. London: Routledge.

50 Atkinson, P. (2005). Qualitative Research – Unity and Diversity. *Forum: Qualitative Social Research*. Volume 6, No. 3, Art. 26 – September 2005.

4. Literature/Policy Review to Identify Good Practice

4.1 Literature Review to Inform Framework – Introduction

4.1.1 Context for Literature Review: Transformation in Policy and Provision of Day Services for Adults with Disabilities

Societal attitudes towards people with disabilities have evolved considerably in recent decades and progress has been significant in developing more inclusive policies and provision for this population. However, this progress has not been uniform internationally with significant regional variations and even variations within countries⁵¹. As a result, on an international level while general trends in service provision can be detected it is difficult to be definitive about the exact content of these services and their impact on the lives of people with disabilities.

Segregation of people with disabilities was, until recently, a constant feature of societal provision though gradually a combination of novel international declarations, parental dissatisfaction with existing provision and the emergence of advocacy movements among the population itself have challenged this situation⁵². Segregated day centres established to provide a range of services including rehabilitative training, sheltered workshops and activities of daily living were usually availed of by people with physical and/or intellectual disabilities. Developing more inclusive societal provision has involved a considerable transformation consisting of a protracted process of de-institutionalisation designed to replace existing services. A strong commitment to community-based supports has emerged and is informed by procedures focused on a person's strengths and capacities and enabling people with disabilities to actively participate in decision-making that affects their daily lives in a collaborative process with their service providers⁵³.

While international and often national policies have encouraged development of inclusive environments to promote the active participation of people with disabilities within society, implementing the principles underpinning these policies has not been straightforward. Establishing appropriate individualised services within a community setting, enabling independent living, fostering access to high quality care and support services, and encouraging active citizenship has proved challenging in many jurisdictions throughout the world⁵⁴.

51 Emerson, E., Fujiura, G.T. and Hatton, C., (2007). International perspectives. *Handbook on developmental disabilities*, pp.593-613.

52 Flynn, E., (2011). *From Rhetoric to Action: Implementing the UN Convention on the Rights of Persons with Disabilities*. Cambridge University Press.

53 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.

54 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.

In Ireland, this has led to the concept of adult day service settings that 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 stroke⁵⁵. The services aims to help such people make choices and plans to support their personal goals; to have influence over the decisions affecting their lives; to achieve personal goals and aspirations; and to be active, independent members of their community and of society⁵⁶. It is challenging, however, to compare these with provision in other jurisdictions due to the different approaches adopted in different countries. For example, government policies in the United Kingdom have consistently promoted day service modernisation involving reducing or replacing the traditional model of provision in building-based centres with more inclusive daytime activities in the community, including access to further education and opportunities for paid employment⁵⁷. The move has had mixed results. On a positive note, people with intellectual disabilities were engaged productively in a flexible set of community-based activities though some experienced very restricted activities that did little to enhance their quality of life. For others, day service provision was predictable and offered the opportunity to socialise with peers and friends. Within the Swedish context there is also considerable variety in how day services are constructed and delivered, ranging from structured occupational activities to relatively unstructured meeting places with few organised activities⁵⁸. Specifically, in Finland and more broadly within high income countries de-institutionalisation programmes have been compromised by economic constraints and appropriate community-based alternatives to day services have not always been established⁵⁹.

In more recent years the principles informing service provision for people with disabilities have been shaped by the key construct "quality of life"⁶⁰. Eight quality of life domains have been identified including material/emotional/physical well-being, self-determination, rights, social inclusion, interpersonal relationships and personal development. All eight domains have relevance for people with disabilities as they attempt to establish adult lives for themselves. Adulthood is characterised by autonomy (declaration of independence and individuality); membership (attachment to and recognition from community); change (sustained capacity for personal growth).

55 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

56 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 20/05/2019]. Available from: <https://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

57 Hatton, C., (2017). Day services and home care for adults with learning disabilities across the UK. *Tizard Learning Disability Review*, 22(2), pp.109-115.

58 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.

59 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.

60 Bambara, L.M., Wilson, B.A. and McKenzie, M., (2007). Transition and quality of life. *Handbook of developmental disabilities*, pp.371-389.

In summary, it is evident from this brief review that societal policy and provision for the lives of disabled people has undergone a considerable transformation in recent decades and it is far from complete. Given these profound systemic changes and resulting service adaptations it is perhaps not surprising that many have not been fully documented⁶¹. As a result, there is a paucity of in-depth research studies detailing current developments in service provision and limited critiques of the effectiveness of its reform on the lives of people with disabilities. This is particularly true of adult education or lifelong learning within service provision⁶².

4.1.2 Context for Literature Review: New Directions

In 2012, the HSE published a review of its funded day services and made proposals for a modern service that can respond to the unique and diverse individual needs of those with physical/sensory/learning disabilities and mental health difficulties. Leading on from this, *New Directions* was published – a key policy document contained in the HSE Transforming Lives Programme: [Value for Money and Policy Review of Disability Services in Ireland](#). It sets out an approach to day services that envisages all the supports available in communities that will be mobilised so people with disabilities have the widest choice and options about how to live their lives and spend their time. *New Directions* sets out 12 supports that should be available to people with disabilities using day services. It proposes these should take the form of individualised outcome-focused supports so adult users can live a life of their choosing according to their own wishes, needs and aspirations.

Adult day service centres offer a wide variety of programmes, but little is known of their content or effectiveness in enabling users to fulfil educational and/or employment aspirations. This literature review underpins the good practice framework that has been developed with complementarity and coherence with other developments in mind, such as *New Directions*⁶³ and *Transforming Lives Programme*⁶⁴. As part of this review, we developed working definitions for key terms which can be found at the beginning of the report.

61 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.

62 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.

63 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

64 HSE. (2017). *Transforming Lives: Supporting Person-Centred Disability Services: Progress Report, 2016 (HSE)*. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/622591/Transforming-lives-Progress-Report-2016.pdf?sequence=1&isAllowed=y>

4.2 Developing a Good Practice Framework to Review Provision

A key task in this research was to review national and international evidence on policies, standards and good practice guidelines for provision of education for adults with disabilities in day services when they leave school. Further to this, the expected standards of educational provision for adult day services to guide this review were to be outlined in a document or framework. The latter's framework was to guide the review of educational provision in day services, focusing on areas such as planning, teaching and learning, assessment, monitoring and reviewing student outcomes, staff qualifications and training, and progression (NCSE, 2017).

The review found no evidence of an existing framework(s) to review lifelong learning provision in these settings. Therefore, the findings from other material from the literature review informed the development of such a framework (section 5) for this research. Preliminary/emerging criteria and sub-criteria, supported by evidence from the literature review, were proposed and subject to iterative review within the research team and also taking into account feedback from the Advisory Group, reflecting feedback from stakeholder consultation and from the NCSE. Thus the framework was refined on an iterative basis. It was also used in initial testing work with two adult day service settings before the full schedule of site visits.

The remainder of this section sets out key findings from the literature review. Its structure follows the hierarchy of criteria, sub-criteria (SC) and elements in the final version of the framework of expected standards of provision, which is used to order presentation of the material here. A variety of sources, Irish and international, is briefly discussed for each sub-criterion, providing a rationale and definition of the sub-criterion. A summary highlights how each element within the framework is grounded in the evidence presented in this section. Appendix 3 contains the complete findings from the review underpinning the framework's development.

4.2.1 Criterion 1: Person-Centred Approach to Education Provision

A review of the literature has shown that there is no unique definition of person-centeredness, with evidence of at least three differing definitions⁶⁵. Based on the information reviewed, person-centredness can be defined as – for example:

65 Department of Health. (2012). *Value for Money and Policy Review of Disability Services*. Dublin: Department of Health. [Viewed 20/05/2019]. Available from: https://health.gov.ie/wp-content/uploads/2014/03/VFM_Disability_Services_Programme_2012.pdf
 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>
 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

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.

This is the definition proposed by research team as in the table at the beginning of the report and in Appendix 4.

A review of the Irish and international literature has outlined that a person-centred approach to education provision is a key contributing factor to setting a standard for delivery of education services including to those with disabilities. It encompasses several inter-related factors discussed in more detail below.

SC 1.1 Individual plan developed and regularly reviewed – setting education goals

Rationale

The literature has shown the importance of devising individual development plans to select the relevant supports for people with disabilities. An individual education plan is a written document prepared for a named person specifying the learning goals to be achieved by the individual over a set period and the teaching strategies, resources and supports necessary to achieve those goals⁶⁶. These goals should be based on a person's abilities, aspirations and capacity. Furthermore, meeting individual needs may involve differentiation, a range of teaching methods, resources and supports as appropriate⁶⁷.

Evidence

- Individualised education planning (IEP) is a core theme of a number of Irish and International documents, including the NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs, HIQA Guidance for the assessment of centres for persons with disabilities, and the HSE's Interim Standards for New Directions. The IEP will outline the supports required to maximise the user's personal development and quality of life. This support is tailored specifically for each individual and considers the diversity of their needs, wishes and aspirations. Therefore, meeting the individual's needs usually requires differentiation

66 NCSE. (2006). *Guidelines on the Individual Education Plan Process*. Dublin: Stationery Office. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/final_report.pdf

67 NCSE. (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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/inclusiveEducationFramework_InteractiveVersion.pdf

from a range of teaching methods, resources and supports. There should be achievable targets set for each individual that are specific, measurable, achievable, realistic and timed.^{68 69 70 71 72 73 74 75}

- The Interim Standards for New Directions highlighted that the development of individual personal plans should be developed collaboratively with the service users being actively involved in decisions made about the support they receive. The plans' supports and services included may include education and lifelong learning. Other research studies, including a review of inclusive education⁷⁶, and a systematic literature review commissioned by the NCSE examining the education of persons with ASD⁷⁷, have emphasised other key features. Participant involvement in the decision-making processes is considered essential along with the need for a key worker whose primary responsibilities are to support the person in developing their personal plan. Also vitally important is that other key professionals, family members and friends are involved in this planning process. Services should set targets and individualised learning approaches where the learner sets their own learning goals with their tutors. Finally, information should be shared with all parties on how these goals will be achieved and monitored.
- The Interim Standards for New Directions highlights the importance of consistent attention being given to plans for the person with a disability. These plans should be developed at least annually and regularly reviewed, at least every six months or more frequently if changes in the individual's needs or circumstances occur.⁷⁸

-
- 68 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>
- 69 HIQA. (2017). *Guidance for the assessment of centres for persons with disabilities*. Health Information and Quality Authority. [Viewed 20/05/2019]. Available from: https://www.hiqa.ie/sites/default/files/2018-02/Assessment-of-centres-DCD_Guidance.pdf
- 70 NCSE (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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf
- 71 Mugambi, Mercy M., (2017). Approaches to Inclusive Education and Implications for Curriculum Theory and Practice. *International Journal of Humanities Social Sciences and Education (IJHSSE)*. Volume 4, Issue 10, October 2017, pp.92-106.
- 72 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: NCSE. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/5_NCSE-Education-Provision-ASD-Students-No21.pdf
- 73 Burge, P., (2008). A quarter century of inclusive education for children with intellectual disabilities in Ontario: Public perceptions. *Canadian Journal of Educational Administration and Policy*, (87).
- 74 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.
- 75 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.
- 76 Mugambi, Mercy M., (2017). Approaches to Inclusive Education and Implications for Curriculum Theory and Practice. *International Journal of Humanities Social Sciences and Education (IJHSSE)*. Volume 4, Issue 10, October 2017, pp.92-106.
- 77 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.
- 78 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

- The National Review of Autism Services Past, Present and Way Forward proposes that the service should develop a clear, consistent pathway for diagnosis in every area followed by the offer of a personalised needs assessment. This approach aims to ensure an improvement in access for adults with autism to the services and support required to live independently within the community.⁷⁹

Key Findings

The Irish and international literature shows a substantial consensus on the importance of individual planning to select the relevant learning/employment supports for adults with disabilities.

Key principles include:

- The personal plan should be based on needs, strengths, aspirations and ability detailing the support required to maximise personal development and quality of life, in accordance with individual wishes.
- The plan includes learning targets that are specific, measurable, agreed, realistic and time bound.
- Agreed learning targets should be based on the adult's present level of performance, their specific strengths and needs, the relevance of learning needs to the adult's home, service or community life and the adult's motivations and interests.

SC 1.2 Individuals contribute to their own plans: choice and decision-making

Rationale

Academic research completed in 2014 sought to identify the key concerns of adults with an intellectual disability about their participation in Irish society. It was recommended that services should be conscious of adapting their provision to aid participants in recognising 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 lives⁸⁰. There is a clear link to the active involvement of individuals in their own plans. A review of the literature has shown that an individual with disabilities actively contributing to the ongoing development and review of their own plan is considered critical to provision of education/learning for them.

79 HSE, (2012). National Review of Autism Services Past, Present and Way Forward. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: http://www.fedvol.ie/_fileupload/Next%20Steps/autismreview2012.pdf

80 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.

Evidence

Evidence from the Irish literature reviewed which supports this includes the following sources:

- Evidence from several sources highlights that individual plans should allow people using services and supports to be actively involved in decisions about the service they receive. For example, Fleming, McGilloway and Barry note that individualised developments should be led by the “voices” of individuals with a disability and their natural supports⁸¹. Furthermore, these services must move beyond provision of a personal care plan, but also ensure that the resources and skills are in place to realise goals⁸². The Interim Standards for New Directions mentions that people should feel empowered to exercise their rights, including the right to be treated equally in the allocation of services and supports, the right to refuse a service or some element of it and to exit a service in favour of another one. 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.⁸³
- Further evidence from the Interim Standards for New Directions describes the need for providers to support the involvement of families and others in the wider community in developing and supporting the person’s personal plan in line with their needs and wishes. This will ensure an input and participation from family members and others to continually review how a better service can be provided⁸⁴.
- Research undertaken to inform the development of a national framework in person-centred planning⁸⁵ found that choices for people with intellectual disabilities are limited by various factors: lack of person centredness and a top-down approach, conservative risk assessment, community and systematic barriers. The limited life experience of those with intellectual disabilities can also narrow a plan’s range of goals. The review recommends using the experiences of others to help the adult articulate their own goals and wishes for the future. A communication ally with integrity guided by a person-centred vision is recommended to support and advocate for people with communication difficulties.
- A recent report from Dublin City University⁸⁶ examines the barriers to accessing opportunities in further/higher education, training and employment for disabled people. It advocates a supported transition model placing the person at the centre of the process by assisting them to explore their aspirations and brings them to a point where they can make an informed choice about their future.

81 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.

82 Ibid.

83 HSE. (2015). Interim Standards for New Directions, Services and Supports for Adults with Disabilities. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

84 Ibid.

85 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 24/09/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/research-report-person-centred-planning-literature-review.pdf>

86 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.

UK-Wide

- Dempsey and Ford highlight that the Improving the Life Chances of Disabled People report, published by the UK prime minister's strategy unit in 2005, highlights the importance of consulting people with a disability in the process of improving the quality of support for them⁸⁷.

Scotland

- In 2012, research found that 71 per cent of participants expressed a view that new forms of adult day services for people with disabilities were needed at the time the research was conducted. This described how day opportunities involving activities based on existing community facilities – community centre classes, further education – should mean that individuals with disabilities have the choice and the opportunity to pursue activities they identify as meaningful and of value to them.⁸⁸

Canada

- Academic research conducted in 2008 explored public perceptions towards inclusive education of students with an intellectual disability. The research reviewed the importance of choice and the development of self-determination for those with intellectual disabilities and concluded that those who have the opportunity to do so are more likely to participate fully in adult life⁸⁹.

Australia

- The Commonwealth/State Disability Agreement in 1991 reflected a policy shift to enhance the rights of all individuals in Australia with a disability. Within this policy, a key feature was the right of every individual with a disability to exercise maximum control over every aspect of their life.⁹⁰

Sweden

- Research in 2016 has shown that ongoing input from people with disabilities is important. This research explored correlations between indicators of quality care and cost of implementation of day activity service programmes for people with disabilities. It found that 56 per cent of municipalities in Sweden that regularly survey users were found to spend, on average, more money per user. The researchers proposed the reason for the higher cost per user in these municipalities is that the surveys are used to improve the quality of day activities. The measurement of service user satisfaction was argued to be a core ingredient in the improvement in the quality of day activity programmes.⁹¹

87 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.

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

89 Burge, P., (2008). A quarter century of inclusive education for children with intellectual disabilities in Ontario: Public perceptions. *Canadian Journal of Educational Administration and Policy*, (87).

90 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.

91 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.

Key Findings

The Irish and international evidence shows that:

- Where appropriate, adults with disabilities are actively involved in their own educational planning and assessment and are consulted on their involvement in education activities.
- Where appropriate, families/advocates and the wider community are involved in developing and supporting the person's personal plan in line with their needs and wishes.

SC 1.3 Individuals have access to an appropriate range of curriculum and certification options

Rationale

The research reviewed shows good practice should encompass the right of all individuals within the service to have access to support that offers a suitable and appropriate range of curriculum options to the benefit of the development of the individual with a disability. There is little evidence, however, on certification options for people with disabilities. Based on *New Directions*⁹², 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 in line with their needs and abilities. This might include, for example, individual support to access mainstream integrated educational programmes from the ETBs or mainstream third level institutions. Where individuals do not have the capacity to take part in integrated, mainstream education programmes, specialist service providers along with the DES may arrange for continuation or development of tailored, specialist, education programmes to complement delivery of *New Directions*. These will focus on developing literacy and numeracy skills to support independent living, community inclusion and participation, and making life choices and plans.
- Accessing bridging programmes to vocational training – the overall objective of this programme is to help people with disabilities to test, acquire and strengthen their readiness and capacity to move to and benefit from vocational training suited to their needs and wishes.
- 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. This includes transitions for moving to a new programme or activity either inside a particular service or to a community or other specialist service. A challenging transition may be that from a segregated setting to being part of ordinary life in the local community and building relationships in that community. Some transitions, particularly for people with severe and profound disability, may

92 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

be to programmes within a certain service or involve moving to another one. As for progression, New Directions states that people with disabilities should be able to make continuous progress towards their goals and aspirations. The focus on progression is designed to ensure that people get the support they need to realise their full potential. Progression may be: moving up or out or moving from specialist to mainstream services. It may mean any or all of these but should not be viewed only in these terms.

- Maximising independence – people explore what independence means for them and how they can achieve it in line with their capabilities and capacity.
- 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.

Evidence

The following examples of Irish literature offer a broad range of evidence to support the importance of appropriate curriculum access for individuals with a disability:

- New Directions outlines potential curricular options that may be offered within day services to support individuals with a disability, including communication, advocacy, capacity-building, positive risk-taking, independent travel training, social skills development and confidence-building modules⁹³.
- New Directions acknowledges the importance of accreditation and recognition of educational achievements, particularly in the context of transitions and progression. It recommends that any educational processes that people successfully engage in should be recognised. This recognition may be through formal accreditation or by less formal but structured recognition such as a certificate⁹⁴. Furthermore, where possible, mainstream accreditation for learning and achievement should be sought, but other forms of recognition should also be explored.
- Services need to be flexible and look at new models of service provision and/or reconfigure those provided in response to the service user needs. This will ensure the service has an approach to achieving a person-centred plan across a range of areas and subjects. Having a continuous assessment of needs and responding and adapting to the changing profile of the person throughout their life will provide an individualised person-centred approach⁹⁵.

93 Ibid.

94 Ibid.

95 HSE, (2012). *National Review of Autism Services Past, Present and Way Forward*. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: http://www.fedvol.ie/_fileupload/Next%20Steps/autismreview2012.pdf

- Curriculum Planning for Inclusion from the NCSE Framework on Inclusive Practice⁹⁶ describes how “management and staff engage in curriculum planning as a core component of inclusive teaching and learning”. Tutors should have a curriculum planned to maximise the opportunities for learners with special educational needs while recognising the individual abilities, learning styles, needs and preferences.
 - Teaching and Learning Strategies demonstrates how effective teaching involves the use of suitable teaching and learning methodologies, materials and arrangements. These can include cooperative teaching, differentiation and the promotion of positive classroom relationships.
 - Furthermore, services should provide career guidance and suitable information for adults with disabilities for the available choice of exam subjects, certification options and future pathways to education, training and employment.
- In 2016 a study highlighted the role of curriculum access. In schools where there are ASD-specific classes and children are included in mainstream classes, there needs to be collaboration and consultation between the class teachers and the teacher in the ASD-specific class to optimise the child’s curriculum access⁹⁷.
- In 2013, research recommended that services should provide well-resourced programmes within their curriculum that focus on improving student participation, learning and retention for students and their families. This will ensure that participants can make an informed choice with support from specially trained transition specialists⁹⁸.

England

- Research, including interviews with a range of people who had a perspective on employment opportunities for those with learning disabilities, explored the employment activities and support undertaken by day centres alongside the views and experiences of people with disabilities. The research has found that day centres need an explicit, structured approach to employment. Service provision must include training programmes clearly focused on paid employment, with a clear exit strategy to paid work. It must also be relevant to the real job market and effective at meeting the needs of people with learning disabilities⁹⁹.

96 NCSE (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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

97 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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/5_NCSE-Education-Provision-ASD-Students-No21.pdf

98 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.

99 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.

Europe

- The European Agency for Special Needs and Inclusive Education (EASNIE) identified that vocational education and training services should have a quality assurance process within their service programme that ensure relevant stakeholders are committed to the overall improvement of the lives of individuals with disabilities. Such curricular changes include activities for enhancing vocational education and training quality and to continuously improve learners' preparation for the labour market¹⁰⁰.

Key Findings

To summarise, a lot of evidence is available on the range of educational provision that should be available to people with disabilities. Although not all of it is specific to adults with disabilities or adult day services, several principles can help to inform the good practice framework including:

- Individuals have access to all areas and subjects relevant and appropriate to their learning abilities/aspirations.
- The tutor/support worker engages service users at a level and pace suitable to their individual needs.
- The tutor/support worker promotes learning by incorporating the adult's interests and preferences to motivate and engage in learning.
- Relevant stakeholders are involved in the curriculum design for individuals.
- The range of supports should include employment type supports if appropriate and there should be accreditation/recognition/QA processes built in.

4.2.2 Criterion 2: Outcomes

A review of the literature shows that having a clear focus on outcomes valuable to individuals and with a tangible impact are important considerations in the context of effective delivery of education provision for adults with disabilities in adult day services.

SC 2.1 Impact on Participants: Value to Individuals

Rationale

The evidence shows it is critical to education/learning provision in adult day service settings that personnel supporting adults with disabilities who may not regard themselves as educators understand the value of education to individuals with disabilities.

¹⁰⁰ European Agency for Special Needs and Inclusive Education. *20 Key Factors for Successful Vocational Education and Training*. EASNIE.

Evidence

Evidence from the Irish literature reviewed supporting this includes:

- A systematic literature review conducted by Bond et al and commissioned by the NCSE covered 85 Irish and international studies focused on education for individuals with autism spectrum disorder. It concluded that outcome measures demonstrating the value of learning supports for people with autism spectrum disorder should include a change in communication skills, social interaction and employment prospects¹⁰¹.
- The NCSE Framework on Inclusive Practice in Education references the need to measure the individual's ability to improve their management of educational setbacks and coping skills¹⁰².
- Research undertaken to inform the development of a national framework in person-centred planning¹⁰³ found PCPs should be accessible with ownership of the plan and its outcomes lying with the person at its centre. It should include goals on lifestyle areas that should not be constrained by the services an organisation provides.

UK

- Research commissioned by the Social Care Institute for Excellence (SCIE) provides a review of relevant UK policy and an academic literature dating from the 1980s to 2007, alongside a survey of good practice that involved eight site visits to UK day service providers. This noted little consensus at the time about what day services were intended to achieve. It sought to group outcomes from learning activities that services could aim to achieve and these fall into four broad categories:
 - Engagement in meaningful activities.
 - Time spent in a non-segregated setting.
 - Extending people's social networks.
 - Generating income for people (including wages, benefits, charges)¹⁰⁴.

101 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.

102 NCSE (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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

103 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 24/09/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/research-report-person-centred-planning-literature-review.pdf>

104 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.

England

- In a qualitative research report, carers identified a broad range of rewards and outcomes that the person with a disability can achieve from employment opportunities. These include:
 - Increased self-confidence.
 - A sense of purpose and relief from boredom.
 - A sense of discipline and responsibility.
 - Keeping physically active.
 - Making friends and being accepted.
 - Forming a connection with the real world¹⁰⁵.

Scotland

- Campbell notes that Scottish government policy (Scottish Executive, 2001) has been clearly focused on encouraging people with disabilities to gain employment. Employment obtained by people with intellectual disabilities was reported to lead to positive outcomes such as an improvement in self-esteem and social integration. Other outcomes included feeling safe, having things to do, seeing people, being listened to and having choices¹⁰⁶.

Key Findings

To summarise, the findings from the literature reviewed have identified important factors to consider in the provision of meaningful learning opportunities for people with disabilities. There is a degree of consistency and convergence from the evidence reviewed on several points, related to the value of engaging in education/lifelong learning at an individual level – issues associated with self-worth, which helps to inform the good practice framework including:

- Individuals have opportunities to engage in educationally meaningful and appropriately challenging tasks that deliver valuable outcomes.
- The education and learning environment tests participants' cognitive abilities, communication skills and motivation, and understanding of future employment prospects and future learning.
- Individuals learn to manage educational setbacks and successes.

105 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.

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

SC 2.2 Impact on Participants: Outcomes

Rationale

The research, discussed in detail below, has shown the importance of education and training outcomes for adults with disabilities who participate in adult day services. Evidence

Evidence from the Irish literature reviewed supporting this includes:

- In 2014, research recommended that services should provide well-resourced programmes within the curriculum that focus on improving student participation, learning and retention for students and their families.¹⁰⁷ The review suggested employment programmes should include:
 - Resilient connections with employers to ensure they are supported by career counsellors/officers as well as competent staff to deliver on the needs of the person transitioning.
 - Use of job placement programmes to allow people to avail of job openings to a person-centred model involving the individual's interests and skills to allow them to obtain experience in a supportive environment. Job placement services can involve training in interview skills, CV preparation, job matching, job trials and employment services – all tailored to individual needs.

Evidence from the literature review states that individuals should increase self-awareness of their disabilities, including their strengths, weaknesses and the compensatory strategies 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.

Well-resourced programmes that focus 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.

- New Directions¹⁰⁸ sets out a number of outcomes that can be achieved using each of the 12 proposed categories of support. Outcomes relevant to education and lifelong learning can include: People being brought through a process that enables them to make informed choices about what they want to do in the future.
 - People experiencing seamless transition between specialist and mainstream support services and having the opportunity to try new experiences on a regular basis.

¹⁰⁷ 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.

¹⁰⁸ 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

- People having the opportunity to use integrated community services and develop relationships with people not usually involved with their specialist service.
- People having the opportunity to access formal education programmes in line with their needs and abilities.
- People having the opportunity to access bridging programmes that may build a range of work-related skills such as time management, work-related social skills and money management.
- The Interim Standards for New Directions states that the training/development received from employment supports should help get access to work and, in doing so, can contribute to the overall enhancement of quality of life.¹⁰⁹

Australia

- The Disability Services Act highlights how people with disabilities should have the resources available to achieve positive outcomes such as increased independence, inclusion and employment opportunities¹¹⁰.

Multiple International Countries

- A review of international literature regarding the transition of young adults with disabilities from school to post-school found those who complete programmes aimed at improving self-determination often have positive outcomes across multiple life categories such as employment, access to health and other benefits, financial independence and independent living¹¹¹.
- The European Agency for Special Needs and Inclusive Education (EASNIE) has stated three requirements to support and facilitate the transition to work:
 - The educational setting needs to establish and maintain connections with local employers over time.
 - The transition from education to employment needs to be backed up by adequate support during the transition phase via career counsellors/officers to support with job applications, inform and support employers and facilitate contact between both parties.
 - Follow-up activities need to be undertaken by competent staff for as long as required, to meet the needs of young graduates and employers¹¹².

109 HSE. (2015). Interim Standards for New Directions, Services and Supports for Adults with Disabilities. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

110 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.

111 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.

112 European Agency for Special Needs and Inclusive Education (EASNIE) website. Available from: <https://www.european-agency.org/>

Key Findings

The literature review demonstrates the importance of measuring employment outcomes delivered through adult day service programmes. These should be supported by evidence that the day centre has links with employers, including supporting these employers to understand the needs of people with disabilities in their transition into work and doing the same for those accessing the support.

4.2.3 Criterion 3: Staff Capacity to Deliver Education Provision

A review of the literature has shown staff capacity and expertise in delivering education provision is a critical factor in contributing to setting an overall standard for delivery of education services to those with disabilities. It encompasses several inter-related factors discussed below.

SC 3.1 Staff have appropriate knowledge, skills to support education of adults with disabilities

Rationale

The research detailed below has demonstrated that what is critical to provision of quality education for adults with disabilities in adult day services is that the staff involved have appropriate knowledge and skills to support their diverse and particular needs. Staff are required not only to understand the disability and its impact on learning and teaching, but also to plan and diversify teaching methods and their approach to adapt to specific learner needs .

Evidence

Evidence from the Irish literature reviewed supporting this includes the following sources:

- Theme 2 of the Interim Standards¹¹³ for New Directions is Effective Services and Supports – states how staff should have appropriate knowledge along with the proper support mechanisms in place to enable people with disabilities to lead a fulfilling life. Services should be flexible and adaptable to support all individual needs.
- Theme 5: Responsive Workforce – states that service providers should organise and manage their workforce to ensure staff have the required skills, experience and competencies to respond to the diverse needs of those using their services and supports. Furthermore, it highlights how staff should be registered with their professional body, where relevant, to assure the public of their competence to deliver high quality, person-centred services to people with disabilities.

113 HSE. (2015). Interim Standards for New Directions, Services and Supports for Adults with Disabilities. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim-standards-for-new-directions-services-and-supports-for-adults-with-disabilities1.pdf>

- The NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs¹¹⁴ focuses on education environments for individuals with disabilities and outlines how tutors in services should facilitate and engage service users in their learning. They should be well prepared with a range of evidence-based teaching methods, approaches and materials employed to enhance learning opportunities for those with special educational needs. Furthermore, to have a system in place for tutors and support workers to share planning with colleagues is beneficial.
- Statement 3 – Service management: a recent Evaluation of Education Provision for Students with Autism Spectrum Disorder recommends that service management should promote a culture of further learning and information sharing among all staff. It emphasises that a clear plan for continued professional development for staff should be in place to facilitate acquisition of the knowledge, skills and attitudes needed for good practices in educational provision for students with ASD¹¹⁵.
- Research undertaken to inform the development of a national framework in person-centred planning¹¹⁶ found staff training was 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. These areas would have a bearing on how staff support adults in education and lifelong learning.

UK Wide

- UK research found factors contributing to successful provision of community-based day activities for people with learning disabilities included staff being offered specific training to emphasise the need to apply the same standards to the lives of people they support as they do to their own¹¹⁷.

114 NCSE (2011). NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs. Trim, IRL: National Council of Special Education. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

115 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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/5_NCSE-Education-Provision-ASD-Students-No21.pdf

116 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 24/09/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/research-report-person-centred-planning-literature-review.pdf>

117 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.

Australia

- 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 that ensures people are supported to participate in every aspect of their daily lives, irrespective of disability. Research has indicated the need to have staff with adequate communication skills, knowledge of the impact of intellectual disability and awareness of their own values¹¹⁸.
- An academic research report¹¹⁹ considered a series of projects that piloted various models of delivering decision-making support to participants with cognitive disability. The design and approach to delivery of support for decision-making in the programmes reviewed in this study illustrated its value for staff.

Key findings

The evidence suggests transferable principles that could be applied to lifelong learning in adult day services:

- Staff members should have a good understanding of relevant disability categories and its impact on teaching and learning. They should also have access to up-to-date strategies on how to tailor their delivery to best meet the unique learning styles of the individuals.
- Staff members should have the required qualifications, skills and prior experience to manage and deliver the required education service for adults with a disability.
- Staff members should understand when to consult other members of staff or a range of other professionals for advice and collaboration.

SC 3.2 Teaching methodologies integrate a variety of appropriate methodologies, activities and experiences for adult engagement in meaningful learning

Rationale

The research below demonstrates that providing education for individuals with disabilities requires an agile and flexible teaching approach adapted to meet the challenges of specific disabilities as well individual needs, abilities and aspirations. Within this context, teaching methods need to integrate a variety of methodologies, activities and experiences to ensure a meaningful educational experience.

118 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*, p.14.

119 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.

Evidence

Evidence from the Irish literature reviewed supporting this includes:

- New Directions describes how services should have management and staff competency frameworks present within the service, alongside training that reflects a clear understanding of the principles and practices of the person-centred approach¹²⁰.
- The Interim Standards for New Directions proposes that services should conduct activities with pupils with special educational needs using a meaningful and learning tasks-focused approach. This can be done in whole class, small group and individualised settings. Teaching should also be assessed for each person, in line with their needs and wishes, to support the development of their knowledge, self-awareness, understanding and the skills needed for self-care and protection, including self-advocacy. Furthermore, teaching should be planned and informed by whole service planning to enable pupils with special educational needs to access the curriculum in a meaningful manner¹²¹.
- The NCSE Framework on Inclusive Practice in education settings outlines how all teaching staff should take responsibility for differentiated lesson planning and recognise the learning requirements of pupils with special educational needs¹²².
- The NCSE Framework on Inclusive Practice in education settings describes how staff are trained in the use of specialist equipment and strategies, and actively engaged in the 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 staff with knowledge and expertise in the education of pupils with special educational needs¹²³.
- Theme 8: Teaching and Learning Strategies within the NCSE Framework on Inclusive Practice describes how teaching should involve use of suitable teaching and learning methodologies, materials and arrangements. All teaching staff should focus on creating learning experiences that are positive, success-oriented and foster learning. This can be done through authentic learning activities which promote cooperative teaching, differentiation and the promotion of positive classroom relationships. In services, teaching should be planned and informed by whole-service planning to enable pupils with special educational needs to access the curriculum in a meaningful manner¹²⁴.

120 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

121 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: HSE. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim-standards-for-new-directions-services-and-supports-for-adults-with-disabilities1.pdf>

122 NCSE (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. pg34. Trim, IRL: National Council for Special Education. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

123 Ibid.

124 Ibid.

- A report on the Special Educational Needs Initiative in Youthreach¹²⁵, an action to provide learners with SEN in Ireland an opportunity to develop their educational needs and opportunities for people aged 15-20 with SEN disabilities, highlighted 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. It identifies key factors including:
 - Learner-centred approaches: these approach tailor pedagogical methods and materials, the curriculum, assessment methods and goals to individual needs. The focus is on learner capabilities.
 - Individual plans: individual education/learning/training/transition plans are developed and implemented, and lead to individual curricula.

International

- UNESCO guidelines¹²⁶ include important components that help ensure the education system is equipped to handle diversity through:
 - Flexible teaching and learning methods – adapted to different needs and learning styles.
 - Flexible curriculum – responsive to diverse needs and not overloaded with academic content.

Key Findings

The common findings from both Irish and international literature reviewed identify the need for individualised teaching methodologies based on assessed abilities and internationally recognised good practice. Although there are some slight differences within the evidence reviewed, opinion converges on several points:

- Teaching and environmental supports, for example visual and organisational supports, adaptive equipment and additional adult assistance, are provided to increase the adult's independence and participation which facilitate and promote engagement with service activities.
- Teaching is based on assessment and considers the adult's strengths, interests and preferences. A variety of activities is used to teach core skills and concepts.
- Teaching is well organised, structured and planned.
- Staff within the setting work effectively together through joint planning and sharing of information and expertise.

125 Gordon, M., (2009). Report of the Pilot Phase of the Special Educational Needs Initiative in Youthreach. National Development Plan. [Viewed 20/05/2019]. Available at: <http://www.youthreach.ie/wp-content/uploads/SEN-INITIATIVE-REPORT-2009.pdf>

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

SC 3.3 Staff training

Rationale

The research described below shows that ensuring day centre staff have access and are supported to undertake all relevant training is critical to the service's educational provision. Therefore, it is vitally important to monitor staff training needs and provide appropriate training. In addition, staff should have access to continuing professional development.

Evidence

Evidence from the Irish literature reviewed supporting this includes:

- New Directions describes how a training needs analysis should be conducted periodically with all staff and that relevant training is provided as part of a continuous professional development programme. These programmes should ensure that staff maintain competence in all relevant areas including person-centredness, choice and self-determination, positive risk-taking, community inclusion, active citizenship and valued social roles¹²⁷.
- Theme 5a, titled Fulfilling Staff Potential from the NCSE Framework on Inclusive Practice, describes how staff should have access to continuing professional development (CPD) and support from management and colleagues to equip them with knowledge and expertise in the education of pupils with special educational needs¹²⁸. This is further supported by evidence from a policy advice paper highlighting the importance of CPD in helping improve their assessment and identification of the needs of people with disabilities¹²⁹.
- A systematic literature review conducted by Bond et al and commissioned by the NCSE across 85 studies emphasised the critical importance of a service having a coherent training strategy in place to assist practitioners in the complex task of effectively implementing evidence-based interventions and keeping practitioners up to date with developments¹³⁰.
- An evaluation completed in 2016 supports this point in recommending that services should have continued upskilling of tutors and SNAs to enable greater understanding of autism spectrum disorder (ASD), where teachers can feel supported in their roles by the principal and encouraged to share their expertise and resources. Furthermore, other staff or external professionals who meet students with ASD should have an understanding of the condition and the level of this understanding should be regularly reviewed¹³¹.

127 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

128 NCSE (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. pg30. Trim, IRL: National Council of Special Education. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

129 NCSE, (2016). Supporting Students with Autism Spectrum Disorder in Schools. Policy Advice Paper no.5. NCSE. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/1_NCSE-Supporting-Students-ASD-Schools.pdf

130 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 of Special Education.

131 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 of Special Education. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/5_NCSE-Education-Provision-ASD-Students-No21.pdf

UK

- Research commissioned by the Social Care Institute for Excellence (SCIE) provides a review of relevant UK policy and an academic literature dating from the 1980s to 2007, alongside a survey of good practice that involved eight site visits to providers of UK day services. This brought together key themes and issues on community-based activities for people with learning disabilities in the UK. This research highlighted the importance of service staff having development options, such as values training, that emphasised the value in applying the same standards to the lives of service users as staff would to their own¹³².

Canada

- Academic research conducted in 2008 explored public perceptions of the inclusive education of students with a disability. It reported that 69 per cent of participants felt teachers were unprepared to actually teach such students. This was perceived as a significant barrier to inclusion. The study recommended that services should recognise the need to enhance their in-service training efforts with the intention of improving tutor preparedness in educating service users with intellectual and other disabilities¹³³.

Sweden

- Among quality indicators collected by the Swedish National Board of Health and Welfare in 2012, one highlighted the importance of services having an overall plan committed to development of staff competencies of its staff to meet the organisation's needs¹³⁴.

Europe

- The European Agency for Special Needs and Inclusive Education (EASNIE) website refers to the importance of service centre co-ordinators having responsibility for managing and leading the work in their centres and ensuring appropriate staff qualification/ accreditation and expertise. Furthermore, staff should be aware of the resources and supports available to learners such as job coaches, career counsellors and mentors, as well as resources permanently available throughout the transition to work and during employment¹³⁵.

132 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.

133 Burge, P., (2008). A quarter century of inclusive education for children with intellectual disabilities in Ontario: Public perceptions. *Canadian Journal of Educational Administration and Policy*, (87).

134 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.

135 European Agency for Special Needs and Inclusive Education website. Available from: <https://www.european-agency.org/>

Key Findings

The transferable findings from both the Irish and international literature reviewed identify the need for appropriate support and development for those involved in delivering and supporting lifelong learning. While some differences exist across the papers, opinion converges on several points:

- Staff training needs are periodically reviewed to identify any relevant training required.
- Staff members have access to ongoing professional development, such as participation in workshops, conferences and specialist consultations, at a level commensurate with the degree of contact and responsibility the staff member has.
- Specialist teaching staff have access to theoretical and practical instruction and training in internationally recognised good practice and are offered advanced training opportunities to further develop their expertise.
- Support staff and assistants have opportunities to further their knowledge and understanding of relevant disabilities. They receive specific instructions and guidance on their responsibilities to the individuals.
- Staff members have access to support and advice.

4.2.4 Criterion 4: Organisational Culture

A review of the research shows the culture of an organisation delivering day services is an important environmental factor in helping to set a standard for delivery of education services to those with disabilities. It encompasses several inter-related factors, discussed in more detail below.

SC 4.1 Organisation vision for adult day service Rationale

A review of the literature highlights that the culture and ethos of the adult day centre is key to delivering effective learning for people with disabilities. Evidence supporting this point in Irish and international literature is set out below.

Evidence

Irish literature reviewed supporting this includes:

- Having a statement of purpose is a key component in Theme 4 – Leadership, Governance and Management – of the Interim Standards for New Directions. This highlights the importance of the service provider having a publicly available statement(s) of purpose that accurately and clearly describes the services and supports provided¹³⁶.

¹³⁶ HSE. (2015). Interim Standards for New Directions, Services and Supports for Adults with Disabilities. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

- HIQA guidance for the assessment of centres for persons with disabilities defines Regulation 3, which highlights the requirement for a “statement of purpose that promotes transparency and responsiveness” to describe accurately the designated centre’s aims and objectives and the services provided, including how and where they are provided. Furthermore, the service defined in the statement should be reflected in other related policies and procedures¹³⁷.
- HIQA standards highlight that the culture within the day centre should encourage regular feedback from residents, relatives, staff and others, with such feedback helping inform future practice^{138 139}.

UK

- The UK’s Valuing People strategy (2011) sets out the importance of having a culture that promotes four principles of rights that should be adopted when developing a vision for improving the service user’s life opportunities: rights, independence, choice and inclusion¹⁴⁰.

England

- Research, including interviews with a range of people who had a perspective on employment opportunities for people with learning disabilities, notes the importance in identifying day centres that seriously engage with the ethos of valuing people through use of person-centred planning approaches seeking to explore employment as well as other life domains¹⁴¹.

Key Findings

The Irish and international literature reviewed both identify the need for a clear, transparent statement of purpose or vision. It should demonstrate the following characteristics to ensure it is up to standard, namely: it should:

- Take the form of a written statement of desired outcome and the services provided to achieve this.
- Be reviewed regularly.
- Promote transparency and responsiveness by accurately describing the setting’s aims and objectives and the services provided, including how and where they are provided.

137 HIQA. (2017). Guidance for the assessment of centres for persons with disabilities. Health Information and Quality Authority. [Viewed 20/05/2019]. Available from: https://www.hiqa.ie/sites/default/files/2018-02/Assessment-of-centres-DCD_Guidance.pdf

138 Ibid.

139 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.

140 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.

141 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.

- Have the vision reflected in other related policies and procedures.
- Have an organisational culture that is person-centred and promotes rights of the individual. Staff, parents and adults with disabilities should be aware of the vision statement and see in practice how it operates on management and in the setting.

SC 4.2 Governance and management

Rationale

The research described below demonstrates that appropriate governance and management procedures need to provide a robust framework for the operation of settings and the educational and non-educational services provided.

Evidence

Evidence from the Irish literature reviewed supporting this includes:

- Leadership and Management is a core theme of the NCSE Framework on Inclusive Practice. The framework describes how “Leadership is visionary and provides a motivating force for change towards models of good practice in educating pupils with special educational needs. Leadership is participatory and distributed across all members of the service’s community including the Board of Management, principal, tutors, service management and special needs teams, ancillary staff, parents/guardians and pupils”¹⁴².
- HIQA guidance for the assessment of centres for persons with disabilities includes regulations that emphasise the important role of governance and management in service settings. It highlights how the governance and management systems in place assure the delivery of high-quality, person-centred support, supports learning and innovation, and promotes an open, fair and transparent culture that empowers service users. Clear lines of accountability are needed at individual, team and organisational level so all staff know their responsibilities, who they are accountable to and for what outcomes. Effective governance ensures positive outcomes for service users through support that is person-centred and promotes an inclusive environment^{143 144}. In addition, Regulation 14 – Person in charge from the HIQA guidance describes how staff management must be competent, with appropriate qualifications and skills. This will ensure the service has the management experience to oversee the residential service and to meet its stated purpose, aims and objectives¹⁴⁵.

142 NCSE (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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

143 HIQA. (2017). *Guidance for the assessment of centres for persons with disabilities*. Health Information and Quality Authority. [Viewed 20/05/2019]. Available from: https://www.hiqa.ie/sites/default/files/2018-02/Assessment-of-centres-DCD_Guidance.pdf

144 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*. p53. Trim, IRL: National Council for Special Education.

145 HIQA. (2017). *Guidance for the assessment of centres for persons with disabilities*. Health Information and Quality Authority. [Viewed 20/05/2019]. Available from: https://www.hiqa.ie/sites/default/files/2018-02/Assessment-of-centres-DCD_Guidance.pdf

- The NCSE-funded study evaluating education provision for students with autism spectrum disorder reported that successful services would adopt excellent leadership and management structures displaying a commitment to providing, communicating and reviewing whole-service policies on the student inclusion¹⁴⁶.
- The European Quality Standards Framework for Supported Employment Providers sets the minimum standards of good practice in Europe. These are based on existing good practice within the sector and provide tools for services to self-assess and set targets for improvement. The framework highlights the importance of the provider's leadership and management setting a clear direction that ultimately leads to the delivery of a high-quality service¹⁴⁷.
- Services should understand the importance of efficient staff management. The National Disability Authority review of research between 1995-2005 focused on direct outcomes or costs of services for adults with intellectual disabilities. This review concluded that highly organised staff training had a positive impact on user satisfaction with the service¹⁴⁸.

UK

Research commissioned by the Social Care Institute for Excellence (SCIE) reviews relevant UK policy and an academic literature dating from the 1980s to 2007, alongside a survey of good practice that involved eight site visits to providers of day services. This brought together key themes and issues to do with community-based activities for people with learning disabilities in the UK. Within this it was found that:

- Leadership can be evident in people with intellectual disabilities, family carers, staff, employers and community members.
- Leadership at service level should build partnerships with a broad range of community bodies to achieve the opportunities and support needed.
- A key factor defined in success is skilled team management that gives day-to-day direction and actively focuses staff time on delivering the results that people with learning disabilities want to achieve¹⁴⁹.

146 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*. NCSE. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/5_NCSE-Education-Provision-ASD-Students-No21.pdf

147 Irish Association of Supported Employment. European Quality Standards Framework for Supported Employment Providers [online]. IASE. [Viewed 20/05/2019]. Available from: <http://www.iase.ie/the-iase-and-supported-employment-professionals/european-quality-standards-framework/>

148 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), pp.137-142.

149 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.

Multiple International Countries

- A review of literature across Europe, Australia and North America found 128 relevant articles during 1991-2010 on the transition of young adults with disabilities from school to post-school. This research reported that the service setting is significant in the transition period, and how the service was managed through its management and implementation of bureaucratic structures will determine the level of difficulty experienced in the transition of those individuals¹⁵⁰.

Key Findings

Across the sources reviewed, several common aspects exist to do with governance and management arrangements. Among them are:

- Need for governance and management arrangements that promote an open, fair and transparent culture with clear roles and lines of accountability.
- Leadership and management structures that support staff in enhancing learning, teaching and behaviour.
- Management that displays commitment to providing, communicating and reviewing whole-setting policies on inclusion of students.
- Governance and management arrangements are communicated widely among staff, residents and parents and others and that formal/informal communication methods exist for reviewing these arrangements.

SC 4.3 Inclusive service culture and learning environment

Rationale

A review of the literature has highlighted the importance of providing a fully inclusive learning environment that creates a culture of engagement and inclusion for learners within the service.

Evidence

Evidence from the Irish literature reviewed supporting this view includes:

- The NCSE Framework on Inclusive Practice suggests whole service planning processes to using inclusivity in policies, practices and procedures in all school aspects. Schools should have meaningful participation of pupils with special educational needs. This will include providing accessible resources, equipment, strategies and physical adaptations for pupils with special educational needs to enable them to participate fully in-school activities¹⁵¹.

150 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.

151 NCSE (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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

- The school should actively promote development of pupils' social and emotional competence to enhance positive behaviour and have the capacity to address mental health difficulties. This is important to ensure reasonable accommodations and mechanisms are in place for pupils with special educational needs experiencing difficulties¹⁵².
- An academic research study completed in 2015 found employment prospects are affected by many individual characteristics, but an important factor was the extent to which lifelong learning opportunities were promoted for people with intellectual or learning disability¹⁵³.
- A literature review by the European Agency for Special Needs and Inclusive Education (EASNIE) reviewed over 200 academic papers from 1990 onwards to investigate the link between inclusive education and social inclusion of people with disabilities. It found that Inclusive education systems will ensure that all learners of any age are provided with meaningful, high-quality educational opportunities both academically and for social achievements. Furthermore, it states the importance of the service's ethos and culture, guided by strategic plans with high expectations for the academic and social achievements of all learners¹⁵⁴.
- The values of inclusion for services must recognise and promote leadership, teaching, learning and assessment. Developed by the Association for Higher Education Access and Disability (AHEAD), the Universal Design for Learning is a set of principles for curriculum development that gives all individuals equal opportunities to learn, including those with disabilities. This approach refers to the design of support services and a physical environment that can accommodate the ever-increasing diversity of individuals in education¹⁵⁵.

Australia

Bridging Pathways is a national strategy (2000) that aims to promote the participation of people with a disability in vocational education and training. It recommends the adoption of particular programmes and approaches to be incorporated into service provision to encourage meaningful participation by service users. These are:

- National training packages that include people with a disability. This is ensured by equity advisory services that provide support to all programmes delivered across Australia that makes them accessible for all members of the community.

152 Ibid.

153 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.

154 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 20/05/2019]. Available from: https://www.european-agency.org/sites/default/files/Evidence%20%E2%80%93%20A%20Review%20of%20the%20Literature_0.pdf

155 DAWN & AHEAD, 2017. Inclusive Education. Position Paper: A road map for disability support in higher education in Ireland. AHEAD. [Viewed 20/05/2019]. Available from: <https://www.ahead.ie/userfiles/files/shop/free/Position%20Paper%20Online.pdf>

- Establishment of Regional Disability Coordination Officer programmes designed to provide greater coordination of services for people with a disability in vocational education and training, and to conduct research to inform future practice in the area.
- Establishment of frameworks and systems for identifying and raising awareness of issues that may arise with key stakeholders¹⁵⁶.

Key Findings

Common themes that emerge on the inclusive setting, culture and learning environment include:

- Clear policies, practices and capacity to ensure the learning environment is welcoming and supportive of adults with disabilities.
- Provision of an appropriate learning environment with physical adaptations and a range of supports as necessary to accommodate the needs of learners.
- Consideration of individual learning styles and interests of individuals.

SC 4.4 Staff attitudes to education

Rationale

The following evidence from research shows the important role that staff involved in delivering support for education and learning programmes have to play in delivering inclusive education including recognising the importance of education to people with disabilities.

Evidence

Evidence from the relevant Irish literature reviewed supporting this includes:

- Diversity awareness is critical in creating an inclusive culture through restructuring cultures, policies and practices in settings to respond to the diversity of pupils. This can promote equality of educational access and participation of pupils with special educational needs. The setting culture will need to recognise that the abilities of pupils with special educational needs are not fixed and can be developed and improved given suitable learning experiences. Such approaches help to ensure that staff recognise that service users have a range of capacities, capabilities and aspirations and they understand their role and are committed to delivering services to help fulfil these¹⁵⁷.

¹⁵⁶ 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.

¹⁵⁷ NCSE (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. Trim, IRL: National Council of Special Education. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

- An exploratory report by the National Disability Authority (2017) looked at evidence of good practice from Ireland and around the world. The research was mostly drawn from grey literature and originated from England, Scotland and the US. The report summarises how disability awareness is key to facilitating the inclusion of people with disabilities in mainstream settings. Therefore, addressing staff training and development needs in relation to increasing disability awareness can ultimately support a greater understanding of the needs of those with disabilities¹⁵⁸.

Key Findings

Acknowledging that, as has emerged during the review, there are clearly challenges in defining what education and lifelong learning means for adults with disabilities, the literature does concur on the following key components when considering staff attitudes to education, which would go some way to address this:

- The need for clear understanding of what education means for adults with disabilities in the adult day service.
- The need for guidance and training in disability and diversity awareness so staff can understand what education means for individuals and can design appropriate programmes/interventions designed to support their educational needs.

SC 4.5 Holistic approach

Rationale

The research below has shown that when developing and supporting an inclusive culture and learning environment, it is important that an approach is used that promotes the active participation of not only those with disabilities, but also their families and advocates, where appropriate. Active participation may refer to any opportunity a person with a disability has to participate fully in all the educational, employment, consumer, recreational, community and domestic activities that typify everyday society.

Evidence

Evidence from the Irish literature reviewed supporting this includes:

- A review of 98 articles and reports alongside the development of five case studies in Ireland outlined how it is important that the service provider is governed in an holistic manner that supports the active participation of not only people with disabilities, but also their families and advocates, where appropriate¹⁵⁹.

158 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 20/05/2019]. Available from: <http://nda.ie/Publications/Disability-Supports/Autism/Good-practice-in-supporting-adults-with-autism.pdf>

159 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.

- Theme 4, titled Communication from the NCSE Framework on Inclusive Practice Framework describes how active participation across all key personnel should be present in the form of communication. This should be based on mutual respect between staff, service users, parents and others in the service community. Communication within the service community should be conducted in modes, language and formats appropriate to requirements of service users with special educational need and their parents/guardians¹⁶⁰.
- The Interim Standards for New Directions sets out the importance of supporting families and others in the wider community to ensure their involvement in developing and supporting the person's personal plan in line with their needs and wishes. This will ensure input and participation from family members and others that can prevent negative outcomes such as participant drop-out¹⁶¹, and continually look at how it can provide a better service to the individual and their families¹⁶².
- Qualitative research (2010) with parents of children with disabilities in Ireland sought to explore the nature, factors and psychological impact of their child's transition to post-school services. From these interviews, it was recommended that support workers involved in the transition process need to develop a relationship between families and professionals. Furthermore, it was emphasised that adequate information should be shared with families on the user's full range of options, rights and entitlements¹⁶³.
- The HSE report Transforming Lives Supporting Person-Centred Disability Services highlights the need to support people with disabilities to live active engaged lives and to be connected to other local community services. It suggests a need to ensure an inclusive approach to planning and policy so that persons with a disability and their family members are engaged in the process.

UK

- Research conducted in 2007 brought together key themes and issues on community-based activities for people with learning disabilities in the UK. One principle identified in good practice was the importance of family involvement in the person-centred plan. Families can and should also be involved as "change leaders" – the research term used – as they can influence other families in ways that manager and paid staff cannot¹⁶⁴.

160 NCSE (2011). *NCSE Framework on Inclusive Practice – A guide for schools on the inclusion of pupils with special educational needs*. Trim, IRL: National Council of Special Education. [Viewed 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2014/10/InclusiveEducationFramework_InteractiveVersion.pdf

161 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.

162 HSE. (2015). *Interim Standards for New Directions, Services and Supports for Adults with Disabilities*. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available from: <https://www.hse.ie/eng/services/list/4/disability/newdirections/interim%20standards%20for%20new%20directions%20report.pdf>

163 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.

164 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.

England

- The use of qualitative, in-depth interviews with key personnel involved in day centres also uncovered relevant findings to the holistic approach that services can adopt. Including family members as “partners in helping people obtain and maintain employment” was suggested as a potentially rich source of job opportunities for people with disabilities¹⁶⁵.

Scotland

- A systematic review (2018) of the transition of young people with disabilities from school to post-school environments emphasised the need for greater involvement of family and service users in the wider decision-making processes, particularly in service commissioning to ensure a successful transition to the post-school environment¹⁶⁶.

Multiple International Countries

- In 2012, a review of the transition of young adults with disabilities from school to post-school emphasised the importance of having readily available information for families on future options to ensure a successful partnership between the young person with an intellectual disability and their family. Furthermore, the service provider must have an understanding of family belief systems, reported as imperative to the development of effective working relationships with families and effective service delivery¹⁶⁷.

Key Findings

Transferable findings from Irish and international literature reviewed point to the following factors:

- A culture within the organisation that encourages regular feedback from residents, relatives, staff and others and which is used to inform practice.
- Process in place to ensure families and advocates can communicate formally and informally with the setting and external educational services where relevant.
- Families and advocates can express their views and/or concerns at regular formal and informal meetings with educators.
- Learning opportunities in diversity awareness (see general staff training) are extended to families and advocates of individuals where possible.

165 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.

166 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.

167 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.

4.3 Summary

This section sets out findings of the literature review that give evidence to underpin development of the framework to guide the review of educational provision in day services. The review initially searched for an existing framework(s) and/or evidence of standards for provision of education/lifelong learning in adult day service settings. None could be found. In fact, the process highlighted the paucity of research material on this topic more generally. This led the research team to develop a bespoke framework drawing on common themes emerging in available literature.

The limited evidence available also made it necessary to broaden the scope of literature reviewed: this extended beyond the adult day service sector and in many cases considered material that focused on school settings/under-18s in the main and in some cases on older people. It was also influenced in part by the ASD framework developed as part of an evaluation commissioned by the NCSE¹⁶⁸.

This review has resulted in the development of a good practice framework, due to the lack of existing evidence of standards or good practice for education provision for adults with disabilities in adult day services. This process was iterative including review and refinement by the research team, taking into account feedback from the Advisory Group, stakeholders consulted and the NCSE. The framework (see section 5) sets out a guide to key areas for consideration when delivering or planning delivery of lifelong learning provision for people with disabilities in adult day services. These expected standards of provision are based on available evidence from the literature review. This included a hierarchy of criteria, sub-criteria and elements. Each element within the framework is grounded in evidence with an appropriate descriptor of what it looks like in practice and the type of evidence to be sought. This framework provides a structured way to capture a wide range of evidence about an organisation's activity in education and lifelong learning for adults with disabilities.

168 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 20/05/2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/5_NCSE-Education-Provision-ASD-Students-No21.pdf

5. The Framework

5.1 Introduction

The good practice framework developed as part of this review and presented in this section aims to examine how day services offer users an opportunity to develop their learning capacity and engage in lifelong learning. It is important to note that this review is exploratory research and the framework has been developed as a tool for this research rather than for the sector. The nature and purpose of the framework is to weigh and assess what is happening in services rather than dictate what should be happening.

The good practice framework has been developed by drawing on the literature review (Appendix 3 and section 4) and on considerable experience within the research team. It aims to examine the range of educational provision in adult day services for young adults with disabilities when they leave school, how it is delivered, its standards and quality and the actual outcomes that users achieve. This framework offers a structured way to capture a wide range of evidence, via interview, observation, documentation, on how organisations support adults with disabilities.

5.2 Overview

The good practice framework includes four criteria, each of which has three or four sub-criteria. These are presented in Table 7 below. The sub-criteria are described in the next sections. Sources underpinning both are documented in the accompanying literature review (section 4 and Appendix 3) which details the evidence base. Most sub-criteria are likely to be common to all settings and provision.

Table 7: Framework – Summary

Criterion	Sub Criterion
Person-centred approach to lifelong learning	<ul style="list-style-type: none"> • Individual plan developed and regularly reviewed – setting goals which include learning • Individuals develop their plans; making choices and decisions • Individuals have access to a range of certification options, at all levels
Outcomes	<ul style="list-style-type: none"> • Impact on participants: value to individuals • Impact on participants: outcomes • Wider outcomes for organisations and the system
Staff capacity to deliver lifelong learning provision	<ul style="list-style-type: none"> • Staff have the knowledge and skills required to support lifelong learning of adults with disabilities • Learning techniques integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning • Staff training

Criterion	Sub Criterion
Organisational culture	<ul style="list-style-type: none"> • Organisation vision for adult day service • Governance and management • Inclusive service culture and learning environment • Staff attitudes to lifelong learning • Holistic approach

5.3 Criterion 1 Person-Centred Approach to Lifelong Learning

This considers the extent to which organisations adopt a person-centred approach. It examines how they support person-centred planning in the context of lifelong learning.

Table 8: Framework – Criterion 1 Person-Centred Approach to Lifelong Learning

Sub criterion	Description
Individual plan developed and regularly reviewed – setting goals which include learning	<ul style="list-style-type: none"> • Each adult has a person-centred plan, including learning, which <ul style="list-style-type: none"> - includes appropriate learning targets, goals and interests as identified by the individual. These should be formulated by taking into consideration factors such as the adult's present level of ability/capacity, their specific strengths and needs, the relevance of learning needs to the adult's home, school or community life and the adult's motivations and interests. Targets should be specific, measurable, agreed, realistic and time bound - details their needs based on assessed needs and strengths - outlines supports required to maximise their quality of life and personal development, in accordance with their wishes and what other individuals of a similar life-stage wish to achieve - includes essential information for planning, implementing, monitoring and evaluating the adult's progress - address broad range of developmental and learning needs - is regularly reviewed and revised as necessary - includes a core structure as standard with scope to complete detailed content that is flexible and adaptable for each individual thus ensuring it can accommodate a diverse population at different life stages • Settings use information from person-centred plans for learning to deliver high quality, individualised and reliable services and supports for learning effectively

Sub criterion	Description
Individuals develop their plans; making choices and decisions	<ul style="list-style-type: none"> • Adults are active participants in their own educational/learning planning and assessment • Adults are consulted about their involvement in the planning and delivery of daily activities • Where appropriate, parents/carers and support workers are regularly involved and consulted on an adult's person-centred plan with a focus on hearing and supporting the voice of the adult with a disability • Other and wider community support is appropriate and identified to develop and support lifelong learners • External services including community support are engaged to assist the planning process where appropriate
Individuals have access to a range of certification options at all levels	<ul style="list-style-type: none"> • Adults have access to all areas and subjects relevant and appropriate to their learning abilities/aspirations, at all levels including at universities • A range of certification options, formal or informal, are available that recognise all forms of learning • Relevant stakeholders are involved in the design of lifelong learning for individuals • Adults have access to a positive/reflective environment where staff or tutors support adults with disabilities in active learning and reflection • Options that can be provided within and external to day services should be considered

5.4 Criterion 2 Outcomes

This considers the impact of adult day services on individuals as well as more broadly. It examines the extent to which there is a focus on outcomes of value to individuals and that have a tangible effect on them and the wider organisation, particularly in the context of lifelong learning.

Table 9: Framework – Criterion 2 Outcomes

Sub criterion	Description
Impact on participants: value to individuals	<ul style="list-style-type: none"> • There is a focus on discovery of an individual's real learning outcomes to identify their interests, assets and abilities and match these with available provision • Individuals have opportunities to engage in meaningful learning and appropriately challenging tasks relevant to their aspirations, interests and capacity • Progress in achieving learning goals is recorded and used to identify further interests or learning activities • Individuals learn to manage educational setbacks and successes • Feedback is provided to support and help with recognising the learning achieved by adults with disabilities.

Sub criterion	Description
Impact on participants: outcomes	<ul style="list-style-type: none"> • As appropriate to their choices, needs and abilities, individuals: <ul style="list-style-type: none"> - develop a range of skills linked to their learning outcomes, including social, life and communication skills - gain formal education and learning outcomes (as per Quality and Qualifications Ireland (QQI) framework and other accredited qualifications) from the supports provided - access further education and learning opportunities outside the adult day service setting - access bridging programmes to vocational training/vocational training opportunities outside the adult day service setting - access work experience/employment - gain either supported/customised or open employment as a result of learning activities provided at the setting - make transitions between service support and mainstream services, with support around these transitions provided as required • Individuals are supported to: <ul style="list-style-type: none"> - make their own choices and plans - try new experiences on an ongoing basis - participate in local mainstream clubs and activities - participate in mainstream community-based training - maximise their independence - enhance their health and wellbeing - develop meaningful social roles - develop personal expression and creativity - develop wider skills such as self-advocacy, independent thinking and interpersonal skills as an active member of society - influence the policies and practices of the setting • Career guidance is provided, and information is made available to adults with a disability (potentially linking with that from the National Guidance Service) on suitable choice of future pathways to education, training and employment, focused on enhancing expectations and ambitions for this group. Conversations should start before age 18 (ideally at age 13-14) and training should be provided for teachers in Special School settings to support this • Links exist with local employers, including support to help employers understand the needs of people with disabilities in work, as well as support for the people with disabilities accessing such support
Wider outcomes for organisations and the system	<ul style="list-style-type: none"> • Outcomes identified by individuals through the person-centred planning process should be used by organisations to influence their organisational plans • In turn, these organisational plans should lead to innovation across the system

5.5 Criterion 3 Staff Capacity to Deliver Lifelong Learning

It is recognised that providing access to lifelong learning opportunities outside the day service setting is desirable, as part of mainstream provision where possible, to promote inclusion.

This considers the capacity of adult day service staff to deliver lifelong learning. It examines the extent to which they are equipped with the knowledge and skills, awareness of learning techniques and access to training to support the lifelong learning of service users.

Table 10: Framework – Criterion 3 Staff Capacity to Deliver Lifelong Learning

Sub criterion	Description
Staff have the knowledge and skills required to support lifelong learning of adults with disabilities	<ul style="list-style-type: none"> • Staff have a good understanding of the potential people can achieve and desired outcomes • Staff have access to up-to-date strategies on how best to meet the diverse learning styles of adults with disabilities, along with relevant disability categories and how that may affect learner capacity • Staff have the required competencies and appropriate skills to support lifelong learning for adults with a disability • Staff have appropriate qualifications, accreditations and prior learning experiences working with adults with disabilities • Staff understand when to consult other members of staff or a range of other professionals for advice and collaboration • Staff are supported and supervised to carry out their duties to protect and promote the support and empowerment of adults with disabilities • Staff promote a culture of lifelong learning for adults with disabilities and share their knowledge and expertise with other staff members
Learning techniques integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning.	<ul style="list-style-type: none"> • Supporting lifelong learning is based on consideration of the adult's strengths, interests and preferences along with consideration of activities which those of a similar age and gender in the general population might enjoy. Use of a variety of activities enables adults with disabilities to acquire core skills and competencies • Staff within the setting work effectively together, and with external professionals and services, by joint planning and sharing of information and expertise • There are clear means of communication with all relevant professionals working with each adult with disabilities

Sub criterion	Description
Staff training	<ul style="list-style-type: none"> • Staff should be trained to focus on outcomes for adults with a disability and all training should be outcomes focused • Staff training needs are periodically reviewed to identify any relevant training required • Staff have access to ongoing professional development (such as workshops, conferences and specialist consultations) at a level commensurate with the degree of responsibility they each have for developing lifelong learning • Staff provided with opportunities to further their knowledge and understanding of how to plan and deliver lifelong learning activities, where appropriate, consistent with the environment in which they operate/resource constraints and commensurate with the degree of responsibility each member has for developing lifelong learning • Development and support of staff competencies to meet the needs of lifelong learners • Staff provided with access to support and advice on implementation of lifelong learning programmes for each individual • Staff aware of/trained in the rights of adults with disabilities – this should include those in further and higher education settings – to assist in meeting the needs of a growing number of adults with disabilities in mainstream settings • Consideration of relevant qualifications for staff working to support learning among adults with disabilities

5.6 Criterion 4 Organisation Culture

This explores organisational culture with respect to the lifelong learning of service users. It examines the extent to which lifelong learning is part of the organisation's vision and supported by its governance, management and staff.

Table 11: Framework – Criterion 4 Organisational Culture with Respect to Lifelong Learning

Sub criterion	Evidence
Organisation vision for adult day service	<ul style="list-style-type: none"> • The setting has a clear vision statement • The vision statement includes a commitment to enabling adults with disabilities to engage in learning activities, this may be internally or externally and over a variety of timeframes, for example full time or part time • Staff, parents/carers/advocates and the adults with disabilities are aware of the vision statement • The vision statement is regularly reviewed • The adult day service should have an ethos of valuing lifelong learners through use of the person-centred planning approach and promoting consideration of a lifelong approach, in other words preparing people for what lies ahead/the future. This should be evidenced and experienced by service users

Sub criterion	Evidence
Governance and management	<ul style="list-style-type: none"> • The centre is governed in a way that supports active participation of adults with disabilities and their families/advocates, where appropriate • Leaders demonstrate understanding of service user needs, directing resources to provide high quality, person-centred services • The centre's strategic and operational plans set clear objectives for delivery of high quality, person-centred services and supports with a focus on improved outcomes for people with disabilities • A communication system is established where parents/support workers can communicate formally and informally with the setting and external educational services where relevant • There is clarity about responsibility and accountability for meeting the learning needs of service users between different organisations, and plans are in place to support this
Inclusive service culture and learning environment	<ul style="list-style-type: none"> • The centre's policies and practices seek to develop an environment supportive of lifelong learning for adults with disabilities • The centre promotes the development of projects that use the strengths and learning styles of each individual • Achievements in academic and non-academic arenas are highlighted and celebrated within a culture that promotes the understanding of diversity and individual merit • The centre is aware of the need to consider the individual leaning styles and interests of individuals and provides appropriate adaptations to accommodate these learning needs
Staff attitudes to lifelong learning	<ul style="list-style-type: none"> • Staff have a clear understanding of what learning means for adults in the day service • Staff can describe successful learning activities designed for adults with disabilities • How do staff assess the effectiveness of different learning activities in enabling adults with disabilities to achieve their learning goals? For example community based or formal education? • Guidance and training is available for staff in disability and diversity awareness • Staff understand the importance of their role in lifelong learning of adults with disabilities and how this can improve outcomes for them
Holistic approach	<ul style="list-style-type: none"> • A culture that encourages regular feedback from residents, relatives, staff and others that informs practice • Families and advocates can express their views and/or concerns at regular formal and informal meetings with educators • Learning opportunities in diversity awareness (see general staff training) are extended to families and advocates of individuals where possible

6. Profile of the Sector

6.1 Introduction

This section presents information on adult day service providers' offerings to support adults with disabilities when they leave school. It draws on available information in the public domain, including New Directions, HSE and HRB reports and databases. In describing and building a profile of the sector, it gives a foundation to underpin the review. It focuses on service providers and users in Ireland, and nature of provision/range of services offered, in particular those focused on education/lifelong learning. It should be noted that there is much to learn from the data examined and analysis undertaken. At the outset it is important to state, however, that no comprehensive and up-to-date source of data on education provision in the sector exists in the public domain. Therefore, the paper draws on a range of sources published at different points in time to reach some preliminary conclusions on the nature and profile of education provision for adults in day service settings. All the report's findings should be treated with caution given the challenges outlined.

6.2 Challenges in Establishing the Profile

There are significant challenges in establishing a profile of the adult day service sector in Ireland and more specifically its education provision, leading inevitably to lack of clarity and inconsistency (see challenges and limitations in section 3.7 and further details in Appendix 1.1). Key challenges include: variety of sources; varying definitions – lack of agreed/commonly used definitions; limited availability of data at day service setting level; lack of consistent typology/approach to categorisation; incomplete/inconsistent datasets (both range of data fields included and how fully the underlying population is covered); representativeness of datasets; age of available data; incompleteness of HSE information; and source of funding of day services (and hence awareness/recognition that they offer education/lifelong learning and/or that relevant data are not collected).

6.3 Providers of Adult Day Services in Ireland

For each characteristic of adult day service providers, there are typically several sources of information. Having considered all the evidence presented in those available, a conclusion is reached on the number/profile to be used for this study.

6.3.1 Number of Providers and Settings

In 2008, an estimated 81 statutory and voluntary providers were delivering services¹⁶⁹. A lot of the data on these services are reported at location level. The 81 providers operate in 817 locations across Ireland. In 2016, the HSE¹⁷⁰ reported 73 service providers were delivering services in 900 locations across Ireland. More up-to-date HSE (2018) information indicated

169 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

170 HSE, (2017). HSE Annual Report 2016. Dublin: Health Service Executive.

almost 1000 service locations throughout the country and approximately 83 organisations providing services. The most recent HSE information (March 2019) made available details of all adult day service locations online¹⁷¹. This includes details of 953 settings in total with 89 unique organisations that provide services. Sixty organisations operate in more than one setting, ranging from those with two settings up to larger organisations working in 68 separate locations. Despite there being ten years across the data sources reviewed, the number of settings and locations is broadly consistent indicating around 70-90 providers delivering services in around 800-1000 locations. For this review, the most recent figures are used, that is 953 settings run by 89 unique organisations.

6.3.2 Location of Settings

HSE data¹⁷² include details of 953 day service settings. Table 12 presents the number of adult day service sites by community health organisation (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).

Table 12: Profile of Settings by Location

CHO Area	Location – CHO Area	
	N	%
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, Dublin South East, Dún Laoghaire	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
Total	953	100.0

Source: www.hse.ie/newdirections

171 HSE. New Directions Personal Support Services for Adults with Disabilities [online]. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available at: www.hse.ie/newdirections

HSE. Adult Disability Day Service Locations [online]. Dublin: Health Service Executive. [Viewed 20/05/2019]. Available at: <https://www.hse.ie/eng/services/list/4/disability/newdirections/adult%20disability%20day%20service%20locations.html>

172 Ibid.

6.3.3 Voluntary or Statutory Settings

According to data collected in the HSE census 2008 and reported in the New Directions report¹⁷³, most settings are run by voluntary organisations. These offered services in 573 of 817 (70.1 per cent) locations while 30 per cent are run by statutory organisations.

6.3.4 Settings Catering for Single or Multiple Disabilities

Most settings cater exclusively for a single category of disability. The New Directions report¹⁷⁴ cites data from the HSE census (2008)¹⁷⁵ indicating that 640 out of 817 (that is 78 per cent) provide day services for single disability groups while 177 provide day services to multiple disability groups. The two most common categories of disability exclusively catered for are people with an intellectual disability – 359 locations (44 per cent); and people with a mental health difficulty – 164 locations (20 per cent). Among the other locations exclusively providing services to a single category of disability, 93 cater for people with a physical and sensory disability, and 24 for people with autism. Considering all 817 locations, the majority (n=530, around 65 per cent) indicated that they provide services to people with an intellectual disability, 281 to people with mental health difficulties, 196 to people with a physical and sensory disability, and 108 to people with autism. Based on the evidence available, it is estimated that around 80 per cent of adult day services settings cater for single disability groups only. Just 20 per cent of settings do so for adults with multiple disabilities.

6.3.5 Size of Setting

Based on the team's knowledge and experience of the sector, we are aware of a variation in setting size. However, in most sources reviewed, no information was available on the number of adults per setting or the typical (or average) number of adults the sector caters for across Ireland. The HSE published information in 2020 referring to "over 1,000 locations from which day service supports are provided and the occupation of those locations on a daily basis by an average of 25 people"¹⁷⁶. The day service locations "range in size from small units that are supporting less than 10 people with complex needs to larger units that are supporting 50 + service users"¹⁷⁷.

173 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

174 Ibid.

175 Post the census being completed in 2008 it was decided that day services for disability and mental health would be treated separately. The understanding is that the current New Directions implementation process does not cover mental health and the figures the HSE now quotes for adult day service do not include community mental health day programmes.

176 HSE, (May 2020). Framework for the Resumption of Adult Disability Day Services Supporting People with Disabilities in the context of COVID-19: The Next Year. [Viewed 6 November 2020]. Available from: <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/framework-for-resumption-of-adult-disability-day-services.pdf>

177 Ibid.

6.4 Users of Adult Day Services in Ireland

6.4.1 Total Number of Day Service Users

In estimating the total number of users of adult day services in Ireland, we have considered a range of sources. The most recent information – the HSE’s assessment – indicates that at a minimum 20,178 adults with disabilities avail of day services in Ireland based on 2018 HSE data.¹⁷⁸ This estimate from HSE figures is somewhat lower (though for reasons already discussed, unlikely to be the full count) than that in the New Directions report¹⁷⁹. It reported on older data from a 2008 census of settings that indicated 25,302 people were using day services and, following the 2008 census, it was decided that day services for disability and mental health would be treated differently. So figures now quoted by the HSE for adult day services do not include community mental health programmes.¹⁸⁰ That is likely to be a factor here.

Data from the HRB databases, based on 2017 data, provide some insights into the number of adults (by category of disability) accessing day services, with some caveats:

- NIDD data (Table 3.6 in tables accompanying the report) show 19,111 adults (18-plus years) with an intellectual difficulty who accessed day services of all types, not only in adult day settings. The HRB regards this database as having around 90 per cent coverage and is considered broadly representative of the underlying population.
- NPSDD data show 1,514 adults (18-plus years) who accessed day services (of all types, not only adult day service settings). This includes individuals registered or reviewed in 2017 though, according to HRB, this subset would not be regarded as representative of the broader cohort registered. Furthermore, according to the HRB, even the national figure of total registrations (20,676) on the database is an under-representation of service use for people with PSD. It would not be appropriate, therefore, to extrapolate from the 1,514 adults to the overall population and the HRB advises caution when interpreting the data.

In light of this, data from the two databases for adults (18-plus years) accessing day services are not like for like. It would not be appropriate to use these to estimate the total number of adults availing of day services. Nor would it be appropriate to extrapolate from these databases (NSPDD in particular) to estimate a figure for all day service users. Likewise, it would not be appropriate to simply total the figures to estimate all day service users with disabilities both ID and PSD.

178 HSE, 2018. HSE Statistics.

179 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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

180 Post the census being completed in 2008 it was decided that day services for disability and mental health would be treated separately. The understanding is that the current New Directions implementation process does not cover mental health and the figures the HSE now quotes for adult day service do not include community mental health day programmes.

6.4.2 Nature of Disability of Service Users¹⁸¹

Recent data from HSE (2018) – Appendix 1.7 – indicate that overall 20,178 adults receive HSE-funded day services. While a breakdown of the total number of service users by diagnosis is not available, the total figure includes adults with a variety of disabilities: intellectual, autism, and physical and sensory. Physical and sensory disabilities comprise roughly 10 per cent of the overall cohort.

Considering information from the HRB databases (NIDD and NPSDD) and associated annual reports (2018) and extracts from these databases, it is evident there are:

- 19,111 adults (18-plus years, whose data have not been suppressed to avoid identification) are registered on the NIDD who use day services of all types, not only adult day service settings/locations. Their profile by degree of intellectual disability is shown in Table 13; almost two-thirds (n=12,694, 66.4 per cent) have moderate, severe or profound ID.
- 1,514 adults (18-plus years) on the NPSDD using day services of all types, not only adult day service settings/locations, were registered or reviewed on the NPSDD in 2017. The profile by type of disability in Table 14 illustrates that the two most common disabilities, accounting for almost 80 per cent of these individuals, are neurological (n=769, 50.8 per cent) and multiple disabilities (n=445, 29.4 per cent).

Table 13: Profile of Day Service Users (18+ Years) by Age – NIDD (2017)

Intellectual Disability – Degree	N	%
Not verified	199	1.0%
Mild	6,190	32.4%
Moderate, severe or profound	12,694	66.4%
Total ID	19,111	100.0%

Note: Data from NIDD: To protect against the risk of indirect identification of people, items with fewer than five entries have been suppressed.

Source: HRB, (2018, 2019). NIDD 2017 (registered on NIDD) – Table 3.6.

¹⁸¹ The two main sources of information available and considered in developing this section are:

- HRB, 2018. Annual Report of the National Intellectual Disability Database Committee 2017;
- HRB, 2018. Annual Report of the National Physical and Sensory Database Committee 2017.

The information available in both HRB sources provides no definitive statement on the number of adults with disabilities in adult day services by type of disability for the reasons discussed elsewhere in this report.

The New Directions: Review of HSE Day Services and Implementation Plan 2012-2016, *Working Group Report* (2012) does contain information on the nature of disability but due to its age we have not considered it within this section.

The HSE (2018) data has also been considered though it is not validated and is extremely limited in the extent to which it breaks down data by nature of disability.

Table 14: Profile of Day Service Users (18+ Years) by Age – NPSDD (2017)¹⁸²

Physical and Sensory Disability	N	%
Neurological	769	50.8%
Multiple disabilities	445	29.4%
Physical disability	140	9.2%
Hearing loss or deafness	74	4.9%
Visual disabilities or blindness	81	5.4%
Speech and/or language disabilities	5	0.3%
Total PSD	1,514	100%

Source: HRB (2019). Extract provided from NPSDD 2017 (only those registered or reviewed in 2017)

6.4.3 Age of Service Users¹⁸³

Table 15 presents data relating to adults with disabilities by age; this uses extracts from the two HRB databases, including day service users (aged 18-plus who access all types of day services, not only adult day service settings). The NIDD data are based on those aged 18-plus registered on the database; the data from the NPSDD are 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 nor 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 using adult day service settings¹⁸⁴. 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 aged 18-24. 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 18-24 is somewhat higher (19.4 per cent).

182 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 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, that is schools) and when children (under-18) are taken out of this figure, the total is 1,514.

183 The two main sources of information available and considered in developing this section are:

- HRB, 2018. Annual Report of the National Intellectual Disability Database Committee 2017;
- HRB, 2018. Annual Report of the National Physical and Sensory Database Committee 2017.

The New Directions: Review of HSE Day Services and Implementation Plan 2012-2016, *Working Group Report* (2012) does contain information on the age of day service users but due to its age we have not considered it in this section.

184 As detailed in Section 6.5 there is a wide variety of day service provision; adult day service settings is one type of provision.

Table 15: Profile of Day Service Users (18+ Years) by Age – NIDD and NPSDD

Age of Service User	ID		PSD ¹⁸⁵	
	N	%	N	%
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%
Total	19,117	100.0%	1,514	100%

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)

6.4.4 Gender of Service Users¹⁸⁶

Table 16 presents data on adults with disabilities by gender based on extracts from the two HRB databases, including day service users (aged 18-plus who access all types of day services, not only adult day service settings) with the same caveats as noted in section 6.4.3. The profile of adults availing of day services with ID is skewed towards males; over 55 per cent of those with ID are male. The reverse applies for adults with PSD availing of day services: the majority (over half 53.5 per cent) are female.

¹⁸⁵ 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, that is schools) and when children (under-18) are taken out of this figure, the total is 1,514.

¹⁸⁶ The two main sources of information available and considered in developing this section are:

- HRB, 2018. Annual Report of the National Intellectual Disability Database Committee 2017;
- HRB, 2018. Annual Report of the National Physical and Sensory Database Committee 2017.

Table 16: Profile of Adult Day Service Users by Gender

Gender of Service User	ID		PSD ¹⁸⁷	
	N	%	N	%
Female	8,575	44.9%	810	53.5%
Male	10,542	55.1%	704	46.5%
Total	19,117	100.0%	1,514	100.0%

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).

6.4.5 Location of Service Users

Recent HSE data (2018), albeit unvalidated, gives a profile by CHO area for adults in day services only as shown in Table 17. This demonstrates that the group is distributed across Ireland, with at least 7 per cent (at least 1,400 adults) in each CHO area. That 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 with around 7 per cent (n=1,408) of all. CHO Area 6 (Wicklow, Dublin South East, Dún Laoghaire) has the second lowest number of service users (8.2 per cent, n=1,651).

Table 17: Number of People in Day Services by CHO Area

CHO Area	People in Day Services (including RT ¹⁸⁸)	
	Number	%
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, Dún Laoghaire	1,651	8.2%

¹⁸⁷ 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, that is schools) and when children (under-18) are taken out of this figure, the total is 1,514.

¹⁸⁸ Rehabilitative training.

CHO Area	People in Day Services (including RT ¹⁸⁸)	
	Number	%
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%
Total	20,178	100%

Source: HSE, provided to the research team October 2018.

6.4.6 School Leavers Entering Day Services

We have considered available data to give an indication of school leavers entering day services. The Annual Report of the NIDD Committee 2017 notes that “the demand for services for school leavers remains high, particularly in the areas of training and employment”.¹⁸⁹ More specifically:

- Post-school options for school leavers and other adults with disabilities include attending rehabilitative training courses or tailored adult day support programmes. Most of these programmes are delivered by HSE or specialist disability service providers funded by the HSE in about 1,000 locations nationwide. Every year, about 700 school leavers start attending adult day services¹⁹⁰.
- According to the HSE, about 1,200-1,0300 school leavers enter day services each year¹⁹¹.

Overall, these sources are not in full agreement but do indicate the scale of school leavers moving into day services each year, with HSE figures consistently showing over 1,200 school leavers and around 500 progressing from RT.

189 Doyle, A. and Carew, A.M., (2018). *Annual Report of the National Intellectual Disability Database Committee 2017*. Dublin: HRB (published June 29th, 2018).

190 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>

191 HSE sources:

- 1,290 new school leavers provided with day care placement, according to *Building a Better Health Service Annual Report and Financial Statements 2016*. Dublin: Health Service Executive. [Viewed May 20th, 2019]. Available from: <https://www.hse.ie/eng/services/publications/corporate/annual-report-and-annual-financial-statements-2016.pdf>;
- Up to 1,200 young people enter day services each year from the school system – from communication with HSE by research team (September 2019);
- About 1,200 young people leaving school this year will require a HSE-funded day service and up to 500 people graduating from rehabilitative training programmes will also require an onward transition to a HSE-funded day service. According to the HSE in May 2020. Framework for the Resumption of Adult Disability Day Services Supporting People with Disabilities in the context of COVID-19: The Next Year. [Viewed November 6th, 2020]. Available from: <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/framework-for-resumption-of-adult-disability-day-services.pdf>

6.5 Day Services Provided Including Education

6.5.1 Introduction

There is no agreed definition of what constitutes education for adults with disabilities in day centres. Some typologies used are discussed below. According to the New Directions report, day service provision can include the following 13 categories. This is based on research into current service provision – 2012 at the time of writing the report – which cited data from a 2008 census of 817 locations.

- Day care programme
- Active community participation/inclusion
- Sheltered work commercial
- External work “like work” (less than minimum wage)
- Open employment, no supports
- Sheltered employment
- Education programme
- Day activation/activity
- Sheltered work therapeutic
- Sheltered work – “like work”
- Supported employment
- Rehabilitative training
- Voluntary work

This 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 decisions affecting their lives, to achieve personal goals and aspirations, and to be active, independent members of their communities and of society¹⁹². Further details of possible programme components in these services are included in Appendix 1.2.3.

In 2012, the HSE launched its New Directions report (HSE, 2012) 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”.

¹⁹² NCSE, (2014). Post-School Education and Training Information on Options for Adults and School Leavers with Disabilities. Trim, IRL: National Council for Special Education. [Viewed 20 May 2019]. Available from: <http://ncse.ie/wp-content/uploads/2014/10/NCSE-Post-School-Education-Training.pdf>

It promoted 12 categories of supports that should be available to individuals using day services¹⁹³:

- Choices and plans
- Inclusion in local community
- Maximising independence
- Health and wellbeing
- Vocational training and employment opportunities
- Meaningful social roles
- Transitions and progression
- Education and formal learning
- Personal and social development
- Bridging programmes to vocational training
- Personal expression and creativity
- Influencing service policy and practice.

It proposed that day services should take the form of individualised outcome-focused supports to allow adult users to live a life of their choosing in accordance with their own wishes, needs and aspirations. Among the 12 categories, those most relevant to education provision are primarily the first of these, with education permeating 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 offered by specialist and mainstream services and will regularly try new experiences.
- 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 goals¹⁹⁴.

193 HSE (2012) New Directions: Review of HSE Day Services and Implementation Plan 2012-2016', *Working Group Report*. Dublin: Health Service Executive.

194 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>

Apart from New Directions, the nature/type of day services is discussed in the HRB NIDD and NPSDD – though each contains different and extensive lists detailing categories of provision in service settings. Therefore a wide range of categories exists across these four sources, with some similarities. A number of categories of support likely to include education provision is not clearly identified or defined in any source documents.

6.5.2 Adults with Disabilities – Uptake of Day Services

In this section, we present information on day service uptake for those on HRB databases. The HRB approach is to record where people are during the day, that is in pre-school, mainstream or special school (or varieties of) and adult day service provision or post-second level education. This includes a wide range of day services. It does not distinguish them on the basis of having an education component or not (though some do such as rehab training) or whether they occur in a day service setting or centre. In this section and in the HRB reports, principal day service refers to the main day service someone receives. It is acknowledged that some may avail of more than one service.

The information in this section highlights the variety of activities classified as “day services” that are availed of by adults with ID and PSD. This illustrates the range on offer and the variation in labelling and definitions used (as discussed in section 3.7 and 6.2 and Appendix 1.1). While it gives an insight into the extent and diversity of activity, it does not isolate activities for adults in day settings/centres or those with an education/lifelong learning element. The information has not been used here to inform estimates of the number of adult users or the scale of education/lifelong learning provision in these settings.

The HRB data presented below relate to adults engaged in day services of all types as described in the opening paragraph of this section. This HRB-sourced data relate to adults engaged in all types of day service. They do not correspond exactly to the numbers in those settings due to challenges and limitations as discussed in section 3.7, 6.2 and Appendix 1.1. As data are scarce, however, the HRB source offers a useful indicative breakdown of the nature of activity.

6.5.3 Adults with Intellectual Disabilities – Uptake of Day Services¹⁹⁵

Information in Appendix 1.5.6 (based on an NIDD extract) details 26 principal day services as defined by NIDD were availed of by 19,111 adults (n=5 excluded from table as information was unavailable) aged 18-plus. 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. Appendix 1.5.6 cites NIDD: stating that 918 (4.7 per cent) of adult (n= 19,116) using day services are recorded as taking up education programmes in day services.

¹⁹⁵ Based on: HRB, 2018. Annual Report of NIDD Committee 2017. The information has no definitive statement on numbers of adults with disabilities in day services availing of education provision for reasons discussed in this report including section 6.4.1.

6.5.4 Adults with Physical and Sensory Disabilities – Uptake of Day Services¹⁹⁶

Information in Appendix 1.6.6 (based on an NPSDD extract) shows 19 principal day services as defined by NPSDD were availed of by 1,514 adults aged 18-plus. The most common is “open employment”, accounting for 47.7 per cent (n= 722) of users; the least common are “specialist residential secondary school”, “specialist day secondary school” and “secondary school education provided at home”, with one user each.

6.6 Summary

A review of available data highlights the scale/range of providers that include around 800-1,000 locations and around 70-90 organisations. These day services are distributed across all nine CHO areas with at least 7 per cent in each area. According to New Directions 70 per cent of settings are run by voluntary organisations (573 of 817 sites) with 30 per cent run by statutory organisations. The most common type of single disability location exclusively provides services to people with intellectual disabilities with 359 (44 per cent) delivering this kind of day service. 164 (20 per cent) exclusively offer supports to people with mental health difficulties.

A review of available day services data indicates up to 20,000 adult users with disabilities. Most have an intellectual disability (89.5 per cent and 10.5 per cent have a physical/sensory disability. Most users with either ID or PSD are aged 45-plus. Adults with ID are predominantly male (55.1 per cent) while those with PSD are more likely to be female (53.5 per cent). Overall, adult day service users are 58.8 per cent male and 41.2 per cent female. According to the most recent figures, around 1,200 school leavers start attending these services each year.

Information available on the nature of services on offer demonstrates their breadth and diversity. While a lack of common typology exists, a wide variety of provision is evident. New Directions reported 13 categories from the 2008 census of 817 locations – it promotes 12 categories of support for day services. Four have an education/learning focus: accessing education/formal learning; making transitions and progressions; maximising independence; and making choices and plans. The NPSDD report describes 19 programmes for adults with disabilities registered or reviewed in 2017. Similarly, the NIDD report describes 26 such programmes registered. Some may have an education/lifelong learning focus, but not all are in adult day service settings.

The data highlighted here must be treated with caution based on their various limitations. First, it is challenging to definitively provide a comprehensive, accurate portrait of the sector from the range of data sources offering varying information and typologies for these day services. Incomplete or partial datasets present further limitations, for example some are based on voluntary inclusion, some have age limits in terms of which adults are included; some do not have as wide a range of data fields as others. Therefore the available data are not comprehensive

¹⁹⁶ Based on: HRB, 2018. Annual Report of NPSDD Committee 2017. The information has no definitive statement on numbers of adults with disabilities in day services availing of education provision for reasons discussed in this report including in section 6.4.1.

or fully representative of the underlying population of adult day service settings and their users. The issue of incompleteness also arises in relation to a range of data fields included as well as how fully they cover the underlying population. Some sources are dated and may not accurately reflect current status. Other limitations include the lack of unique, agreed and consistent definitions – nationally or internationally – for terms relevant to this review: adult day services, education provision, services/activities, etc. Issues of disaggregation pose challenges as data reported for adult day service settings are limited and often combined with other service provision so it is difficult to isolate adult day services only. Finally, some datasets focus on locations/centres, others on users.

7. Survey Findings

7.1 Introduction

This section presents a summary overview of key findings from primary research – a survey of day service settings – undertaken for this study. The survey was completed by representatives of individual adult day service locations on a national basis. In describing the sector, it provides a foundation to underpin the review. It includes information on the broad areas listed in section 3.3.1. Fifty responses were received though not all respondents answered every question. Given the relatively small number of responses, which equates to around 5-6 per cent of the estimated for locations in Ireland, the limitations in interpreting this data are clear and therefore it is important to treat the findings with caution.

Full methodology details can be found in section 3.3 and Appendix 12. Representativeness is discussed in Appendix 12. Further detailed survey findings are included in Appendix 12 too.

7.2 Number and Profile of Survey Respondents

Within responses from 50 adult day service locations considerable diversity exists in terms of characteristics of adults supported and locations:

- Characteristics of adults supported in day service locations:
 - Primary disability supported: respondents catered for many categories of disability. Across responses from 46, all nine categories of disability specified in the question were represented, the large majority (97.8 per cent, n=45) stated their service supported adults with intellectual disabilities. The next most common response was ASD: 80.5 per cent (n=37) of services surveyed supported adults with this disability. Between a third and over three-quarters of respondents supported each of seven other categories of disability.
 - Age: adults of all ages (18-65-plus) were catered for by locations that responded. Most respondents, (78.0 per cent, n=39) gave details of service users aged 25-34 (total 367), followed by those aged 20-24 (68.0 per cent, n=34 locations, total 480).
 - Gender: more male adults accessed support (58.2 per cent, n=1,169) than females (41.8 per cent, n=839) among the sample.
- Characteristics of day service locations:
 - There were representatives from all nine CHO areas in Ireland, at least one per area, with most from CHO Area 2 (Galway, Roscommon, Mayo (n= 11) and Area 4 (Kerry/North Cork, North Lee, South Lee, West Cork (n=10)).
 - Most (84.0 per cent) were voluntary organisations, funded by the HSE.

7.3 Programmes Delivered under Supports 1-4 Summary

As little is known of lifelong learning provision, respondents were invited to describe the programmes they offered under four categories of support:

1. Support for Accessing Mainstream Education/Formal Learning – to help participants access mainstream educational programmes in line with their needs and abilities.
2. Support for Making Transition and Progression – to help people with disability experience a seamless transition and progression through support systems provided by specialist and mainstream services.
3. Support for Maximising Independence – to offer a range of skills preparation support such as money management, literacy and numeracy development, and building and maintaining relationships.
4. Support for Making Choices and Plans – to support people with disabilities in taking control of their life choices and how to achieve goals, in other words supports to develop self-advocacy skills, the ability to participate in person-centred planning and so on.

Survey responses revealed a wide variety of lifelong learning activities being undertaken in adult day service locations, characterised as follows and as shown in Table 18.

Number of programmes offered: lifelong learning programmes are evident in many locations with most delivering some programmes under all four supports. A large number of those is offered, over 200 across four supports, with around 50 cited per support.

Nature of programmes offered: variety is evident in the nature of those offered under the four supports. Programmes reported by respondents were grouped into around 13-16 categories per support.

Table 18: Summary Findings by Support – Number and Nature of Programmes Offered

	Support 1: For Accessing Mainstream Education/Formal Learning	Support 2: For Making Transition and Progression	Support 3: For Maximising Independence	Support 4: For Making Choices and Plans
Programmes offered	62% of respondents offered programmes under this support	64% of respondents offered programmes under this support	Most (70.0%) offered at least one programme under this support	Many (78.0%) provided programmes under this support
	31 respondents offered at least 56 programmes, detailing up to 52 of these.	32 respondents offered at least 49 programmes, detailing up to 46 of these.	35 respondents offered at least 59 programmes, detailing up to 53 of these.	39 respondents offered at least 49 programmes, detailing up to 40 of these.
Nature of programmes offered	<p>14 categories of programme. Most common: those associated with formal qualifications or recognition (21.2% [N=11] of respondents). These included QQI qualifications, Leaving Certificate accreditation, diplomas and ASDAN (education charity and awarding organisation) recognition. Other common categories frequently mentioned:</p> <ul style="list-style-type: none"> • ICT/computing training (~15%, [n=8]) • Media, leisure and arts (~13%, [n=7]) • Personal safety and development (~10%, [N=6]) 	<p>16 categories of programme. Most common: those offering leisure activities to respondents (19.6%, N=9). Other common categories frequently mentioned:</p> <ul style="list-style-type: none"> • Employability programmes and literacy and numeracy programmes (13% [N=6] each) • ICT/technology training and personalised support (~11% [N=5] each) 	<p>15 categories of programme. Most common: some form of personal care to adults that supported the development of life skills (20.8% [N=11]). Other common categories frequently mentioned:</p> <ul style="list-style-type: none"> • Personalised support (~11% (n=6)); • Employability; formal qualifications; independent living skills; literacy and numeracy; and travel coaching (~8% (N=4) each)) 	<p>13 categories of programme. Almost half focused on individualised/person-centred planning of support tailored to the person's needs. (45.0% [N=18]) Other common categories frequently mentioned:</p> <ul style="list-style-type: none"> • Advocacy support (15% [n=6]) • Daily planning; goal and decision-making support (~8% [N=3] each)

Source: RSM, 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Table 19 summarises delivery details for the four supports. Across them all, the most common mode of delivery was in small group formats or one-to-one. The most common duration was less than six hours a week. For Support 3, 7-12 hours a week was mentioned by a sizeable minority; regular delivery was mentioned for programmes under Support 4, as well as less than six hours

a week. Adult day service staff mostly delivered programmes in three of the four supports, with external providers being the most common response as programme deliverers in Support 1 (help accessing mainstream education programmes).

Table 19: Summary Findings by Support – Programme Delivery

	Support 1: For Accessing Mainstream Education/Formal Learning	Support 2: For Making Transition and Progression	Support 3: For Maximising Independence	Support 4: For Making Choices and Plans
Mode of delivery	Most common mode. Small groups (80.6% [n=25] of locations deliver at least one programme this way, while 50.0% [n=38] deliver all programmes this way).	Two common modes. Most locations (79.3% [n=23]) delivered at least one programme to small groups; most programmes delivered to small groups (38.0% [n=30]). Many programmes (30.4% [n=24]) delivered on one-to-one basis; 65.5% (n=19) of locations delivered at least one programme this way.	Two common modes. Most locations (82.4% [n=28]) delivered at least one programme to small groups; 33.7% (n=31) of programmes delivered this way. Most programmes (34.8% [n=32]) delivered on one-to-one basis; 76.5% (n=26) of locations delivered at least one programme this way	Two common modes. Most common: one-to-one delivery. 86.5% (n=32) of locations deliver at least one programme this way; while 46.8% (n=37) of all programmes are delivered this way. 62.2% (n=23) of locations deliver at least one programme through small groups; while 31.6% (n=25) of all programmes are delivered this way.
Duration/ hours per week	Most common duration: less than 6 hours per week. Most programmes (69.2% [n=36]) offered for less than 6 hours per week. Most locations (64.5% [n=20]) delivered programmes for less than 6 hours per week	Most common duration: less than 6 hours per week. Most programmes (68.2% [n=30]) offered for less than 6 hours per week. Most locations (62.1% [n=18]) delivered programmes for less than 6 hours per week.	Two common durations: less than 6 hours and 7-12 hours per week. Most common duration (by programme): Most programmes (38.9% [(n=21)]) offered for less than 6 hours per week. Most common duration by location: Most locations (35.3% [n=12]) offered at least one programme for 7-12 hours per week.	Two common durations: less than 6 hours per week and on an ongoing basis. Majority of programmes (40.4% [(n=19)]) offered for less than 6 hours per week and a sizeable minority (21.3% [n=10]) on an ongoing basis. Majority of locations (27.0% [n=10]) offered at least one programme on an ongoing basis with 21.6% (n=8) delivering programmes for less than 6 hours per week

	Support 1: For Accessing Mainstream Education/Formal Learning	Support 2: For Making Transition and Progression	Support 3: For Maximising Independence	Support 4: For Making Choices and Plans
Delivery – who delivers	Mostly delivered by an external provider (60.0% [n=30] of locations and programmes).	Mostly delivered by staff in adult day service location (58.6% [n=17] delivered at least one programme and 43.2% [n=19] of all those delivered by staff in location).	Mostly delivered by staff in adult day service location (78.8% [n=26] delivered at least one programme and 77.4% [n=41] of all programmes delivered by staff in location).	Mostly delivered by staff in adult day service location (86.5% [n=32] delivering at least one programme this way and 87.2% [n=41] of all programmes delivered this way)

Source: RSM, 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

Table 20 summarises details for the four supports for outcomes achieved. It is evident that outcomes were achieved across all supports including accredited qualifications and others that are non-accredited but demonstrate individual progress. Common responses by support include:

- Support 1: Further Education and Training Awards – Level 3-Major/Minor Award or equivalent and Level 5-Major/Minor Award or equivalent (36.7%).
- Support 2: Progression (26.0 per cent of outcomes) and transition (25.0 per cent of outcomes).
- Support 3: Development of individual skills (29.8 per cent of outcomes).
- Support 4: Adults gaining more independence, where they could choose their own activities, more autonomy to make decisions (30.6 per cent of outcomes).

Table 20: Summary Findings by Support – Most Common Outcomes Achieved by Adults with Disabilities

	Support 1: For Accessing Mainstream Education/Formal Learning	Support 2: For Making Transition and Progression	Support 3: For Maximising Independence	Support 4: For Making Choices and Plans
Outcomes achieved for adults with disabilities	<p>Most common highest outcome: between Further Education and training awards – Level 3-Major/Minor Award or equivalent and Level 5-Major/Minor Award or equivalent</p> <p>Breakdown of highest outcome by level:</p> <ul style="list-style-type: none"> • Level 3 (over a third of locations [n=11], around a third of programmes [n=16]) • Level 4 (around 6% of locations [n=2] and programmes [n=3]) • Level 5 (20% of locations [n=6], 14% of programmes [n=7]) 	<p>Most common outcomes: transition, progression, informal recognition</p> <p>Most common outcomes by location: progressed (65.5% [n=19]), were able to transition (58.6% [n=17]), informal recognition (44.8% [n=13])</p> <p>Most common outcomes by programme: progressed (26.0% [n=26]), were able to transition (25.0% [n=25]), informal recognition (18.0% [n=18])</p>	<p>Most common outcomes:</p> <ul style="list-style-type: none"> • Development of individual skills (29.8% [n=45] of outcomes) Ability to engage in daily activities (14.6% [n=22]) • Social integration (14.6% [n=22]) • Increased independence (13.2% [n=20]) 	<p>Most common outcomes:</p> <ul style="list-style-type: none"> • Adults gaining more independence, where they could choose their own activities, more autonomy to make decisions (30.6% [n=38] of outcomes) Better support provided (12.1% [n=15]) • Ability to set goals and achieve them (11.3% [n=14]) • Inclusion within the community and activities (10.5% [n=13])

Source: RSM, 2018. Review of Learning Provision in Adult Day Service Locations – Survey.

7.4 Adult Day Service Location – Person-Centred Planning

Person-centred planning supports and enables a person to make informed choices about how they want to live their life, now and in the future. It supports the person to identify dreams, wishes and goals, and what is required to make those possible¹⁹⁷. Its practices are much in evidence in day service locations. Most indicated that all staff were trained in person-centredness (81.0 per cent) and person-centred planning (80.0 per cent). At least 84 per cent of adult day service locations had six person-centred practices in place, sometimes or always:

¹⁹⁷ HSE (2019). *A National Framework for Person-Centred Planning in Services for Persons with a Disability*. Dublin. HSE. [Viewed April 14th, 2021]. Available from: [person-centred-planning-framework-report.pdf](https://www.hse.ie/eng/health/learning/person-centred-planning-framework-report.pdf) (hse.ie)]. See also glossary at front of this report.

- Adult day service senior managers are trained in person-centredness principles (95.6 per cent).
- Adult day service locations' policies are proofed to ensure they are person-centred (93.5 per cent).
- Adults with disabilities using their location have their needs, strengths, aspirations assessed at the outset (93.5 per cent).
- Families or carers of adults with disabilities using their location are consulted when developing person-centred plans (93.3 per cent).
- Adults with disabilities using their location have person-centred plans (91.3 per cent).
- Adults with disabilities using their location are consulted on whether they are designed to meet their needs (84 per cent).
- A majority, albeit a smaller proportion (66.7 per cent), had one other person-centred practice – “adult day service board members are trained in person-centredness principles”. This was in place either sometimes or always.

7.5 Staff Qualifications and CPD

Respondents were invited to give numbers of staff involved in lifelong learning by highest level of education obtained. The most common response was of staff having a Level 7 – bachelor's degree. Here 143 (25.3 per cent) of all whose qualifications were stated, were staff members in 31 locations. This equates to an average 4.6 staff per site with this qualification. Around half of respondents cited staff whose highest qualification was Level 5 to 8¹⁹⁸ (n=23, 23, 31 and 25 respondents reporting 143, 125, 143 and 105 staff with each of these levels respectively or 4.2 to 6.2 staff members on average per location). Around a third of respondents (n=16) reported some staff with the highest level of qualifications at Level 9 – postgraduate diploma or master's degree (50 staff in total).

Respondents were asked to state the number of hours of continuous professional development (CPD) that staff were entitled to per year. The aim was to establish CPD for them in terms of their role in supporting lifelong learning. The most common (30.2 per cent, n=13) entitlement was an annual 0-5 hours of CPD per member. It is encouraging to note that the second and third most common responses related to higher levels of CPD: around a quarter of locations offered staff over 30 hours' CPD a year (25.6 per cent, n=11); and almost a fifth of respondents (n=8, 18.6 per cent) offered staff an annual 21-25 hours of CPD.

Respondents were invited to provide up to three key areas of training or development they required relevant staff to complete in the previous 12 months. Ninety different themes or areas of CPD were mentioned in the responses. For ease of reporting, these were grouped into 16 categories by the research team. Over 40 per cent of adult day service locations (n=16, 42.1

¹⁹⁸ Level 5 – Leaving Certificate; Level 6 – advanced certificate/higher certificate; Level 7 – ordinary bachelor degree/professional qualification; Level 8 – honours bachelor degree (or higher diploma)/professional qualification.

per cent) offered training focused on New Directions or person-centred planning (therefore some linkage to supports 1-4); other common areas of training involved development of care skills (34.2 per cent, n=13) and health and safety (34.2 per cent, n=13). Other common themes identified in training and development completed in the previous 12 months were training for adult safeguarding (n=10, 26.3 per cent); and training either specific to a disability or focused on enhancing behaviour support/management, each mentioned by nine respondents (23.7 per cent). No training appears to be particularly focused on education/lifelong learning.

7.6 Adult Day Service Location – Placements and Outcomes

Positive practices for placements and outcomes were evident from survey respondents, demonstrating a commitment to supporting adults to achieve tangible progress.

Around three-quarters of locations supported employers who offered placements or training to service users; most (73.3 per cent) said this was in place either always or sometimes, of which most (60.0 per cent) indicated this was always the case.

Almost all (88.8 per cent) locations indicated that monitoring the outcomes achieved for people with disabilities was in place either always or sometimes, with most (64.4 per cent) that this was always the case.

This latter point is supported by site visit feedback which discusses the process of monitoring feedback through regular plan reviews, for example see section 9.2, (progress towards goals regularly recorded and plans reviewed formally and informally and changes being made as needed; and section 10.2, progress towards learning and development goals monitored regularly by keyworkers through staff observations and review meetings with service users and recorded in their PCP with feedback given to service users.

7.7 Summary

Relatively little is known of the provision of lifelong learning opportunities in adult day service settings. While the survey cannot be regarded as representative of the whole sector, it nonetheless provides rich information on its range and nature in a sample of settings and has revealed interesting new insights.

It is evident that while a wide variety of programmes and activities is being undertaken in the sector, no common typology is applied to these nor a shared and consistent view on which programmes align with which supports. This is apparent in instances where similar programmes are reported by different respondents under different support types. This points to broader issues about diverse perspectives and hence understanding, interpretation and distinction in relation to the four supports associated with New Directions and of the potential education/lifelong learning opportunities that align with and could be provided under each. Variations are also evident in modes of delivery, group sizes catered for, time devoted to education/lifelong learning activities, and range of outcomes.

Person-centred planning practices are prevalent in the day service locations surveyed: most indicated that all staff were trained in person-centredness (81.0 per cent) and person-centred planning (80.0 per cent). At least 84 per cent of adult day service locations had six person-centred practices in place sometimes or always.

The survey offers interesting findings about staff providing lifelong learning, their qualifications and access to CPD. These appear to demonstrate diverse perspectives, understanding, interpretation and distinction of lifelong learning. In some cases responses to questions on staff matters were not particularly focused on education/lifelong learning.

On support for employers and their placement offerings or training and monitoring of outcomes, positive practices were evident from survey respondents. This demonstrates a commitment to supporting adults to achieve tangible progress.

8. Stakeholder Perspectives

8.1 Introduction

This section details the findings of interviews with key stakeholders. Their purpose is detailed in section 3.4, along with the approach to reporting strength of responses in this section. Interviews also gathered views on the emerging framework at the time.

8.2 Stakeholder Perspectives on Policy/Context

Most participants had a general understanding and awareness of the national policy and legislative context within Ireland for people with disabilities, citing key documents such as the Disability Act (2005), the National Disability Strategy and the National Disability Strategy Implementation Plan.

Some provided further evidence that reinforced the perceived complexities of the policy context in which adult day service provision is offered, for example:

Some stakeholders from the voluntary/community and disability sectors and day service providers pointed to the range of departments/agencies at policy level with an interest in issues affecting adults with disabilities and education provision. They believed this group has the right to education, health, other services and many outcomes to which others have access. This includes equal opportunities and the need to increase the number available for them.

This situation is compounded by constraints of the current legislative context on education provision for adults with disabilities, particularly that there is no legal requirement for it post-18.

- A minority of participants, from the statutory, voluntary/community and disability sectors, highlighted how current policy and legislation gives no right to education for adults with disabilities. One reported: "In terms of legislation, people with a disability have a right to education, though this ceases at the age of 18. Therefore, people have no real right to education as an adult. Where there are initiatives in place, these tend to be segregated courses which are otherwise available in mainstream provision" (stakeholder 9, representative body in the disability sector).
- The same minority of participants believed the range of services available to adults with disabilities at various life stages offers different supports based on their needs. There is, however, a lack of services focused on the period post-school when adults have transitioned potentially to post-secondary settings like a day service offering education. While policies for lifelong learning are there for the general population, similar opportunities should be available for adults with a disability in line with their abilities and aspirations.

Some participants, in all categories but statutory, believed these factors contributed to a lack of joined-up approaches to addressing needs of adults with disabilities. Some, in all categories, perceived a tendency among Government Departments and agencies to pay lip service to efforts for joint policy-making and working together while in practice a silo/own budget approach remained rather than genuine cooperation. One stakeholder said: "... [This] needs to be resolved at a national level between Government Departments and agencies. This requires funding which needs to follow policy" (stakeholder 3, statutory sector).

In practice, however, it is evident that measures are in place that require continuing interdepartmental cooperation and a joined-up approach to supports and services for jobseekers and workers with disabilities. For example, the Comprehensive Employment Strategy is a cross-Government approach bringing together actions by different Departments and State agencies in a concerted effort to address the barriers and challenges affecting employment of people with disabilities. In tandem, it seeks to ensure that joined-up services and supports will be available at local level to support individuals into and in employment¹⁹⁹.

A majority of stakeholders felt the impact of this wider fragmented policy and legislative context was evident in:

- Inequality: people with disabilities were perceived not to get access to the same opportunities/services as those without disabilities.
- Inadequate funding of services for adults with disabilities and inadequate funding to fulfil individual plans/needs.

Therefore, stakeholders thought all factors discussed above, including inadequate resourcing, demonstrated a lack of – and hence need for – a cooperative approach for policy and legislation for people with disability in Ireland, including those using day services.

Despite the somewhat fragmented context, some participants from statutory, voluntary/ community and disability sectors welcomed and supported the changes instigated by New Directions²⁰⁰. They noted how the policy focused on providing rights to people with disabilities to access a range of public services. New Directions aims to ensure that all supports are available to this group and intends to provide a more structured approach to guarantee the widest possible choice about how they live their lives and spend their time.

It was reported that while New Directions offers new approaches to supporting people with disabilities, one service provider thought its implementation required joint planning between the HSE and key Government Departments. This would ensure a strong national vision, cultural change among providers and funders to support for innovation, funding systems that facilitate

199 Government of Ireland, (2015). *Comprehensive Employment Strategy for People with Disabilities 2015-2024*. [Viewed May 25th, 2019]. Available from: <https://www.gov.ie/en/publication/83c2a8-the-comprehensive-employment-strategy-for-people-with-disabilities/>

200 New Directions (2012) reported on a review of HSE day services and put forward an implementation plan 2012-16 focused on personal support services for adults with disabilities. The proposed new approach to adult day services charts new territory and has been titled New Directions. It envisages that all the supports available in communities will be mobilised so that people have the widest possible choices and options about how they live their lives and spend their time. The guiding principle for the future is that supports will be tailored to individual need and be flexible, responsive and person-centred.

individual choice and individualised services through which users can exercise choice and control over decision-making about their service. In practice the implementation of New Directions is variable – for example one participant highlighted how its application is very different in reality as “everyone interprets according to their own strategic objectives” (stakeholder 19, day service provider).

8.3 Stakeholder Perspectives on Current Service Provision

Some participants, from all categories of respondent, perceived a need to provide a more cohesive approach to providing equal opportunities for all people with disabilities to make independent choices to improve life outcomes. One participant described current service provision as “moving towards the promotion of a social model, rather than a medical model” (stakeholder 7, representative body in the voluntary/community sector).

These participants reported that introducing New Directions had required a significant programme of transition within the HSE, although there had been a lack of resources to support that. This programme of transition is ongoing as it seeks to change culture (tailor to desired individual outcomes) and upskill staff to meet individual needs and outcomes. Stakeholders gave information on whether implementation of New Directions had led to an overhaul of how services are provided:

Some participants, from voluntary/community and disability sectors and day service providers, reported a shift in emphasis from a less tailored, more generic, set menu/range of activities to person-centred services, with a non-medical/social approach to intervention. It was reported that the advantage of the New Directions approach is that it focuses and sharpens the need for services for the person, it supports access to education, elements of informal learning, supports people to access mainstream and move away from segregation. One participant referred to a “shift from ‘mass management’ of people to a greater focus education, training, employment” (stakeholder 17, day service provider).

Some participants from voluntary/community and disability sectors and day service providers reported that New Directions emphasises the importance of the principle of community participation, that is living in the community as ordinary people. Therefore, continuing education should help to equip adults with appropriate life skills including, for example, transport, social skills, functional literacy to do this. People should have opportunities to develop their literacy and numeracy skills through HSE-funded day services.

Some participants from voluntary/community and disability sectors and day service providers noted it was changing how staff approach their work to devise person-centred programmes, allowing people with disabilities to proactively choose what they engage in rather than participating in activities that happen to be on offer. One participant said “it is led by people with disabilities rather than trying to fit them into existing structures” (stakeholder 16, representative body in the disability sector).

Some participants from statutory, voluntary/community and disability sectors noted the need for day centres to fully embrace New Directions to ensure that individuals have control over their personalised plans, to mitigate against any disconnect between family and service user wishes and to ensure outcomes are aligned to individual needs.

Most participants from all categories perceived a wide variety of practice in how services are provided:

Scale of day service centre:

- Small centres: some participants from statutory, voluntary/community and disability sectors reported day services with a small number of service users tended to focus on individual person-centred plans. Good practice often involves sourcing education provision independently and identifying a support worker to help access a mainstream service. Some participants highlighted how good providers could facilitate and identify the need for planning and resource allocation to have the flexibility to account for changing levels of need, acquired disabilities and sporadic service users and those with progressive disabilities²⁰¹ who therefore have unpredictable levels of need.
- Larger centres: some participants from statutory, voluntary/community and disability sectors thought larger centres had less scope to be individualised due to staff-to-service-user ratio and staff not being able to support and be linked to individual plans. These same participants felt options in day services were limited currently – most tend to be group focused or in large settings (“for example industrial units”) with timetabled activities.

Geography, rural/urban: some participants from statutory, voluntary/community and disability sectors reported that geography was a limiting factor for people with disabilities since some areas had perhaps only one provider. Rural areas, it was stated, may have access issues where public or rural transport is limited for those without their own transport.

Stakeholders offered insights into what they perceived as characteristics of good practice in delivery of education to adults with disabilities in day service settings (see examples below). It should be noted, however, that no majority consensus is evident in examples provided:

- A minority of participants from statutory, voluntary/community sectors highlighted that individuals are supported through learning/development to achieve their goals

Some participants from statutory, voluntary/community and disability sectors reported that a day centre of any size should respond to the individual plans of people with disabilities and deliver realistic, modified and achievable outcomes. For example, for those with complex needs measures should be individualised. These might be around transitioning to independent living, consideration of how much time is spent outside of the home, in a work environment and so on. One participant highlighted that “individuals who have significant support needs can still participate in work, volunteering or education” (stakeholder 13, representative body in disability sector).

²⁰¹ An illness or medical condition expected to worsen over time.

A minority of participants from the disability sector referred to the importance of understanding what the individual wants, and to recognise/understand that change takes time. This feedback is a reaction to the inadequacies of some current practice: it is common for day centres to provide group activities rather than meeting individual needs and offering tailored support. One disability sector participant noted, however, that measures of good practice will ultimately “depend on the individual” where good practice is in place. This may be evident in outcomes that can include a level of independence, community participation and, for some, progression to formal education programmes.

- Strong leadership and vision within services were regarded as a prerequisite for success.
- On service provision that includes an education element, the research team notes cooperation hours is a specific mechanism through which the DES supports people with disabilities. This resource supports provision of ETB staff to work in specific settings such as adult day services though it also covers support in others including wider health and social care – for example addiction services, psychiatric hospitals – and prisons, probation and migrants. Applications are made by ETBs to SOLAS for approval. Support in this area is more reactive to the needs indicated by ETBs, which in turn depend on requests from adult day service settings.

8.4 Stakeholder Perspectives on Service Users

Characteristics of Adult Day Service Users

As documented in other sections of this report, there is an apparent lack of a unique, comprehensive and consistent dataset and related reports available for adult day service settings and their users. Stakeholders provided some general perspectives, however, on characteristics of the latter.

Most participants from all categories of respondent recognise a very diverse population attends day services including those with intellectual disabilities, from mild to severe/profound, and including those with physical and sensory disabilities. The needs of service users are recognised as wide-ranging – encompassing varied needs, ambitions and capacity. The intensity of support an individual needs may alter over time – with some requiring alternate periods of intense or more moderate support. All this can serve to highlight the need for flexibility: “People’s needs may always change, particularly for those with acquired or progressive disabilities. This point is about the need for a planning and resource allocation system that builds in the flexibility to account for changing levels of need, acquired disability, those who use services intermittently and those who have progressive disabilities and therefore have levels of need that are unpredictable” (stakeholder 9, representative body from the voluntary/community sector).

In general, people with disabilities at various life stages require different services. In day service settings, most stakeholders from all categories of respondent have reported a difference between the needs of younger and older service users.

Younger Adults/Entering Day Service from Education System

Some participants from all categories of respondent highlighted a lack of preparedness and guidance/transition planning – particularly for younger people with disabilities entering day services as new users – with some well prepared, others less so. The latter were thought to be generally unprepared for life in this post school setting, lacking basic life skills and the ability to socially interact with peers. There may be expectations of higher levels of support consistent with levels available in secondary level education.

Some participants from all categories of respondent highlighted a need to introduce different approaches to address the educational needs of those progressing out of special education at secondary level. During transition post school, young adults and their families are often considering education provision. It was found that while there are policies around lifelong learning for the general population, it is important to recognise that young adults with a disability also require similar education opportunities in line with their personal ability and aspirations.

Often day services are viewed as “babysitting”, supplying a safe and secure environment for the “adult which is not necessarily meeting their needs”, a view expressed by a minority of participants from statutory and disability sectors. A minority of participants from the disability sector and day service providers, believed more needed to be done for the young person during their last year at school to prepare them for the transition – there should be an overlap between school and day services to help with familiarity of people, setting, structure and expectations – both for the individual and receiving staff.

In some cases it was thought families may be risk averse to the activities offered/proposed for young adults with disabilities. The adults may have had limited opportunities to make their own decisions and limited independence in the past – for example in relation to activities in community, participating in training/employment initiatives.

Older Adults/Within Day Services for Many Years

Some participants from all categories of respondent had serious concerns about aging people accessing or using day services. These concerns include:

- One participant reported how older users may be accustomed to a “medicalised” model of support (stakeholder 15, representative body in the disability sector).
- Another noted that families can have an important influence on the service user, some family members may fear change and be unwilling to alter the approach to model of support. Family members’ primary concerns may be on ensuring the adults are healthy and safe (stakeholder 19, day service provider).

One participant emphasised how there may be greater recognition of the needs of, and hence provision for, those aged 19-20 than for older service users (stakeholder 15, representative body in the disability sector). Others from all categories of respondent reported that older adults may be totally dependent on service providers and the State and therefore there is the need to ensure they have the opportunity to avail of lifelong learning so they can participate in the community, particularly when they no longer have close family support. This was perceived to indicate a

need for training for this group of older users, though recognising this should be age/gender appropriate.

Findings also point to further important distinctions between younger and older service users:

Both are funded in different ways due to changes in approaches: older service users are supported via block funding, whereas school leavers entering day services attract whole time support based on a resource allocation model²⁰². This is underpinned by the school leaver profiling process. Typically, needs are identified through this process that leads to allocation of funding and negotiation of placements during April/May with placements confirmed to families by late May/early June²⁰³. As part of the annual school leaver/day service process, each school leaver seeking a day service is individually profiled to ensure they receive the support required. The Department of Health and HSE work closely with the National Disability Authority to ensure the right supports are provided at the right time to support each school leaver to maximise their potential²⁰⁴. This involves six main stages²⁰⁵:

1. Referral to HSE occupational guidance officer by individual, family member/guardian, multi-disciplinary team member or school staff member.
2. Occupational guidance officer meets school leaver, parents/guardians/relevant school staff to explain process and explore options.
3. Profiling for school leaver funding is planned at a meeting with school leaver, family member/guardian, school staff and other relevant personnel, usually in the first term of final year in secondary school.
4. Sampling of day services: school leavers can visit and sample day service options or rehabilitative training programmes and meet provider staff to discuss support needs. Applications are made, information is exchanged, transition planning is initiated and they commence in the final year of secondary school, usually from second term onward.
5. Funding and assignment of service provider. In early summer of the school-leaving year and following profiling analysis outcomes, the HSE allocates funding to service providers. A day service or RT programme place is offered and development of individual person-centred plans begins.
6. Day service or RT programme commences from September.

202 In January 2015, the HSE established a national project group to oversee the allocation of funding to agencies to provide services to those requiring a day service from September 2015. As part of this process, a new resource allocation model was introduced. Five support levels were identified: intensive support (€34,000); high support (€16,000); moderate support (€11,000); low (€7,000) and minimum (€5,000). Response to PQ 331 Accessed June 25th, 2021] Available at: [Written Answers Nos. 329-346 – Tuesday, 13 Oct 2015 – Parliamentary Questions – Houses of the Oireachtas](#)

203 [Accessed June 25th, 2021] Available at: [framework-for-resumption-of-adult-disability-day-services.pdf](#) (hse.ie).

204 Accessed June 25th, 2021] Available at: [2018-07-27_report-on-supports-available-to-people-with-disabilities-transitioning-from-education-or-training-into-employment_en.pdf](#) (oireachtas.ie).

205 Accessed June 25th, 2021] Available at: [Microsoft Word – FINAL_BOOKLET_02-10-2019_A5_in order](#) (squarespace.com).

There is a perception that the total number of older service users is increasing due to longer life expectancy and greater numbers of school leavers entering day services.

There is a perception that staff numbers are reducing.

One participant highlighted that all these issues had implications for resourcing, in particular greater demands on services – rising user numbers and greater range of needs – with no additional funding. “If funding is not adequate the ND policy cannot be delivered” (stakeholder 1, individual response in a personal capacity).

It is interesting to note that in other sectors, early years, special schools, guidance on the staff to user ratio exists, for example DES guidance states staff provision will continue to be determined by each year’s school enrolment and the nature of each pupil’s disability. The pupil to staff ratio in the special school sector varies (6:1 to 11:1) depending on student population²⁰⁶.

No evidence of such guidance exists for the adult day service sector. Recognising the diversity of the sector’s population and the activities they engage, there may be merit in specifying a ratio range or tiers, for example, taking account of needs complexity and nature of activity.

8.5 Stakeholder Understanding of Lifelong Learning in the Day Service Sector

Almost all participants from all categories have highlighted how the understanding and interpretation of education/learning in the day service sector is very broad. For example, it can incorporate literacy, numeracy and digital skills, and developing social and physical skills. Furthermore, a wide spectrum of approaches addresses the needs of people with intellectual, physical and/or sensory disability. Therefore, these different methods of implementation of lifelong learning result in many and diverse types of educational provision.

In addition many factors affect implementation: “Overall measures are hard to quantify. These should depend on the individual. They might include: level of independence; where people end up; community participation; number progressing to formal education programmes. For those with complex needs, measures should be individualised. They might also measure happiness and satisfaction of the individual and their family” (stakeholder 15, representative body of disability sector).

Day services are perceived to provide support to people with disabilities to fulfil what is in their person-centred plans. Most participants from statutory, voluntary/community and disability sectors have reported that person-centred plans can vary based on individual needs and aspirations and are likely to involve a “spectrum” of educational provision/learning supports which promotes skills development including:

206 <https://www.gov.ie/en/circular/6ac108-appointment-of-administrative-deputy-principal-and-staffing-arrangem/>

Individual independence in daily living (for example travel training, basic literacy and numeracy) (stakeholder 15, day service provider).

Access and participation in the community and the development of wider skills (for example confidence, self-esteem and networking) (stakeholder 17, day service provider).

Support to access mainstream provision (for example tertiary level courses via ETB and universities or lifelong learning key skills mapped into Level 1, 2, 3 of QQI) (stakeholder 6, statutory sector).

Some participants recognise (as discussed in section 8.2) a silo approach across health and education in day services. They perceive that the Department of Health does not view education as part of its remit, no legislation underpins education provision for those with disabilities aged 18-plus. Under the Disability Act they are entitled to have their health and educational needs assessed²⁰⁷. Therefore at present education provision tends to be ad hoc in health settings/HSE-funded services. Similarly, education stakeholders may not regard day service as part of their remit as these are HSE-funded. The HSE is implementing New Directions, which is very much focused on the rights of people with disabilities to access a range of public services including education, though for reasons noted previously, it can be challenging to bring these other services/supports into the health space. Thus stakeholders may see the HSE's role as supporting/facilitating access to education but not providing it as such.

Most stakeholders from all categories except day service providers felt services should provide access to mainstream education and encourage mainstreaming where possible to ensure that people with disabilities are supported in breaking social barriers, decreasing poverty, increasing employment and reducing stigma.

8.6 Stakeholder Perspectives on Good Practice and the Need for Standards

All participants were invited to comment on the emerging framework being developed as part of this work. All welcomed it in principle and broadly agreed that criteria and sub-criteria proposed were appropriate, the focus on person-centred planning was felt in particular to be highly relevant and important. On its detail, participants provided specific feedback on criteria and sub-criteria that are reflected in the framework which was revised on an iterative basis.

207 Government of Ireland, (2005). Disability Act 2005 – Part 2. Dublin: Governments Publications Office.

Positive Feedback on the Framework

Most participants from all categories of respondent agreed and welcomed the content and language of the framework is consistent with New Directions and the Interim Standards.

Most participants from all categories of respondent agreed the framework was based on the individual, therefore having different programmes to address people's different interests was very beneficial rather than providing a blanket approach. Most participants from all categories of respondent agreed the framework included a lot of criteria that reflect personal satisfaction and those that focus on goal attainment for service users. Thus service users' expectations would be aligned with framework outcomes.

Most participants agreed that reaction to the framework within the day services sector would be very positive.

Areas for Development in the Framework

Some participants from all categories of respondent reported that criteria in the framework for staff capacity to deliver lifelong learning provision may have too strong an emphasis on academic achievement.

Some participants from all categories of respondent reported that the framework as a concept, including its language, may lead to some confusion due to the lack of clarity and varying interpretations around education and lifelong learning in day service settings. One participant highlighted a big issue of the interpretation of education and learning, as day services' support of people with disabilities to achieve their goals and management may not include formal learning.

8.7 Summary of Stakeholder Consultations

While support for people with disabilities is featured in the many aspects of the wider policy context, the policy and legislative context within Ireland for people with disabilities is viewed as disjointed by stakeholders consulted. Related to this:

There is no legal basis for appropriate education provision post-18 for people with disabilities.

Inadequate funding – of services and to fulfil individual plans/needs.

The experience of people with disabilities is not consistent with that of others, there is a lack of equal opportunities for adults with a disability.

It is acknowledged that collaboration and coordination are key drivers of aims in the National Disability Inclusion Strategy though a need is perceived for a still more coordinated or unified approach to working together. It is recognised, however, that many cross-sectoral groups across

Government and statutory/voluntary organisations²⁰⁸ aim to promote better coordination of policies and services for adults with disabilities.

Current day service provision for adults with disabilities is varied and undergoing significant change. New Directions aims to provide a new structure and approach to adult day services. It focuses on providing rights to people with disabilities. In practice, there are many different interpretations of implementing New Directions. Some participants welcomed and supported changes instigated by New Directions – while referring to lack of additional resources for implementation of this significant transformation programme – and noted its focus on a person-centred approach. Many stakeholders highlighted the variety in delivery and provision of services in adult day centres.

While stakeholders could provide some general perspectives on the sector's profile and characteristics, the limited availability of data on adult day services is acknowledged. Most stakeholders reported differences between the needs of younger and older service users with particular concerns for aging people and how lifelong learning should be designed and delivered in day services.

It is important to emphasise that almost all stakeholders consulted acknowledged a very broad understanding and interpretation of education/lifelong learning in the day services sector. There is recognition that even though learning/education are not widely used terms in the sector, the activities that take place involve a spectrum of education/learning support to promote skills development. Most participants have reported that person-centred plans can be very varied based on individual needs and aspirations.

The framework received a very positive reaction from all participants, many of whom welcomed the structure and specific elements contained within it. It was regarded as something to be welcomed by adults and their families. Most agreed that reaction to the framework within the day services sector would be very positive.

208 Examples:

- **Government Expert Group:** Disability Stakeholders Group includes representatives of key disability umbrella bodies along with individuals with lived experience of disability, and an independent chairperson. Its purpose is to provide a forum within which disability stakeholders can work together to present one voice to Government through the NDS Implementation Group (NDSIG) on strategic issues relating to the National Disability Strategy. It comprises senior officials from the six Government Departments with responsibility under the NDS to produce sectoral plans plus the Departments of Finance, Education and Science, and Justice, Equality and Law Reform.
- **Transforming Lives** is the programme to implement changes informed by recommendations of the report Value for Money and Policy Review of the Disability Services in Ireland (2012). It is a programme of reform to sustainably migrate to new models of support governed by a national steering group reporting to the Minister of State for Disabilities and driven by six national cross-sector working groups. The steering group and cross-sector working groups involved key members from across the disability service sector including representatives from the HSE, the Departments of Environment, Health, Public Expenditure and Reform, the disability umbrella bodies and parent representatives.

9. Criterion 1: Person-Centred Approach to Lifelong Learning

9.1 Introduction

This section considers the approach of adult day services to providing a person-centred approach to lifelong learning, the first criterion in the good practice framework. It examines the extent to which the support for adults with disabilities in relation to person-centred planning, particularly in the context of lifelong learning, is consistent with characteristics of the good practice framework. In other words, individuals are involved in developing their own plans which include learning goals based on their interests and needs, that these are reviewed regularly and that they have access to a range of learning provision.

It is based on the evidence obtained during visits to 20 day centres which includes evidence collected via the document checklist, observation by the research team, and interviews with staff and service users at each site (section 3.5.2). It adopts the approach described in section 3.5.5 to provide a guide on the strength of evidence and characterisation of practice in sites visited. The section is structured under headings that correspond to the sub-criterion in the good practice framework and end with a summary.

9.2 SC 1.1: Individual Plan Developed and Regularly Reviewed – Setting Goals which Include Learning

There was strong or good evidence of good practice in person-centred planning in almost all sites visited. Almost all provided strong evidence of documentation (from document checklist) including a template for person-centred plans (PCPs) as well as policies and procedures for developing and reviewing them.

Service users at these sites have PCPs consistent with the characteristics outlined in the good practice framework: they are flexible, centred around individual needs and tailored to their goals, interests and development needs. For example, one service user commented: "I had brilliant goals over the last two years. My plan was developed around my interests in history" (service user 1, site 1). A staff member elsewhere said the service user's interests and needs "are central to the development of the plan, we try to give them a wide variety activities and exposure to a lot of different tasks all that require different sorts of skills" (staff member 2, site 4). An example provided by staff in another site detailed how they develop the PCP in stages and with the service user, specifically: "... when developing the plan we initially invite the client in for a 2-week trial. For clients coming out of school we would develop their plans over the summer. In this trial period they would be given a range of activities to try out. If they attend in September they would then be involved in a 3-month discovery process focusing on getting to know the staff and developing trust. This period allows us to work out the individual's likes and interests and any support they might need" (staff member 1, site 14).

Other staff highlighted an increased focus on individual needs, stating: "... we now change our timetables every three months and really focus on integration and engagement with the community. In the past we would have been hosting group activities now there is much more of a specific focus for each individual. We are now very focused on ensuring that skill-based programmes are in very small groups or on a 1 to 1 level" (staff member 1, site 16).

In another site a staff member noted how they seek to integrate activities that the service user may already be involved with in the PCP, highlighting: "... the service users can pick which set activities to be involved in the centre and then also activities out in the community. We try to plan around service users' involvement in the community to maximise the New Direction hours spent with each individual" (staff member 2, site 19).

Evidence was strong or good in almost all sites where every user has their own PCP which includes appropriate learning targets, goals and interests as they have identified. In one site, however, staff highlighted that the format of the plan and recording progress against it can be adapted to reflect user needs. For example the PCP is organised in booklet form and broken down into "12 pillars of New Directions, independence etc" (staff member 1, site 2) – this is for service users who prefer recording progress in diary form. Approaches to implementing PCPs vary across sites: for example, in another site staff use validated tools, for example the profile of mood states (POMs) scale²⁰⁹ and the Richter scale²¹⁰ to support individuals and give more control of their goals.

Typically, keyworkers work with individuals to gather information and detail varied activities in the centre and community to support their needs. At site 20 the research team observed an example of service users working on individual projects. Nine service users were observed in the garden centre with a staff member. They were learning horticultural skills such as planting, watering, potting up and filling hanging baskets in polytunnels and outdoor beds. These baskets were available for purchase by the wider community. The observation noted enthusiasm and interaction from all participants as service users moved between jobs organically, working independently in small groups and with staff.

There was strong or good evidence that progress towards goals, including education and lifelong learning, is regularly recorded in almost all sites and plans are reviewed both formally and informally throughout the year, for example in key worker meetings and formal reviews, and with changes made as needed. For example, staff in one site stated that PCPs are updated as service users progress and develop, noting that one individual who started college with a lot of support is now almost independent: "The organisation is about getting people out in the open and connected to the community. It encourages independence" (service user 1, site 1).

There are group activities and learning outcomes that all users aspire to. As described by a staff member: "... the main focus of the plans to begin with is relational, we then move the focus towards things that are important to the individuals and also progressing them into the community and to be as independent as they can be.

209 Psychological rating scale used to assess transient, distinct mood states.

210 Assessment designed to measure soft indicators and distance travelled.

"Informally we work with the individuals and their PCP, however we would not formally discuss PCP until later in the process, typically at the end of the semester with their keyworker. Informal keyworker meetings are held weekly throughout the process" (staff member 1, site 15).

Service users at each of these sites stated they were involved in making the plans alongside their key workers and other staff, with one noting "yes it is my plan I make it" (service user 1, site 3) while another said: "I set the goals with my keyworker during our meetings, we both come up with ideas and then I can say which ones I like and should be put into the plan. I would get help from my keyworker to put in place steps to ensure I achieve my goals" (service user 2, site 16).

In a minority of sites, staff indicated the challenges experienced when developing PCPs for the first time as some service users, particularly those transitioning from school into adult day services for the first time, struggle to identify their needs and interests. One staff member noted: "I think the difficulty with creating the plans is that a lot of the clients coming out of school have been in a very regimented environment, suddenly when you start asking them what they want to do and encourage them to take the lead, they find it difficult. To begin with you have to give them options. I think this is something that needs to be looked at in schools because it really doesn't help the transition of the clients into adult day services" (staff member 2, site 14).

Limited or no evidence of PCP templates or policies and procedures for developing and reviewing them was identified in the document checklists for a minority of sites. These were both voluntary organisations. In one site staff suggested this was due in part to limited staff capacity, as well as not previously having the guidance provided by New Directions. The site manager indicated they were currently working on a PCP based on New Directions. However, in the other site that supported service users with high support needs, planning for individuals depended primarily on their behaviour, with staff noting that where an individual had "challenging" behaviour "everything else comes second" to managing it. Staff here also indicated they had less involvement in, for example, behaviour plans and reported these were "regularly made at meetings by interdisciplinary teams that don't know the adults at all" (staff member 1, site 11). This is poor practice as it is not consistent with the PCP characteristics outlined in the good practice framework. PCP is included in the good practice framework as it is widely recognised and embedded in many policies and strategies in this area (see section 4).

9.3 SC 1.2: Individuals Develop Their Plans; Making Choices and Decisions

In almost all sites, evidence of good practice was strong based on the information presented below in relation to individuals developing their own PCP and in making their own choices and decisions about training. The document checklists for these sites showed that adults were active participants in their own educational/learning, planning and assessment. As one user put it, 'Every week at my key worker meeting we talk about the plan. I decide with them what courses and things I need to do. I gave up a course because I didn't want it to affect my weekends with friends.' (service user 1, site 13). The document checklists for almost all sites identified strong evidence of the following documentation:

- Artefacts relating to adult's PCP, for example schedules, certificates of achievement or evidence of involvement/participation in activities.
- Picture cards, if in use.
- Photo-story vignettes or equivalent from the activities engaged in by service users.
- Photographs.
- Samples of adults' work relating to lifelong learning.
- Oral/visual histories.

Research team observation at site 8 identified staff encouraging user interaction in planning their learning through questions, gestures, nods and suggestions for expanding/reviewing individual plans and activities.

Almost all site staff indicated that parents or carers are involved and consulted on PCPs, however typically family involvement is at service user request and involvement level tailored to individual service user. For example, in one site the process was described as adults always being consulted first. After this, they choose whether parents or carers are involved in PCP meetings and for some service users, the PCP helps them communicate with family and articulate their wishes: "College was a big goal... After my first year [at the Day Service] I decided that I wanted to attend college I went to college. I was looking at courses with my keyworker... I saw this Creative Digital Media course and was interested in that... My family was involved. Mum was delighted" (service user 2, site 1).

The benefit of involving parents or carers was highlighted by one staff member who felt it helped them to better appreciate the individual's abilities, resulting in more independence and access to more challenging learning opportunities and experiences: "... there is a power behind the clients telling the parents what's in their PCP and can encourage the family to do more with the client. A few of the clients are able to speak up in their home now and one is now going abroad/on holiday because the parents feel more confident that the client will be able to handle and enjoy it now. This process teaches the parents a lot about even their child's condition as well as what they can achieve" (staff member 2, site 20).

In a minority of sites, families are not actively involved in developing the PCP. In one site, staff reported limited interaction due to it being "a residential service first and foremost [in addition to being a day service], we have had parents visiting but wouldn't be in regular contact"²¹¹ (staff member 1, site 5). In another, staff noted it was not appropriate to involve families because the service users are older and capable of making their own decisions without assistance due to the nature of their disability²¹².

211 This setting differed somewhat from others visited: users live in residential care and so their keyworkers played a significant role in their goal setting and life plans. The day service is based in a large new centre on the outskirts of the town; users live in residential care in and around the town.

212 Visual rather than an intellectual disability.

Some sites showed evidence of identifying appropriate support from the wider community, including education and training provision via other community courses, schools and educational centres, as well as the opportunity to gain work experience and develop employability skills in the community. For example, one site runs a spring jobs programme offering two hours' paid work experience a week for ten weeks and gives service users an opportunity to learn transferable skills. In another site, a staff member noted that "we try and involve the service users in the community as much as possible, I think this is where you see the most growth. A big focus for us is getting our service users into paid employment" (staff member 1, site 3).

Staff elsewhere, however, noted the difficulties in achieving this, particularly when working with users with a hidden disability like ASD, "... we want people from the community involved in the process but it is difficult for people in the community to crossover" (staff member 1 in site 7) while one of their users expressed the desire to "do ordinary things in ordinary places, to be part of the community" (service user 2 in site 7). Staff across sites emphasised that available choices depended on relevance for the service user. For example it is interesting to note that both sites referenced above catered for service users with a single disability aged 20-24 for whom work experience and employability skills may be an area of focus.

While there is limited to no evidence in most sites, in a minority some evidence exists of engagement with the community though it is not well developed. In one of these sites, however, the manager is trying to make links with the local community to include learning and development opportunities with employers and other community organisations in future PCPs. In almost all sites, the researcher observed adults as active participants in their own educational/learning planning and assessment. This is consistent with the characteristics outlined in the good practice framework for this sub-criteria. Activities observed included development of cooking, IT, social and communication skills as well as iPad and horticulture courses. A particular example of good practice noted by the research team for users' active participation in their own educational/learning planning was evident in one site where they pitch ideas to managers for courses to be implemented.

9.4 SC 1.3: Individuals Have Access to a Range of Certification Options at All Levels

Good practice was strongly evident for individuals accessing a range of certification options in almost all sites. Their document checklists identified evidence of recorded processes in place for:

- Support for accessing mainstream education/formal learning and certification – across sites this included mapping available provision to the needs and interests of the user, for example via educational training boards/vocational educational colleges, local universities, community and parish centres, workshops and art galleries, libraries and online courses.
- Support for making transition and progression – across sites this included identifying what support was needed and how, where and when this would be delivered. For example, developing communication skills, internet and computer literacy, health and safety awareness, preparation for specific careers and work experience. A minority required individuals who wished to engage in work experience to attend mandatory basic skills training courses.

- Support for maximising independence – across sites this included work through life skills and lifestyle programmes, for example travel training, tailored to individual needs, abilities and goals.
- Support for making choices and plans – across sites this took place through service user discussions with service staff, career advisers and/or employability skills training. Staff at most sites were encouraged to engage with the community to develop job training for individuals or set establish community and civic volunteering opportunities, for example Tidy Towns, fundraising events, disability awareness videos and campaigns, musical societies and Special Olympics.

There is strong or good evidence in most sites that adults have access to areas and subjects relevant and appropriate to their learning abilities or aspirations at all levels. This is good practice consistent with the characteristics of PCP as outlined in the framework. For example, staff in one site reported that users attend a local third level institution or are involved in student projects there. A user at another site had “started a [certified] computer course in a college” (service user 2, site 9). Other sites had developed no such links and relied on more local service provision or in-house training. Service users highlighted their support for studying different subjects of interest to them. For instance, one user noted that his favourite activity was film making and the media studies course he was introduced to at the day centre had helped him “discover my love for making films” (service user 1, site 14).

It was also noted that goals are set to allow service users who want more advanced accreditation to access it. This includes learning to use public transport or organising transport to attend courses outside the day centre. Service staff and users consulted across almost all sites perceived that the value individuals place on formal education/qualifications was linked to their employment aspirations and what employers value. This is discussed in more detail in relation to Sub-Criterion 2.2. There is evidence of individuals attending their own classes independently within the community in some sites, but a minority indicated options were restricted due to their typically rural/small town location. For example, a staff member said that while some service users would like to attend educational courses out of town “the capacity is not there for some of the goals the clients want because of the travel involved” (staff member 1, site 7). This was reflected in the feedback from one service user who said “all the learning happens here” (service user 1, site 7). To address this issue in this site, the concept of a community hub for training is being explored. This could also be used by the wider public.

One site showed no evidence of sufficient access to areas and accredited subjects relevant to service users. Here, staff suggested this was due to the high support needs of individuals, noting “the threat of severe incidences of challenging and violent behaviour make the community or education or outreach part of the personal plan extremely difficult to execute” (staff member 1, site 11). This is poor practice as it is not consistent with the characteristics of PCP outlined in the good practice framework. It may also suggest the need for additional resource or support to enable such service users to access lifelong learning opportunities including those outside the day service setting.

There is strong or good evidence of a range of formal/informal training options available in most sites, for example VTEC, computers, literacy, cooking and money management.

This includes informal certification for training delivered in the day centre, for example in social skills, with one staff member saying: "... in any activity that we are involved in we always try and include a soft skills element" (staff member 2, site 15). In another site, staff indicated that at certain points in their life, for instance transition, service users preferred informal education as "the service users attending the centre have just left school and therefore they are not really looking for education at the minute. Their focus is more general life skills, confidence building etc" (staff member 2, site 18). One site implements this through four local day services all focusing on different aspects such as education, woodwork and horticulture, with users moving around the centres depending on interests and schedules. The presence of informal certification options is supported by evidence from service users in a minority of sites who reported accessing a range of courses and opportunities. One user, for example, reported getting certification from computer courses, literacy courses and in-house training.

Staff in one site, however, suggested that in some cases, certification for informal training could have less value for users and could mislead them about the training's value to potential employers, offering the following as an example: "... we had one individual who recently moved on to outreach and now has a part time job. One issue that was raised by the manager was health and safety. As a result, the individual is now working at completing a health and safety course to ensure he is able to do more at work. This would be an example where the certificate does hold value because the client knows that his employer wants this so then works hard to make sure he achieves this. We could make up certificates for informal achievements but the issue with this is that a lot of the clients would then associate this with completing formal accredited courses which isn't the case, so it may be misleading for them, which isn't fair" (staff member 2, site 14).

A minority of sites, all of which were voluntary, provided no certification options. In one site the manager was starting to develop community links to gain access to learning opportunities and certification options.

In some sites, there are consultations between service user, key workers and staff about the design of lifelong learning for individuals. But staff in other sites suggested more could be done to involve outside organisations and training bodies in this regard. In one site where service users had high support needs, learning programmes had previously been developed but were unsuccessful and staff suggested that a lot of such schemes "have passed their members by" (staff member 1, site 11).

Staff in almost all sites suggested adults had access to a positive and reflective environment where staff or tutors support adults with disabilities in active learning and reflection, including facilities such as a sensory room, mentioned by a minority of sites.

9.5 Summary

Evidence collected from the sites visited on a person-centred approach to lifelong learning suggested most service users were supported to develop their individual PCPs and make their own choices and decisions about education and lifelong learning. Given the context of New Directions, PCPs played an important role in service provision at almost all sites visited and evidence was strong or good that these reflected and were tailored, relevant and appropriate to the needs of service users. This is good practice consistent with the framework.

Based on the 20 sites visited, the research team has identified examples of good practice for each of the sub-criterion within a person-centred approach to lifelong learning. The team has also identified the main areas where these sites could improve current practice to make it more consistent with outcomes for a person-centred approach to lifelong learning as outlined in the good practice framework.

Likewise, strong or good evidence suggested almost all sites were developing an individual plan and setting goals that included learning, tailoring the format of the PCP to individual users, for example diary format or incorporating a visual list. Also strongly evident from most sites was PCPs being regularly reviewed with the service user. Review frequency varied across sites but included ongoing and “informal” reviews between user and key worker. There was also evidence that changes were made where necessary as individuals at these sites progressed, developed and their needs changed.

There is room for improvement among the 20 sites visited as part of this research, however, as two had limited or no evidence of PCPs in place. In one site this was being implemented and the manager was seeking to develop greater links with the local community to create learning opportunities for service users. In another site, no evidence indicated planning to develop PCPs because its service users had high support needs and it focused on managing challenging behaviour. This is poor practice and indicates a “one size fits all” approach to lifelong learning which is not consistent with the characteristics of PCP outlined in the framework. PCP is included in the good practice framework as it is widely recognised and embedded in many policies and strategies in this area (see section 4). PCP is a core element of New Directions, the implementation of which continues. The poor practice identified may reflect sites not equipped to embrace the significant transition associated with implementation of New Directions without additional resource to support it.

There was strong evidence that service users at almost all sites had a central role in developing their PCP and deciding the activities they wished to engage in in consultation with their key worker. Support levels from outside organisations and training bodies in the design of lifelong learning was cited by staff in some sites as an area for future development to help increase community awareness of hidden disabilities such as autistic spectrum disorder and to increase opportunities for further integration.

The research found strong or good evidence that almost all sites had well-developed links with outside colleges and training providers to offer a range of accredited courses at all levels. There is room for improvement, however, as staff in a minority of sites felt they were restricted in the training/accredited certification options they could offer due to their rural location. Another site thought its provision for this sub-criterion was restricted by the behavioural support needs of individuals thus limiting their options for lifelong learning. This poor practice is not consistent with the characteristics of PCP outlined in the framework.

10. Criterion 2: Outcomes

10.1 Introduction

This section considers the impact of adult day services on individuals, in relation to value and outcomes achieved, as well as wider outcomes for organisations and the system, the second criterion in the good practice framework. It examines the extent to which a focus on outcomes is consistent with the characteristics outlined in the good practice framework, that is that outcomes are of value to individuals and have a tangible impact on them and the wider organisation, particularly in the context of lifelong learning. The basis for this section and its structure follow that for criterion 1, described in section 9.1.

10.2 SC 2.1: Impact on Participants: Value to Individuals

There is strong evidence in almost all sites that available provision matches user interests and abilities, that is that provision is sufficient, with one service user noting "they organised a cooking course for me because I wanted a job in catering" (service user 1, site 10). Another adult reported on the value of planning to help them achieve goals as an individual: "It is very important to have a plan because it allows me to make the decisions and do what I would like to do. I think having a plan is good because it gives you goals to focus on achieving and also the steps you need to take to reach this goal" (service user 1, site 16). However, observation at one site (site 7) found variations in how active specific individuals were when discussing their plans: service user 1 was quiet and hesitant whereas service user 2 was more vocal and insistent on his voice being heard and reminded staff of the need to benefit from the on-site vegetable garden for lunch supplies.

Most sites show strong evidence of service users being provided with opportunities to engage in meaningful learning relevant to their interests, strengths and abilities. For example, they are supported to develop life skills such as cooking to help them live independently or attend IT classes that cover assistive technology, emails and phone usage. One staff member reported that users "are given opportunities to learn and develop their life skills, whether that is formal qualifications or developing the confidence to buy items from a shop on their own" (staff member 1, site 10). Another noted the importance of tailoring opportunities so they were of value to the individual: "... it is really the ethos and focus of the centre to make sure that the individuals are making good meaningful progress. If the progress is not in something that is meaningful to the service user, then it doesn't really make sense. For example, we have to make sure work experience/employment is valuable" (staff member 1, site 17).

Most sites had strong evidence of adults being empowered physically and verbally as demonstrated in one site where a user's goal was to be more confident and who now leads baking class with a keyworker. During observation at another site, users stated goals for learning about healthy eating and independent living. They discussed how this fostered social skills and learning about nutrition. Some expressed a desire to gain work experience in catering where processes such as cleaning were important for learning relevant goal-oriented tasks.

There was strong evidence in most sites that keyworkers regularly monitored progress towards learning and development goals through staff observations of and review meetings with the user and recorded in their PCP with feedback given to service users. The document checklists identified strong evidence that PCPs recorded progress to date along with further interests identified by the user. This was used to set new learning goals when the originals had been achieved. This is supported by feedback from service users, with one individual stating: "... our keyworkers are constantly giving feedback and vice versa, me and my keyworker have a close relationship I know that I can talk to them without being worried that the information will be shared" (service user 1, site 19). Where no evidence was provided of feedback being given in one site, staff suggested this was due to lack of communication skills among users with behavioural/high support needs. This is poor practice as it is not consistent with the characteristics of outcomes of value to individuals that have a tangible effect on them as outlined in the good practice framework.

Almost all sites showed strong evidence that users played an active role in this process, with one individual highlighting that they "talk to keyworker about their plan and steps and to try something a different way if it doesn't go to plan" (service user 2, site 8). In another site a staff member said: "The service users are the ones controlling the plans and what is included. If the service user expresses an interest in something this is discussed with the parents and then the job coaches to see how we could adapt their work and activities etc. If they are really interested in the topic then you can look to becoming involved in education a course, module etc" (staff member 1, site 3).

Most sites had strong or good evidence of users being supported and encouraged to talk to staff or to each other as a group to manage setbacks. Staff at one site said they supported users to recognise barriers when they encountered them and develop ways to overcome them. For example, "learning to identify name and manage emotions is a huge part of the work, as ASD frequently causes difficulties in this area. We work on recognising triggers and having strategies to avoid and manage them with the adult as part of the PCP" (staff member 1, site 10).

There was strong or good evidence that staff in almost all sites helped manage service user expectations and in one site particularly stretching goals are categorised as "hopes and dreams" to show these might be difficult to achieve or are very long-term aspirations (service user 2, site 20). This is good practice as it is consistent with the characteristics of outcomes of value to individuals, while helping to manage their expectations around educational setbacks and successes as outlined in the good practice framework. In a minority of sites it was strongly evident that service users are supported to achieve individual goals by breaking their personal development down into a series of incremental steps and thereafter identifying further interests or learning activities. For instance, a staff member reported that they "stress nothing is ever a failure just an opportunity to learn. This is why we put small steps in place to achieve goals, this makes the process seem more achievable and less daunting. In terms of success the most important thing is constant praise and encouragement" (staff member 2, site 15). Another site described how ladders were used as an analogy: "... we explain their goals to them using the ladder analogy. You can fall off, but you can get back up again" (staff member 1, site 10).

In a minority of sites, while there was evidence that learning goals had been identified, there was no or incomplete evidence supplied through documentation checklists or staff/service user interviews to show that progress against learning goals had been recorded and used to identify further interests or learning activities. Staff in one site suggested, however, that this would be included in the PCP once implemented.

10.3 SC 2.2: Impact on Participants: Outcomes

The education and lifelong learning opportunities that individuals are supported to access are wide-ranging. These reflect the diversity of needs, interests and experiences of the service users identified in consultation with the adult; for example:

In one site, staff highlighted that access to further education and learning provision was specific to the individual: many users would have already worked full time before they acquired their disability. Training, therefore, training should be linked to individual needs.

Staff in another site noted that many people came into their day centre with different backgrounds and that they helped them adapt to their environment through consultations and information gathering.

One service user described achieving their goal of living independently: "One of the goals that I recently achieved was to live independently, that was really important to me. The manager visits me once a month to make sure that I am ok" (service user 1, site 17).

Another described becoming more confident: "I think since I have started the day service my confidence has really grown. I am a lot more confident now than when I started here. The staff have really helped with this, they are really encouraging" (service user 1, site 15).

A staff member at one site commented: "One service user is nonverbal and uses a programme on his iPad that allows him to communicate. One of his goals is to increase his vocabulary and spelling ability" (staff member 1, site 4).

A staff member at another site said: "A PCP allows service users to really focus on themselves and their own skills. These soft skills develop the most when service users are out engaging with the community" (staff member 1, site 3).

Observation at one site showed individual plans in place to pre-empt auditory or other triggers for users with ASD when in the community.

At another site staff described how users were supported to gain employment: "One of the users works on furniture and actually sells it in the market and on Facebook" (staff member 1, site 8). "One of the users is able to get work at a laundrette where she gets paid at Christmas, more like pocket money. Others do have employment that sometimes work out and sometimes don't... we try to get them the best opportunity possible, it's about what they want from the job" (staff member 2, site 8).

Observations also showed that site layout reflected varied needs of service users. For instance in one site (site 5) the building was bright and spacious with a mixture of open spaces and a sensory room for those wishing to withdraw. Another site (site 19) had a central hall area for large groups as well as smaller rooms for computers, offices and a prospective sensory relax room. It had a garden designed by service users.

Almost all sites had strong evidence that individuals were supported to develop a range of social, life and communication skills. For example, independence was typically developed through support with travel, cookery skills and money management.

There was strong evidence that almost all sites provided access to further education and learning opportunities outside the adult day service setting. Examples provided by staff included the An Cosán online adult learning programme, QQI and ETB accredited training. Staff in three rural sites noted, however, that as training occurred away from the day centre – due to location, lack of public transport – not all service users could access this, although one site planned to expand in-house training via ASDAN (UK certified learning).

A minority of sites provided limited evidence of service users participating in accredited courses for several reasons, including:

- Limited staff capacity and resources.
- As their service users have just left school, they are not looking for accredited courses.

An organisational culture that does not recognise the importance of personal development and outcomes. This gap was illustrated by staff member 1 in site 11 who suggested: "It would help to focus the staff and the members to write it all down on a PCP." This emphasises the benefits of person-centred planning for organisations and the individual.

There was strong or good evidence in some sites that users have access to bridging programmes to vocational training/vocational training opportunities outside adult day service setting or work experience. For example, one site set up a cookery course for a user that may wish to pursue this as a career. Staff in another site with limited evidence of bridging programmes noted the manager was seeking to develop these as the PCP was implemented.

Service users highlighted how the training had helped with their wider lives. For example one set up a comic book club and another attended the Special Olympics: "I have actually founded a comics book club and a board game club, we meet on an evening and just talk about comics and Marvel for hours" (service user 2, site 15). Another reported it had helped their confidence and they had progressed to other courses: "I have a course on hospitality that I go to on Monday and Tuesday with students outside of the day centre. I get involved and put my hand up when I want to talk and ask questions" (service user 2, site 3).

Most sites demonstrated strong evidence of a focus on soft skill development, communication and social skills, as well as wider skills such as self-advocacy, independent thinking and interpersonal skills. A user commented: "My confidence has really grown. I am a lot more confident now than when I started here. The staff have really helped with this, they are really encouraging" (service user 1, site 15). A minority of sites offer interview training and CV writing classes. Thirteen sites had service users who had obtained employment and/or voluntary work. Staff highlighted the value of work experience for users when it was relevant to their interests and goals. For example in one site a staff member gave the following example: "We have one high support service user who loves music and cars; he has had work experience in a vinyl shop and has also shadowed a mechanic in a garage. It is a very valuable experience for the client to know that they have done this like everyone else. The guys at the garage now always say hello and goodbye and ask the client how he is getting on when he is coming and leaving the day service, there's a friendship and relationship now which is great, those interactions can really add a lot of value to someone's life. It does take time though to educate the community and society, but it is moving in the right direction and becoming easier now to find placements etc" (staff member 1, site 17).

In a minority of sites where service users were not involved in work experience, staff suggested this was either due to the nature of their disability or because they did not wish to pursue this at this time. On the former a staff member indicated that as they supported individuals with autism, finding the right match in terms of work experience or employment can be difficult, noting: "... if we put them in an environment with an employer that they really don't like, this would really knock their confidence. We have to really focus on managing anxiety and stress with the clients in the day service, so we have to take very gradual steps towards this" (staff member 1, site 14).

In other case where users did not wish to pursue work experience at this time the staff member commented: "With the day service clients there isn't a focus on employment yet, I think potentially in the future, but they aren't ready yet, they are only just adjusting to the transition from school" (staff member 2, site 14). The same staff member then described how this was likely to change over time, however: "I have been working with a couple of individuals that progressed from the day service to outreach. There would be much more of a work focus at the outreach centre" – or it was due to the nature of the service user's disability. In this instance, staff indicated that as they support individuals with autism, finding the right match in terms of work experience or employment can be difficult, noting that: "... "If we put them in an environment with an employer that they really don't like, this would really knock their confidence. We have to really focus on managing anxiety and stress with the clients in the day service, so we have to take very gradual steps towards this" (staff member 1, site 14).

There is strong evidence in almost all sites that individuals are supported to:

- Try new experiences regularly – for example, a service user referred to developing film-making skills: "The day centre has helped me discover my love for movie making, I have always loved comics and films, but I am now able to make movies and films at the day centre which is great" (service user 2, site 15).

- Participate in mainstream community-based training – for example almost all sites provide access to further education and learning opportunities outside the setting: "Since I was young I have always wanted to care for young children. This is one of my main long-term goals. One of the steps that I have taken to make sure I achieve this goal is to attend college and study social and child care" (service user 1, site 16).
- Develop meaningful social roles – for example in one site service users are involved in the local community by teaching sign language at a primary school while the other has a job in a charity shop: "There are lots of steps that you have to take before you reach a goal. I work in a voluntary charity shop and to get that job I had to follow lots of steps" (service user 3, site 16).
- Develop wider skills such as self-advocacy, independent thinking and interpersonal skills as an active member of society – for example in site 9 service users are involved in an advocacy group, one described how this helped them to "stand up for myself" (service user 2, site 9).

In one site staff noted that users were supported to try new activities, for example cooking, and that their behaviour developed when they were taken into the community. There was no recorded evidence of service users' personal development, however, due to a focus on behaviour management. Staff noted: "There is a huge focus on managing things and completing risk assessment forms every month. It's all behaviour management and while there are developments they are not being written down/focused on" (staff member 2, site 11).

This is poor practice as it is not consistent with the characteristics of outcomes as outlined in the good practice framework because it is not monitoring the impact on individuals or their progress towards their learning goals.

Service users in some sites were able to influence policies and practices in their settings through group meetings. For example, one site had a service user committee: "I am on the service user committee. This means that I am responsible for all of the service users and any issues that they have. If there is anything they are unhappy about in the service, they let me know and then I progress it to the committee and we try and help change it" (service user 1, site 5).

In another site service user feedback helped inform types of skill programmes offered. For instance staff reported: "At an advocacy meeting one person wanted to do circus skills and this became so popular that it spread out into other day centres. This actually created a disability network. We are now organising an event which will involve other services" (staff member 1, site 9).

Career guidance presence varied across the sites. For example, in a minority an outreach department worked closely with keyworkers and service users to involve them in work experience or employment, as well as with employers to ensure they were aware of their roles and responsibilities and were clear on what to expect. They highlighted that day service helped them look for work experience, jobs and careers if this was part of their PCP: "I work a couple of days a week. I had to meet the manager to get the job, I told him I was hard working, so he gave me the

job. I have learnt how to do lots of different things at my job" (service user 1, site3). In a minority of sites staff considered career guidance less relevant for service users. For example, in one site some individuals previously had careers and may have lost their job because of their disability: "[Career's guidance] will provided be for any younger service users that are interested. Many of our users have already had careers and may have lost their job because of their disability, so for this group of individuals I guess it is less applicable" (staff member 2, site 6).

Some sites had strong evidence of good links with the local community. One user described how work experience at a local hairdressers helped her to develop "... a good relationship with the owner, she is going to help me with a show to show off what I've learned" (service user 1, site 20). Staff at another site noted: "We have good links with the community and outreach is growing, there is slowly an increasing knowledge of ASD in society" (staff member 1, site 15). In addition, staff elsewhere highlighted their day service had "a large employment team and a reliable network of people who offer placements and potentially paid work for service users as well as disability awareness training for employers" (staff member 1, site 1). Some sites had links with local employers and staff in one (site 6) indicated that their manager was currently developing links with employers in the community.

10.4 SC 2.3: Wider Outcomes for Organisations and the System

Evidence was strong or good that most sites used the outcomes identified by adults through the person-centred planning process to influence their organisational plans. Staff in one site noted: 'There is a group meeting between users and staff once a month where feedback is given' (staff member 2, site 20). Staff in another stated: "The centre revolves around the PCP and New Directions, what individuals include in their plans determines the actions of the centre" (staff member 1, site 18).

The extent to which organisational plans, influenced by outcomes identified by individuals through the PCP process, were leading to innovation varied across the sites with almost all having evidence – either strong, good, some or limited – for example:

Across all sites, staff reported they had changed or adapted the services to meet individual needs based on feedback from users, parents or carers. One site had adapted New Directions to reflect the needs of their users with autism, with a staff member saying: "The day service is specifically for those with a diagnosis of autism. This impacts on the way the service is run, and the needs of the adults attending are very varied" (staff member 2, site 10).

In another site, a service user reported being unable to “use pictures to make a visual list [for the PCP]” (service user 2, site 10). In another, animations were included in a media studies module to help learning:

“One module I have been leading is media studies. I quickly realised that the clients responded well to animations, so I started to incorporate these to help learning. We are constantly trying to edit or improve the programmes to ensure clients get the most out of them” (staff member 2, site 14).

One site had used the user experience to inform wider changes in how transport could be more accessible for those with a physical disability, reporting:

“A service user was travelling to training and realised the Luas doors closed very quickly. The keyworker and service user went to HQ and now Luas management are coming in to deliver a talk about health and safety and how they can help service users” (staff member 2, site 19).

10.5 Summary

Evidence collected from site visits suggests most service users were supported to achieve learning outcomes and develop social and life skills. They were also gaining work experience and engaging in activities outside the day service. This is good practice, consistent with the framework.

Based on the 20 sites visited, the research team has identified examples of good practice for each sub-criterion within outcomes for individuals. The team has also identified the main areas where these sites could improve their current method to make it more consistent with outcomes for individuals as outlined in the good practice framework.

All sites showed strong evidence of good practice in terms of a focus on outcomes of value to the individual. Staff highlighted that while not all opportunities were offered to all users this was to ensure the activities they were completing were relevant to them. For some sites/individuals the focus was on behaviour and confidence changes rather than community involvement or education. Evidence was strong or good of good practice at almost all sites in managing service user expectations by setting incremental steps towards their goals as well as realistic timeframes for achieving them. In one site particularly stretching goals was categorised as “hopes and dreams” to help manage expectations that these goals might be challenging or very long-term aspirations. This is good practice as it is consistent with the characteristics of outcomes of value to individuals while helping to manage their expectations in terms of educational setbacks and successes as outlined in the good practice framework.

Good practice was evident in supporting service users to gain employability skills/work placements and work experience where relevant to them. Almost all sites had some form of linkages between day service and the local community. Links with employers were particularly important for work placements. In most sites, users were in work or volunteering in the community. Similarly, they were also supported to develop social skills in the community

with staff highlighting that social skills develop better in authentic situations. Across the sites, staff indicated an increasing focus on soft skill development and supporting users to develop life skills such as travelling, cooking and job searching along with helping with their health and wellbeing.

As noted under Criterion 1 and relevant here too, there is room for improvement in increasing access to formal, accredited courses in more rural day centres for those who want them, but are not currently able to do so. Staff in almost all sites indicated the day centre had links with local employers to help service users gain work experience and develop new skills. It was acknowledged, however, that there was scope to develop these further to increase availability of work placements/options for employment and to help challenge any misconceptions about service user ability to add value to the workplace. For example, in one site, initial responses from employers to a request to offer work experience was that they were not a "babysitting service".

Most sites demonstrated strong evidence of a focus on soft skill development – communication and social skills – as well as wider skills such as self-advocacy, independent thinking and interpersonal skills as an active member of society. Service delivery consistent with two elements in the framework (advocacy skills; influencing policies and practice of services) was evident in that some sites had systems and structures to enable service users to influence policy and practice, for example the development of an advocacy group to make them more aware of their rights and help develop their advocacy skills. More could be done, however, to ensure consistency with the good practice framework: all sites should actively consult service users in the development and improvement of their policies and practices.

11. Criterion 3: Staff Capacity to Deliver Lifelong Learning

11.1 Introduction

This section considers the capacity of adult day service staff to deliver lifelong learning – the third criterion in the good practice framework. It examines the extent to which staff capacity is consistent with the characteristics outlined in the good practice framework, that is staff are equipped with the knowledge and skills, awareness of learning techniques and access to training to support the lifelong learning of service users. The basis for this section and its structure follow that of Criterion 1, described in section 9.1.

11.2 SC 3.1: Staff Have Knowledge, Skills Required to Support Lifelong Learning of Adults with Disabilities

At most sites, evidence was strong that staff had the knowledge and skills required to support the lifelong learning of adults with disabilities. Almost all had strong evidence via the document checklist of an organisational staff training/development policy and/or training plan and a training needs analysis, particularly for training to support lifelong learning for adults with disabilities.

Also strongly evident across almost all sites was staff receiving training on their role in the PCP. Staff in almost all sites showed a good understanding of the potential people can achieve and desired outcomes through their description of how they work with individual service users to develop their PCP:

“The plans would include wishes and needs, the plan is there to support the guys to make SMART goals that they can achieve rather than unrealistic goals. It’s important to have steps in place to help service users achieve their goals. Sometimes there are some very challenging goals, but rather than shutting them down it is about trying to take part of that goal and adapt it slightly, so you still capture that interest (staff member 2, site 16).”

Overall there was good evidence that staff had access to up-to-date strategies on how to best meet the diverse learning styles of adults with disabilities, along with relevant disability categories and how that may affect learner capacity. Most sites offered strong evidence for this element, while others had either good or some evidence:

“Systematic instruction is employed here where they break down goals and actions into little steps” (staff member 2, site 8).

Most sites had strong evidence that they had performed training need analysis and that staff had the required competencies and appropriate skills to support lifelong learning for adults with a disability. This was evidenced through staff interviews and by its inclusion in their training and development policy and/or training needs analysis. The remaining sites provided good or incomplete evidence in this respect but there was scope for improvement, such as further

specialised training – for example in literacy, cognitive behavioural therapy, behavioural support and mental health issues – and training on specific support measures – for example psychological support, so staff were better placed to support users to identify and/or address barriers to their lifelong learning:

“One area that we wouldn’t be trained in would be mental health. The policy is that if someone is struggling with mental health they must go and see a specialist... Obviously, we have to look out for signs, but it is difficult to spot when someone is having mental health difficulties or if they are just autistic traits. For example, individuals with autism may not want to engage in conversation they can be naturally reclusive. This would be a helpful area to have more training in” (staff member 1, site 14).

There is strong evidence that staff at most sites have appropriate qualifications such as degrees in social care, psychology and related areas, accreditations such as HSE training on first aid and safeguarding, and prior learning experiences of working with adults with disabilities:

“Staff have a great range of skills some are from a social care background and others would be from nursing or catering for example. The staff are a massive part of everything and explain why the centre has been so successful over the last 18 months. We really look for a diverse range of skills. In interview we focus on core competency-based questions this helps us map staff to potential roles and jobs” (staff member 1, site 4).

Strongly evident at most sites was staff understanding of when to consult with members of staff or a range of other professionals for advice and collaboration on how to best meet user needs, for example through regular meetings and informal discussions, including engaging with external support such as psychologists, behavioural/occupational/and speech and language therapists to help users overcome barriers. Most sites show that staff are supported and supervised to carry out their duties to protect and promote the support and empowerment of adults with disabilities. They also promote a culture of lifelong learning for them and share their knowledge and expertise with colleagues. For example, staff are well-trained and receive a lot of in-house training during the year. Other examples include knowledge sharing within the organisation and that external training received by one staff member was cascaded to others within the organisation.

11.3 SC 3.2: Learning Techniques Integrate a Variety of Appropriate Activities and Experiences for Adults to Engage in Meaningful Lifelong Learning

Evidence for this sub-criterion was mixed with almost all sites providing strong or good evidence of learning techniques that integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning.

Almost all sites had strong evidence of supporting lifelong learning that aligned to the individual’s learning goals based on consideration of their strengths, interests and preferences, along with consideration of activities those of a similar age and gender in the general population might enjoy. This included use of a variety of activities to enable adults with disabilities to acquire

core skills and competencies – utilising creative projects, life skills such as money management and practical experience through work placements. Service users decide what goes into their plan and then it is the role of keyworkers and staff to support them to implement it. For example:

Observation at one site (site 20) noted that staff commitment and understanding of the value of choice and independence for adults in their plan was evident in the interaction between adults in the group including staff and visitors. Staff demonstrated and explained activities on the day, initiated conversations, commented on achievements and events and encouraged the group to help each other.

In another (site 12), staff were observed speaking to the group and individuals, supporting them all to take part. Service users responded to and initiated conversations with staff. The adults discussed their plans with each other and chatted informally about related topics. The tone was relaxed, but everybody had a pictorial agenda which was completed.

There was strong evidence at half the sites that staff work effectively together and with external professionals and services by jointly planning and sharing information and expertise. They also had clear means of communication with all relevant professionals working with user such as regular meetings with relevant external professionals (psychologists or occupational therapists) to inform their plan and track progress in lifelong learning.

Some sites offered provided good evidence for this element. A minority had incomplete or limited evidence of this for staff, parents and keyworkers involved with service user PCP, but no evidence of involvement with external professionals.

11.4 SC 3.3: Staff Training

While there is evidence that staff have the skills and competencies required to support lifelong learning (discussed for Sub-Criterion 3.1), overall the sites visited had incomplete evidence of staff training, particularly key documentation. The document checklists, seeking evidence of training development plans for individual staff members and training budgets at individual or organisational level, identified limited evidence of these in most sites. While the majority could supply evidence of using individual training development plans for staff – particularly for training to support lifelong learning for adults with disabilities, some sites had evidence of a staff training/development budget (overall) – particularly for training to support lifelong learning for adults with disabilities. A minority offered evidence of a training/development budget per staff member – chiefly for training to support lifelong learning for adults with disabilities. This was a particular issue for smaller sites with fewer than 20 staff.

Evidence was strong in most sites that staff were trained to focus on outcomes for adults with a disability, and all training was outcomes focused: “We have great support, training is a big focus here” (staff member 2, site 5). Evidence for the review of staff training needs was mixed with some sites having limited evidence and a minority limited or no evidence. For the former, there was a lack of formal processes or documentation to support this including from the document checklists, namely annual training needs analysis conducted with each staff member and a

training plan developed. Half of sites had strong or good evidence for this element and had formal review/training needs analysis processes in place.

Evidence was mixed for staff accessing ongoing professional development, such as workshops, conferences and specialist consultations, at a level commensurate with the degree of responsibility they have for developing lifelong learning. Most sites had strong or good evidence for this element; a minority provided some/incomplete evidence, for example while the documents checklist indicated they had a training policy in place there was no comprehensive record of training completed. The remainder supplied limited or no evidence. For example the manager said: "I try to do this myself, but I don't really have the capacity to implement development plans for each staff member" staff member 1, site 3. Internal capacity to implement individual development plans and a lack of organisational support for this were two areas for improvement in this respect.

Evidence was also mixed for giving staff opportunities to further their knowledge and understanding of how to plan and deliver lifelong learning activities, where appropriate, consistent with the environment in which they operate/resource constraints and commensurate with their degree of responsibility for developing lifelong learning. Half of sites had strong or good evidence via the documents checklist such as training needs analysis. Some provided incomplete evidence indicating a less structured approach where the onus was on staff to identify their own skills gaps and request suitable training. A minority supplied limited or no evidence of this element. For example while a training policy was in place it was unclear the extent to which it was being implemented for further development. Management and organisational support was seen to be critical in achieving appropriate training opportunities for staff.

Most sites had strong or good evidence of the development and support of staff competencies to meet the needs of lifelong learners along with access to support and advice for the implementation of lifelong learning programmes for each individual (elements within the framework) – for example, where staff are encouraged to identify training needs and supported by management to upskill in that area. A minority of sites had some evidence, for example where training is available but access is limited by funding. And a minority provided limited evidence for these elements, such as internal knowledge sharing among management and staff.

Strong or good evidence was provided by most sites that staff are aware of/trained in the rights of adults with disabilities – including those in further and higher education settings – to assist in meeting the needs of a growing number of such adults in mainstream settings. This included completion of mandatory HSE training on safeguarding.

There is good evidence of the consideration of relevant qualifications for staff working to support learning among adults with disabilities: half of sites provided either strong or good evidence such as access to enhanced options in the training policy and evaluation of training undertaken. A minority had some evidence and a minority limited or no evidence for this element, that is while there is a training needs analysis no formal training records are kept.

11.5 Summary

There is strong evidence that staff at most sites had the knowledge and skills required to support the lifelong learning of adults with disabilities. Almost all sites supplied strong or good evidence of learning techniques used by staff to deliver meaningful lifelong learning that integrates a variety of appropriate activities and experiences for adults to engage in. This is good practice consistent with the good practice framework. While evidence was strong or good of staff training at some sites, most sites had incomplete, limited or no evidence of it, particularly in relation to training and development budgets.

Based on the 20 sites visited during the research, the research team has identified examples of good practice for each of the sub-criterion within staff capacity. The team has also identified the main areas where these sites could improve current practice to make it more consistent with the characteristics of staff capacity to deliver lifelong learning as outlined in the good practice framework.

There was evidence of good practice in terms of the inclusion of the importance of knowing the needs of the adults within the staff training plan. This demonstrates a commitment at an organisational level to ensure that all staff understand the needs of service users. There is room for improvement, however, in providing more up-to-date training on diverse learning styles for adults with disabilities to support better personalisation of training to individual needs and abilities.

There was evidence of good practice in staff organising their own personal development to support the user to reach their desired goals, for example such supports include behavioural therapist training. There were also examples of staff cascading external training and information gained offsite to colleagues on return to work. Greater focus at an organisational level, however, on access to personal development and progression training would help enable staff to continue to develop their skills and capacity to deliver lifelong learning.

Good practice was evident regarding regular visits to the service by external professionals, such as psychologists or occupational therapists, to get to know service users so they are better able to support them in developing their PCPs. One area for improvement would be for sites to improve communication with external professionals – ideally there would be evidence of regular meetings and review sessions to ensure staff have the full picture and everyone is working together to support the individual to fulfil their potential.

Examples of good practice were seen in staff training in the rights of adults with disabilities, outcomes focused training, training to support lifelong learning for adults with disabilities and the inclusion of enhancement options within the training policy and regular evaluation of training options to ensure they were effective and meeting staff needs. There is room for improvement, however, in formally documenting the staff training/development budget for the service and individual staff member and ensuring that all staff training needs are identified annually and their training/development outcomes are recorded.

12. Criterion 4: Organisational Culture with Respect to Lifelong Learning

12.1 Introduction

This section explores the organisational culture for lifelong learning of service users, the fourth criterion in the good practice framework. It examines the extent to which the organisation takes a holistic approach to the area consistent with the characteristics outlined in the good practice framework, including it as part of the organisation's vision and culture, supported by its governance, management and staff. The basis for this section and its structure follow that for Criterion 1, described in section 9.1.

12.2 SC 4.1: Organisation Vision for Adult Day Service

The document checklists identified good or strong evidence of commitment to lifelong learning in the vision statement of almost all sites as illustrated in the following quotes:

"[The vision] is person centred and aims to maximise potential through New Directions" (staff member 1, site 10).

"Our vision is to get as many people out into the community and into jobs" (staff member 1, site 9).

Most sites provided good evidence of a clear vision statement with staff and service users being aware of its general ethos: "I think the vision is to support ASD individuals to better themselves and get where they want to in life" (service user 2, site 15). The remaining sites had some evidence of such a statement but it was not clear to staff and service users.

The vision statement in most sites included a commitment to enabling adults with disabilities to engage in learning activities. Some explicitly referred to lifelong learning. At one site this commitment was demonstrated by the presence of an "education fund" to offer financial assistance to users taking courses outside the centre.

Almost all sites had evidence that staff, service users as well as parents, carers and advocates were aware of the vision statement. A minority had incomplete or limited evidence in that it was not clear the extent to which families and carers of service users were aware of it.

Evidence from the document checklist and interviews with staff and service users on the review of the vision statement was mixed. Some sites had strong evidence of regular reviews (annually or every two years), others had good evidence that the document had been reviewed and reflected the ethos, but no evidence on how often that took place. A minority had some evidence that the vision reflected the site's ethos, but there was no evidence of review.

"Policies are reviewed by branch members, family members. Users don't have a place on review meetings, but they do give feedback through an easy read version. I think there was consultation of an advocacy group" (staff member 1, site 7.)

There was strong evidence most sites had an ethos of valuing lifelong learners through use of the person-centred planning approach and promoting consideration of a lifelong approach, that is preparing people for what lies ahead/the future.

“Service users are provided with the opportunity to learn life skills through the activities that they enjoy” (staff member 2, site 4).

“One service user had violent behaviour, now [after developing and completing their PCP, that person] is engaging and independent and has completed college” (staff member 1, site 1).

12.3 SC 4.2: Governance and Management

There was good or strong evidence, based on the elements described below, that the governance and management of almost all sites included a commitment to lifelong learning.

Evidence was mixed in relation to governance that supports active participation of adults with disabilities and their families/advocates, where appropriate. Some sites had strong evidence in this respect, for example working closely with families where that is what the service user wants. Some sites supplied good evidence of family involvement, but it was unclear to what extent this was due to or facilitated by governance arrangements, that is whether the service provider was governed in a way that supports active participation of adults with disabilities and their families/advocates, where appropriate. A minority had incomplete evidence, for example while the document checklist evidenced the existence of appropriate policy/procedures, staff commented that practical obstacles and the amount of paperwork involved actually reduced face time with adults and their families. A minority provided limited or no evidence of family involvement with the service.

Almost all sites offered good or strong evidence of leaders demonstrating an understanding of the needs of service users and directing resources to provide high quality, person-centred services. For example policy documentation gathered through the document checklist showed leadership had gained an understanding of service user needs through consultation with them/their families/staff as well as evidence of leadership support through staff resourcing, training and programmes available at the centre. They felt staff were supportive and acted on their requests. One user said:

“The staff help me and support me and help find what projects and goals I can put in my plan” (service user 2, site 7).

There was good or strong evidence that most sites had strategic and operational plans setting clear objectives for delivery of high quality, person-centred services and supports with a focus on improved outcomes for people with disabilities. This was evidenced through the document checklist, the fact that staff were clear on their aims and goals and through the service user’s passion for their goals:

"I am also a part of the Special Olympics Committee for badminton. I have to plan and attend meetings and write the minutes after each meeting. We discuss ideas and different events for the future. Being involved with this has allowed me to travel around a lot of different badminton clubs around Ireland" (service user 1, site 15). "

This place is really fun learning new things" (service user 2, site 10).

There was mixed evidence of sites having a communication system where parents and support workers could communicate, formally and informally, with the setting and external educational services. Some sites had strong evidence, for example through use of a communication log, "each service user carries a communication book to encourage communication between parents and staff" (staff member 1, site 4) thus allowing staff and families to communicate frequently on anything from health concerns to notes about the PCP progress. Some had good evidence, for example regular meetings between staff and parents to manage expectations and have "honest" conversations and inviting parents to events at the day service, "we have support meetings with families and friends" (staff member 2, site 1). And a minority provided incomplete evidence, for example while the day service had policies to accommodate family involvement, where requested, there was no sign of active involvement.

Most sites had good or strong evidence of clarity on the responsibility and accountability of different organisations for meeting the learning needs of service users and that plans are in place to support this. This was shown through the document checklists that identified strong evidence of inclusion policies and procedures for engaging with adults/relatives/staff/external organisations in most settings.

12.4 SC 4.3: Inclusive Service Culture and Learning Environment

Based on each of the individual elements discussed below there was strong or good evidence of an inclusive service culture and learning environment at almost all sites visited.

There was strong or good evidence identified through the document checklist that almost all site policies and practices sought to develop an environment that supports lifelong learning for adults with disabilities. This was shown through inclusion policies, implementation of PCP and staff and user comments about a supportive and encouraging environment.

Almost all sites provided good or strong evidence that they promoted development of projects that used the strengths and learning styles of each individual. This included developing the PCP and its focus on individual strengths and interests, and the provision of a variety of projects and activities to support its implementation. These included knitting scarves for homeless people, filming and music projects, facilitating participation in mainstream education, working with schools and community-based volunteering (fundraising, community gardens, Tidy Towns, making the town more accessible for people with disabilities and promoting disability awareness).

"I have knitted scarves for the homeless" (service user 2 site 6).

“Since joining the day service I have started learning sign language so I can communicate with some of my friends. Now I go and teach this at a local school with my keyworker” (service user 1, site 16).

“The County Council project was the most interesting we’ve worked on. Guards were involved in the video to raise awareness in the town [about issues facing people with disabilities]” (service user 1, site 13).

There was strong evidence from most sites that achievements in academic and non-academic arenas were highlighted and celebrated, for example celebrating birthdays, highlighting progress made during review meetings, celebrating achieving of certificates, presentations, talent shows, fun days and awards ceremonies.

“They have awards and get togethers here” (service user 1, site 7).

“When they get a certificate they bring it in to show how proud they are. There was a celebration and they lead this and is celebrated by everyone” (staff member 2, site 8).

“We had a big formal event – dinner dance – and a display of everyone’s different talents” (staff member 1, site 13).

There was good or strong evidence from almost all sites of the need to consider individual learning styles and interests and provide appropriate adaptations to accommodate these learning needs, for instance, having a clear policy on inclusion, supported by awareness of service user needs and staff training on how to accommodate individual strengths, needs and capacity.

12.5 SC 4.4: Staff Attitudes to Lifelong Learning

Most sites showed strong evidence, statutory and private sites in particular, that staff had a positive attitude to lifelong learning. This was based on evidence from each of the individual elements discussed below.

Most sites demonstrated strong evidence that staff had a clear understanding of what learning meant for adults in the day service. For example, they understood that progression and speed of learning was dependent on and specific to the service user:

“Keyworkers are constantly reporting back monthly on goals, targets and what learning means for service users. They must have a clear understanding of what learning means for individuals” (staff member 1, site 4).

“I’m delighted clients have the choice to do what they like when they like within a safe environment. Sometimes goals don’t always work out but everything is looked at and considered. My vision is to make sure every client in here is happy. The staff are more motivated as well because we are more flexible which helps us work with clients to make them happy. We also get satisfied” (staff member 1, site 20).

There was strong evidence from the majority of sites that staff can describe successful learning activities designed for adults with disabilities. For example staff can describe how users have developed in their learning, including progress against individual PCP and goals and changes in their communication skills, social skills and behaviour as well as practical outcomes such as employment and project participation:

"We actually have service users leading classes with keyworkers for example cooking and baking. You see really fast development in soft skills when someone has to lead a group, speaking confidently in a group is such an important skill to have. The social emotional goals are linked in with practical skills that can then be used in the community etc. With the cooking, the service user and I did it one to one cooking but it became too easy and familiar so that is when we progressed it to where he is leading the cooking class of other service users. This allows him to tie his social goals of being more confident in front of larger groups into the practical skills that is cooking" (staff member 1, site 16).

There was good or strong evidence from almost all sites that staff assess the effectiveness of different learning activities in enabling adults with disabilities to achieve their learning goals. For example, staff discuss progress with users and how they feel about the effectiveness of a particular activity and document this in the PCP.

Almost all sites had strong or good evidence that guidance and training were available for staff in relation to disability and diversity awareness. This included mandatory HSE training and external training aligned to the individual's training needs and career goals.

It was strongly evident that staff at most sites understood the importance of their role in the lifelong learning of adults with disabilities and how this can improve service user outcomes. This included a focus on understanding service user goals and supporting them to achieve them, regular reporting by keyworkers of user goals, targets and what learning means for service users:

"Yes, that is the focus for me you can definitely improve quality of life through personal development" (staff member 1, site 6).

12.6 SC 4.5: Holistic Approach

Almost all sites provided good or strong evidence of a holistic approach to lifelong learning, based on each of the individual elements discussed below.

There was good or strong evidence that almost all sites had a culture that encouraged regular feedback from residents/relatives/staff and others and that it informed practice, that is management encouraged and collected regular feedback using communication logs/feedback and suggestion boxes to increase transparency and improve the service.

"Staff try to create a transparent service" (staff member 2, site 3).

"[Feedback] has to be acted on or at least considered otherwise it's wasted" (staff member 2, site 18).

Almost all sites showed good or strong evidence that families and advocates could express their views and/or concerns at regular formal and informal meetings with educators. In addition to the feedback mechanisms described above some services included parents/carers in formal meetings with service users. Staff from one service try to visit users' families every month or two.

Most sites showed good evidence that learning opportunities on diversity awareness were extended to families/advocates where possible. Examples include inviting families into the centre for information evenings on topics such as ASD and mental health so they are better positioned to help their son or daughter.

12.7 Summary

The sites visited were on a continuum in relation to a culture that supports lifelong learning – doing some or all of the examples of good practice highlighted below. This indicates some variation in practice when compared to the good practice framework. There was evidence of a commitment to lifelong learning in the vision statement of almost all sites, including an awareness of that vision among staff and service users, and to a lesser extent, parents/carers/advocates. A commitment to lifelong learning was also evident in the governance and management of most sites. There were signs of an inclusive service culture and learning environment and a positive attitude to lifelong learning among staff. Almost all sites demonstrated a holistic approach to lifelong learning.

Based on the 20 sites visited, the research team has identified examples of good practice for each sub-criterion within organisational culture. The team has also identified the main areas where sites could improve current practice to make it more consistent with the characteristics of organisational culture as outlined in the good practice framework.

One example of particularly good practice in supporting lifelong learning through the organisation's vision was providing financial assistance so support users can attend external training. In other words, not only did the vision express a commitment to lifelong learning, it also included explicit reference to a dedicated budget for it. An area for improvement in the organisation's vision would be to regularly review it to ensure it fits the current service's ethos and is aligned to the lifelong learning needs of its users.

Examples of good practice in governance and management commitment to lifelong learning included:

- A communication log to facilitate frequent communication between staff/families on all issues relating to the user, including lifelong learning.
- Inviting parents/carers to participate in formal meetings about progress on their PCP with service users, where this is the service user's wish.

Examples of good practice in creating an inclusive service culture and learning environment were evident for example: inviting parents/carers to events at the day service. This was said to increase engagement generally, including events to celebrate/showcase skill development.

Staff attitudes to lifelong learning could be improved through regular formal review of the effectiveness of different learning activities. This specifically relates to enabling adults with disabilities to achieve their learning goals in order to direct resources towards interventions that work.

Sites could make their approach to lifelong learning more holistic, in line with the characteristics of the good practice framework, by extending learning opportunities on diversity awareness to families/advocates of individuals, where possible.

13. Key Findings and Implications

13.1 Introduction

The purpose of this study has been to develop an understanding and review provision of educational and learning programmes in day services for adults with disabilities who have left school. Its focus includes the range and scope of provision, how it is delivered and outcomes achieved. Its scope is education delivery as experienced by adults with a variety of disabilities attending day services. It has demonstrated the sector's breadth and diversity, including provision of education/lifelong learning. Also evident is overall provider commitment to lifelong learning and the application of PCPs. In this section, research findings are discussed under each research question (RQ 1-6). Section headings reflect the exact wording of each RQ. Implications arising are included throughout the sections and address RQ7. Limitations to the research must be borne in mind when developing implications. These are in section 3.8.

13.2 RQ 1: What Good Practice Guidelines, Policies and Standards Exist Nationally and Internationally for the Educational Provision for Adults with Disabilities in day Services After They Leave Schools?

An extensive literature review was conducted covering national and international literature. This found no evidence of existing frameworks for provision of education for adults in day services, reinforcing the need to develop one – the subject of this research.

This lack of evidence is not altogether unexpected given that societal policy and provision on the lives of disabled people has undergone considerable transformation in recent decades, a process far from complete. As noted in section 4's literature review, profound systemic changes and resulting service adaptations mean it is perhaps unsurprising that many developments have not been fully documented.

It is encouraging to note progress towards developing more inclusive policies with transformational change evident in policy and service provision affecting the lives of people with disabilities. Examples of this include a shift from medicalised to social models of support and an increasing focus on life course. Despite this progress, development of inclusive provision has not been uniform, internationally or nationally: significant variations exist within and between countries. International and national policies do encourage advancement in inclusive environments to promote participation of people with disabilities within society. Implementing principles underpinning these policies, however, has not been straightforward.

There are challenges in offering inclusive societal provision for people with disabilities – in Ireland and other jurisdictions – including establishing appropriate individualised services within a community setting to enable independent living and foster access to high quality care and support services.

In Ireland, New Directions introduced an approach to day services that envisages all supports available in communities being mobilised so people with disabilities have the widest choice and options on how to live their lives and spend their time. It is built around 12 supports they should have access to and proposes that day services should take the form of individualised outcome-focused supports so adult users can live a life of their choosing in accordance with their own wishes, needs and aspirations.

Implication 1: Identified rationale for a good practice framework – the absence is notable of any existing framework for review of education/lifelong learning in day services or similar settings in the context of changes in provision outlined above. These changes emphasise the importance of lifelong learning and its provision for day service users. The ability to review it is also important and developing a framework can contribute to this.

13.3 RQ 2: What are the Key Principles and Indicators of Good Educational Practices in These Documents?

The framework's development via the literature review was an iterative process: preliminary/emerging criteria and sub-criteria supported by evidence from the review were proposed. These were subject to iterative review by the research team taking account of feedback from the Advisory Group, the NCSE and stakeholder consultation. Thus the framework was refined and developed.

Common themes or characteristics emerged from the literature review and are grouped under criteria and sub-criteria (SC) as developed by the research team. Detail on each criterion is included in section 5 and is summarised:

- Criterion 1: Person-Centred Approach to Education Provision: SC 1.1 Individual plan developed and regularly reviewed – setting education goals; SC 1.2 Individuals contribute to their own plans; choice and decision-making; and SC 1.3 Individuals have access to an appropriate range of curriculum and certification options;
- Criterion 2: Outcomes: SC 2.1 Impact on participants: value to individuals; and SC 2.2 Impact on participants – outcomes.
- Criterion 3: Staff Capacity to Deliver Education Provision: SC 3.1 Staff have appropriate knowledge, skills etc to support education of adults with disabilities; SC 3.2 Teaching methodologies integrate a variety of appropriate methodologies, activities and experiences for adults to engagement in meaningful learning; and SC 3.3 Staff training;
- Criterion 4: Organisational Culture: SC 4.1 Organisation vision or adult day service; SC 4.2 Governance and management; SC 4.3 Inclusive service culture and learning environment; SC 4.4 Staff attitudes to education; and SC 4.5 Holistic approach.

These represent key principles and indicators of good practice. whilst the underlying ethos associated with many of these is not in itself novel, packaging them in a good practice framework is. The principles and indicators display some alignment with New Directions, which is not unexpected.

This framework therefore sets out a guide to key areas to be considered in delivery or planning delivery of lifelong learning for people with disabilities in adult day services. It includes a hierarchy of criteria, sub-criteria and elements. Each element in the framework is grounded in evidence with an appropriate descriptor of what this looks like in practice and the type of evidence to be sought. This framework gives a structured way to capture a wide range of evidence about an organisation's activity in education and lifelong learning for adults with disabilities.

Implication 2: Identified the need to codify key principles and indicators and to develop a bespoke good practice framework: In the absence of documented policies, standards or frameworks, this research has been novel in developing a framework for reviewing practice in adult day service settings in education/lifelong learning. It offers a mechanism to identify evidence of good practice and areas needing improvements. Following this review and publication of the report, there may be scope to further refine and develop it in light of review findings.

13.4 RQ 3: What is the Range of Services Made Available by Adult Day Service Providers in Ireland to Support Adults with a Variety of Disabilities When They Leave Schools?

At the outset, it is important to bear in mind the challenges and limitations associated with use of secondary data sources to establish range and scale of service provision. These include variation in scope, definitions, age of data, for example. While various sources exist, none is comprehensive, entirely up to date nor are they consistent.

Secondary research sources present a view of a diverse and fragmented sector with multiple approaches to supporting the needs of service users through an extensive range of programmes and **activities though with a lack of uniformity/consistency**. Variation is considerable in the scale of service providers: some operate nationally with multiple sites and significant resources; others operate in single settings. Diversity is reflected in the varied nature of disabilities catered for with some focusing on single disability, others on multiple; the differing profile of service users in age, gender, nature and severity of disability; size of facilities and organisational culture/focus on lifelong learning.

Data sources differ on the number of day services in operation. At the time of writing, analysis of the most recent information (March 2019) from the HSE indicates 953 settings in total, with 89 unique organisations that provide services. Sixty do so in more than one setting, ranging from those with two settings, up to larger organisations with services in 68 separate locations.

The nature of current day service provision for adults with disabilities is varied and undergoing significant change. New Directions has spurred a period of transformation within the sector as it offers a new structure and approach to such provision focused on giving rights to people with

disabilities. Without additional resources to support implementation, however, service settings are embracing and implementing New Directions at different and varying speeds. Within this complex and dynamic context, adult day settings have developed a broad and varied range of services, including educational provision and lifelong learning support.

It is important to locate these findings in the current broader policy context. While support for people with disabilities is featured in many aspects of the wider policy context, evidence from stakeholder consultations showed it was viewed as disjointed, because:

At time of writing, there is no legal basis for appropriate education provision post 18 for people with disabilities.

Inadequate funding of services and to fulfil individual plans/needs. The experience of people with disabilities is not consistent with that of others. There is a lack of equal opportunities for them.

Linked to these, the health/education interface at policy level merits consideration. The rights and needs of people with a disability cut across many policy areas. However, policy and funding for adult day service provision traditionally sits within the remit of the Department of Health and the Health Service Executive. At present no legislative basis exists for those working in these settings to offer education/learning. Service providers could consider the framework in this report as a guidance tool for good practice in delivery of education/lifelong learning, including training for staff.

In light of the transformative change within the sector arising from New Directions, there is a need to be clear on what can be expected so that users can be assured of receiving an equitable service regardless of location or size of adult provider. Again, the framework could assist in this regard.

Implication 3: Systemic links (statutory and voluntary level linkages) that need to be reinforced and consolidated: To harness the knowledge, skills and remit of the wide range of statutory and voluntary stakeholders in the best interests of adults in day services, and recognising resource constraints in the sector more generally, making systemic links between those involved at statutory and voluntary level is important. It would be timely to seek engagement with stakeholders in the former, using the framework (as detailed in section 5 and in summary in section 13.2) as a tool to reinforce and consolidate current links and as the basis for discussion in areas of mutual interest/complementarity in education/lifelong learning provision for adults.

Implication 4: Data collection: exploiting and improving existing resources: Recognising the data challenges noted above, there would be merit in exploring how the NASS could be exploited to better meet the aims of education/lifelong learning – for example, exploring the inclusion of fields/typology related to the area into ongoing data collection, having clear typology, raising awareness to share common understanding and interpretation.

Implication 5: Within the wide range of services/supports there is no evidence of a common typology, shared understanding or interpretation in relation to education/lifelong learning: These could be developed for programmes in adult day services drawing on the review findings along with consultation with adults and parents/carers/advocates as appropriate. New Directions outlines 12 supports, much broader than education/lifelong learning, that should be available. The language and terminology associated with these supports supply a useful structure to develop common or shared typology, understanding and interpretation.

13.5 RQ 4: What Type of Educational Provision is Offered in Adult Day Services in Ireland to Support Adults with a Variety of Disabilities (in Terms of Both Type and Severity) When They Leave Schools?

Evidence for the type of educational provision in adult day services comes from secondary data sources and primary research including interviews with stakeholders and the survey of adult day services.

Secondary data sources supply some evidence of the types of educational provision offered in day services to support adults when they leave school. These are briefly discussed within the context of wider service provision. It is important to bear in mind the challenges and limitations associated with use of secondary data sources including variation in scope, definitions, age of data, for example (see section 3.7). While various sources exist, none is comprehensive, entirely up to date or consistent. The challenges and limitations associated with secondary data sources noted under RQ3 are also relevant here. The limited number of such sources and the variation across them (when compiled and what they report) presents a challenge in determining definitively the type of provision offered. For example, while the information in secondary data sources on type of provision, in particular education/lifelong learning, describes a range of educational, formal and informal learning and employment support, each source presents a somewhat different perspective.

New Directions cites historical data (2008 census of 817 locations) that refers to 13 categories of day service provision. Most were work-related (sheltered work or sheltered/supported employment). Some had a more explicit education/lifelong learning focus: day activation/activity, active community participation/inclusion, rehabilitative training and education programme.

New Directions promotes a new approach built on 12 categories of support, the approach now being implemented in day services. Four have an education/learning focus: education and formal learning; transitions and progression; maximising independence; and choices and plans. As noted in section 13.4, these settings are embracing and implementing New Directions at different and varying speeds. While activities are offered under the 12 categories, including four with an education/lifelong learning focus, data are not routinely captured and reported on activity type delivered. Implication 4 in section 13.4 is relevant here. Further, the survey presents relevant findings on the types of activities being delivered in a sample of settings. These are discussed later in this section.

HRB data drawn from NPSDD and NIDD 2018 reports (2017 data):

- The NPSDD report identified 26 programmes for adult day service users. Since the principal service was availed of by 1,514 service users aged 18-plus years, there are 19 as defined by NPSDD. The most common is "open employment", accounting for 47.7 per cent of adult users (or 722); the least common are "specialist residential secondary school", "specialist day secondary school" and "secondary school education provided at home", with just one user each.
- The NIDD report identified 26 programmes for adult day service users. Since the principal day service was availed of by 19,111 service users aged 18-plus years, there are 26 as defined by NIDD. The most common is "activation centre" (43.1 per cent, or 8,242) and the least common is "enclave within open employment" with just five users.
- These data, sourced from the HRB, relate to adults engaged in day services of all types. They do not correspond exactly to the number of adults in HSE day services. But as data are scarce, they offer a useful indicative breakdown of the type of activity for those with physical and sensory disabilities and those with intellectual disabilities.

While the secondary data sources provide insights into education provision, findings from primary research yield further detail. Almost all stakeholders consulted across all categories of respondent (policymakers, providers) highlighted that the understanding and interpretation of education/learning in the sector was very broad. For example, it can incorporate literacy, numeracy and digital skills, and developing social and physical skills. Furthermore, a wide spectrum of approaches addresses the needs of people with intellectual, physical and/or sensory disabilities. The numerous different approaches to implementation of lifelong learning results in many and diverse types of provision. Stakeholders perceive day services to offer support to people with disabilities to fulfil what is in their person-centred plans which can vary based on individual needs and aspirations and are likely to involve a spectrum of educational provision/learning supports that promote skills development, including:

- Individual independence in daily living, for example travel training, basic literacy and numeracy.
- Access and participation in the community and development of wider skills, for example confidence, self-esteem and networking.
- Support to access mainstream provision, for example tertiary level courses via ETB and universities or lifelong learning key skills mapped into Level 1, 2, 3 of QQI.

Most stakeholders thought day services should provide access to mainstream education and encourage mainstreaming where possible to ensure that people with disabilities were supported in breaking social barriers, decreasing poverty, increasing employment and reducing stigma.

Some noted a silo approach in health and education in day services. They believed that while there is good awareness and familiarity in the sector of supports offered under New Directions, it does not typically see itself as a provider of education and lifelong learning. Even though it is often integral to many activities and programmes, the sector does not typically distinguish

between “education and lifelong learning” and other services offered. Stakeholders perceived that the Department of Health does not regard education as part of its remit. Further, no legislation underpins education provision for those with disabilities aged 18-plus. The HSE is implementing New Directions which is very much focused on the rights of people with disabilities to access a range of public services including education. For reasons noted above, however, it can be challenging to bring these other services/supports into the “health” space. Thus the HSE’s role may be seen by stakeholders as supporting/facilitating access to education, but not providing it as such.

Survey findings are broadly consistent with those of the stakeholder consultation on types of educational provision. While the survey response rate was low, it nonetheless it offered valuable insight into the type of education activity on offer in this sample of sites. The survey – accounting for 50 out of ~900-1,000 settings – cannot be regarded as representative of the whole sector. Nonetheless the settings included cover a range of CHO areas, organisation types, sizes, and disabilities catered for and a variety of service users (age, gender and nature of disability). As such, it provides rich and interesting understanding of the type of education activity on offer in the sample sites. It showed most were delivering some programmes under all four of the education/learning focused New Directions supports. As little is known of lifelong learning provision, respondents were invited to describe programmes offered under four categories of support:

1. Support for Accessing Mainstream Education/Formal Learning, which aims to help participants access mainstream educational programmes in line with their needs and abilities.
2. Support for Making Transition and Progression, which aims to help people with disability experience a seamless transition and progression through support systems provided by specialist and mainstream services.
3. Support for Maximising Independence, which aims to offer a range of skills preparation support such as money management, literacy and numeracy development, and building and maintaining relationships.
4. Support for Making Choices and Plans, which aims to support people with disabilities to take control over their life choices and how to achieve goals, that is supports helping to develop self-advocacy skills; able to participate in person-centred planning.

Across these four supports, survey findings revealed a wide variety, in number and nature, of lifelong learning activities in adult day services and characterised as follows:

- Number of programmes offered: lifelong learning programmes are evident in many locations with most offering some programmes under all four supports. A large number are offered – over 200 across four supports – with around 50 cited per support.
- Nature of programmes offered: a wide variety of programmes is offered under each of the four categories of supports. Programmes reported by respondents were grouped by the research team: typically into around 13-16 groups for each category.

In summary the primary and secondary research undertaken as part of this review has identified an extensive and diverse range of education/lifelong learning interventions delivered in the adult day service sector. To illustrate the breadth and diversity, the survey completed by 50 settings found evidence of over 200 types of intervention across four main categories of support as summarised in Table 21.

Table 21: Summary of Programmes by Support

Support 1: Support for accessing mainstream education/formal learning	Support 2: Support for making transition and progression	Support 3: Support for maximising independence	Support 4: Support for making choices and plans
62% of respondents offered programmes under this support	64% of respondents offered programmes under this support	Most (70.0%) offered at least one programme under this support	Many (78.0%) provided programmes under this support
31 respondents offered at least 56 programmes, providing details for up to 52 of these.	32 respondents offered at least 49 programmes, providing details for up to 46 of these.	35 respondents offered at least 59 programmes, providing details for up to 53 of these.	39 respondents offered at least 49 programmes, providing details for up to 40 of these.
<p>14 categories of programme. Most common category: those associated with formal qualifications or recognition (21.2% [N=11] of respondents). Other common categories:</p> <ul style="list-style-type: none"> • ICT/computing training (~15%, [N=8]) • Media, leisure and arts (~13%, [N=7]) • Personal safety and development (~10%, [N=6]) 	<p>16 categories of programme. Most common programmes: those that offered leisure activities to respondents (N=9, 19.6%). Other common categories:</p> <ul style="list-style-type: none"> • Employability programmes and literacy and numeracy programmes (13% [N=6] each) • ICT/technology training and personalised support (~11% [N=5] each) 	<p>15 categories of programme. Most common programmes offered some form of personal care to adults that supported the development of life skills (20.8% [N=11]). Other common categories:</p> <ul style="list-style-type: none"> • Personalised support (~11% [N=6]); • Employability: formal qualifications; independent living skills; literacy and numeracy; and travel coaching (~8% [N=4] each) 	<p>13 categories of programme. Almost half of programmes focused on individualised/ person-centred planning of support tailored to the person's needs. (45.0% [N=18]) Other common categories:</p> <ul style="list-style-type: none"> • Advocacy support (15% [N=6]) • Daily planning; goal and decision-making support (~8% [N=3] each)

Across all strands of evidence, however, it is useful to bear in mind the lack of common typology. Thus while a wide range of programmes and activities is recorded, some may refer to similar activities. This applies to all types of activity, not only education/lifelong learning.

It is also useful to reflect on and position findings on type of educational provision within the current broader policy context, in particular the health/education interface. Under the Disability Act people with disabilities are entitled to have their health and educational needs assessed²¹³. So at present, education provision tends to be ad hoc in health settings/HSE-funded services.

213 Government of Ireland, (2005). Disability Act 2005 – Part 2. Dublin: Governments Publications Office.

Similarly, education stakeholders may not regard day service as part of their remit as these are HSE funded.

Implication 6: Sharing good practice: across the sector: given the breadth and diversity of setting and also of education/lifelong learning provision, there would be merit in developing/ hosting a central resource through which good practice could be disseminated and shared. This could include:

- Library of tools/approaches to deliver education/lifelong learning – grouped according to type of intervention, target group.
- Good practice/case studies to provide clear pathways/demonstrate benefits of education/lifelong learning and showcase to others less engaged how to take up this area of practice.
- Networks/contacts to provide mutual support in areas of common interest.
- Benchmarking tool.

There would be value in exploring further the framework's applicability to a larger number of settings and the potential to share findings, for example within groups with a mutual interest.

Implication 7: Mainstreaming: while mainstreaming has been Government policy since the early 2000s, progress has been much slower in some areas than others. One such area is provision of adult day services led by organisations with a health remit (the Department of Health and the HSE), where making further education, training and employment supports mainstream has been slow. Rather than reinforcing a medical model approach (bringing public service providers of adult day services into the health space), it would be important to encourage and recognise that mainstreaming means centres should provide appropriate services to everyone and recognise that users may need certain accommodations or supports to access these, in particular further education, training and employment.

13.6 RQ 5: How is Educational Provision Delivered in These Services and How Does it Relate to the Broader Range of Services Made Available by Providers?

The survey of 50 settings completed as part of this review found a variety of evidence of approaches to delivery of educational/lifelong provision. As already noted, the survey – while accounting for only 50 out of ~900-1,000 settings – cannot be regarded as representative of the whole sector. Nonetheless it provides rich and interesting insights into service delivery in this sample of sites.

As little is known of provision of lifelong learning provision, respondents were invited to describe the programmes they offered under the four categories of support (listed in section 13.5). Across these, survey responses revealed a wide variety of lifelong learning activities undertaken in adult day service locations, characterised as follows in terms of delivery:

- Mode of delivery: across the four supports, the most common modes of delivery were in small group formats or via one-to-one.
- Group size: the most common user group size for delivery was small, one to five adults. Larger group sizes (over 20 adults) were mentioned by a sizeable minority under support 3 and this was the most common response under support 4.
- Duration/hours per week: the most common duration for programme delivery across the four supports was less than six hours a week. For support 3, seven to 12 hours was mentioned by a sizeable minority; regular delivery was also mentioned for programmes under support 4, as well as less than six hours a week.
- Delivery mechanism: external providers were the most common deliverers of education/lifelong learning programmes under support 1 (support for accessing mainstream education/formal learning), while staff in the adult day service location mostly delivered programmes under the other three supports (for making transition and progression; maximising independence; making choices and plans). It is interesting to compare and contrast these findings with the views of stakeholders consulted and site visit findings.

Stakeholders perceived service provision in larger day centres to be group focused and less oriented to individualised support. On the other hand, smaller centres tended to be more focused on addressing individual need in person-centred plans. Based on the sample of 20 sites, however, this was not the case in practice. It was apparent that PCP approaches were in place, seeking to develop plans tailored to individual need (section 9.2) and that staff understood that progression and speed of learning was dependent on and specific to the user (section 12.5). It is clear that individual and group work could support person-centred plans.

Within the sector, there is good awareness of and familiarity with supports offered under New Directions. It is not, however, being implemented in a standard, consistent manner. Services adhere to its broad principles/concepts but there is a lack of commonality in what is delivered and how it is characterised. Many settings are adopting PCPs that focus on services tailored to individual need and ability. While, as previously stated, the sector does not typically regard itself as a provider of education and lifelong learning, it is often integral to many activities and programmes. The sector does not typically distinguish between “education and lifelong learning” and other services offered, however.

Considering the resourcing of all service provision, different funding models exist for older and younger users. The former are supported by block funding whereas support for school leavers entering day services is based on individual need assessment as part of the school leaver profiling process. Connected with resourcing, staff to service user ratio was an issue explored in survey of sites and also raised by Advisory Group members as part of the stakeholder consultation. It is evident that no guidance exists for this ratio as is the case in related sectors. For example DES guidance states staff provision will continue to be determined by each year’s school enrolment and the nature of each pupil’s disability. The ratio varies in the special school sector (from 6:1 to 11:1²¹⁴) depending on student population.

214 <https://www.gov.ie/en/circular/6ac108-appointment-of-administrative-deputy-principal-and-staffing-arrangem/>

This ratio provides one example of a comparator though it relates to formal learning settings that are not directly comparable to the funding model or practice in adult day services.

While acknowledging that ratios are important for formal learning activities in adult day services, their introduction here may not be appropriate for all learning activities for several reasons. Resourcing in these services is increasingly based on individual need assessments. As noted in section 8.4, school leavers entering day services attract whole time support based on a resource allocation model²¹⁵ underpinned by a profiling process for them. Furthermore, New Directions seeks to move away from group-based to more individualised provision. Finally, much of New Directions is about supporting people – informal teaching/learning – to do activities in their community without paid support.

Implication 8: Data collection – ownership, raising awareness and building shared understanding: Despite the evident breadth of provision, there appears to be a lack of common or shared interpretation and implementation of New Directions supports and programmes, particularly in education/lifelong learning.

These findings are reinforced via data and reflected in section 6 which examines the profile of adult day services users. Feedback from stakeholder consultation (section 8) also recognises service user needs are wide-ranging – encompassing a great variety of needs/ambitions/capacity. The intensity of support required by an individual may vary over time.

Data are poor quality. This is not a new issue and it applies to many areas of HSE disability services. In respect of education/lifelong learning provision, however, it points to deeper issues: the limited or absence of recognition that education/lifelong learning occurs in adult day services with associated lack of ownership – and hence motivation – to collect appropriate data for monitoring provision. Consistent with the disconnect between health and education already noted, policy makers, funders, providers generally have not and do not conceive of adult day services as being about education/lifelong learning and hence it is unsurprising that existing administrative information is of poor quality and of limited relevance – a particular challenge for this review.

Given this lack of recognition, this report is of particular value in demonstrating that education/lifelong learning is happening in adult day services – albeit not widely or typically recognised as such – and offering an initial snapshot of this provision. The need for education/lifelong learning is implicit in New Directions. It is evident there should be greater acknowledgement/recognition/awareness that it is going on, also clarity on ownership/accountability to drive the need for data to monitor it.

Appropriate, data using commonly understood and agreed typologies, for education/lifelong learning could perhaps be collected via existing data collection mechanisms (NASS) that may be

215 In January 2015, the HSE established a national project group to oversee the allocation of funding to agencies to provide services to persons requiring a day service from September 2015. As part of this process, a new resource allocation model was introduced. Five support levels were identified: intensive support (€34,000); high support (€16,000); moderate support (€11,000); low (€7,000) and minimum (€5,000). Response to PQ 331 [Written Answers Nos. 329-346 – Tuesday, 13 Oct 2015 – Parliamentary Questions – Houses of the Oireachtas](#)

modified/expanded to include relevant fields. This would point to a need for awareness raising/capacity building for those involved in providing data returns and working with the monitoring information (see also Implication 4).

Implication 9: Guidance in relation to staff ratios and funding: Given the lack of guidance on staff to service user ratios for the adult day service sector, the connection between resources and service users (see Criterion 4:2), feedback from stakeholders (Advisory Group members) and evidence of such ratios informing practice in other sectors, along with recognising the diverse service user population and activities they engage in, there may be merit in specifying a range for such a ratio (or tiers, for example), taking into account complexity of need and nature of activity (ratios particularly relevant for group-based, formal learning).

13.7 RQ 6: What are the Expected Standards and Outcomes for the Services Users and Are They Being Achieved?

In the absence of an existing framework setting out standards for education provision in adult day service settings, the research team developed one itself. This is presented in section 5 of this report and is grounded in literature and was reviewed and refined on an iterative basis, including feedback from the NCSE, the Advisory Group and consulted stakeholders. It sets out the standards across four criteria, 14 sub-criteria and 80-plus elements associated with provision of education/learning in adult day centres. These are fully described in section 5 of this report.

To determine whether these standards are being achieved in adult day centres in Ireland, 20 site visits were completed. While these are in no way representative of the whole sector, they do provide an insight into activity at operational level. At these site visits, evidence was gathered from four main sources (documents, staff interviews, service user interviews and observation) in a structured methodology underpinned by the framework. This was achieved by developing research instruments, underpinned by the framework and that sought evidence against all elements within it.

This highlighted that these standards and outcomes are being achieved across the four criteria to varying degrees for service users in the sites visited. There were areas in which strong evidence was identified and others where there was scope for improvement/development (discussed below). As noted in response to Research Question 1, in the absence of any “off the shelf” framework, the research team devised a bespoke one for its research.

13.7.1 Criterion 1 – Summary of Findings from 20 Site Visits

Evidence collected from sites visited suggested most service users were supported to develop their individual PCPs and make their own choices and decisions. Given the context of New Directions, PCPs played an important role in service provision at almost all sites visited with strong or good evidence that these reflected and were tailored, relevant and appropriate to user needs, which is good practice consistent with the framework²¹⁶.

²¹⁶ Within the context of New Directions and considering PCPs in particular, it is worth noting that the HSE has developed a PCP

There was strong evidence of good practice in that almost all sites were developing an individual plan and setting goals that included learning, tailoring the PCP format to individual users (for example diary format or incorporating a visual list). Also strongly evident in most sites was regular review of PCPs with the service user. Review frequency varied across sites but included ongoing and informal reviews between user and key worker. There was also evidence that changes were made where necessary as individuals at these sites progressed, developed and their needs changed.

Room for improvement, however, was apparent as two sites had limited or no evidence of having PCPs in place. The decision to include PCP in the good practice framework was based on it being widely recognised and embedded in many policies and strategies for this area. In one site this was in the process of being implemented and the manager was seeking to develop greater links with the local community. In another, there was no evidence of planning to develop PCPs. This is poor practice as it indicates a one size fits all approach inconsistent with the characteristics of PCP outlined in the framework.

There was strong evidence that service users at almost all sites had a central role in developing their PCP and deciding which activities they wished to be involved in, in consultation with their key worker. Support levels from outside organisations and training bodies in the design of lifelong learning was cited by staff in some sites as an area for future development to increase community awareness of, for example, hidden disabilities like ASD and to increase opportunities for further integration.

The research found strong or good evidence that almost all sites had well-developed links with outside colleges and training providers to offer a range of accredited courses at all levels. There is room for improvement, however, as staff in a minority of rural sites felt restricted in the training/accredited certification options they could offer due to their location. One site thought their provision for this sub-criterion was restricted by the behavioural support needs of individuals. This is poor practice as it is not consistent with the characteristics of PCP outlined in the framework, which advocates providing users with access to a range of certification options, within and external to the day service setting.

13.7.2 Criterion 2 – Summary of Findings from 20 Site Visits

Evidence collected from the sites visited suggests most service users were supported to achieve learning outcomes and develop social and life skills. They were gaining work experience and engaging in activities outside the day service. This is good practice, consistent with the good practice framework.

Framework published guidelines for self-evaluation and has run and evaluated a pilot demonstration project. See HSE (2018), *A National Framework for Person-Centred Planning in Services for Persons with a Disability*; HSE (2019), *Guidelines for EASI Process and Tool (Evaluation, Action and Service Improvement)*; HSE (2020) *Supporting the Implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability A Report on the Demonstration Project 2019*.

Good practice was strongly evident across almost all sites in terms of a focus on outcomes of value to the individual. Staff highlighted that while not all opportunities were offered to all service users this was to ensure that the activities they were completing were relevant to their interests and abilities. For some sites/individuals the focus was on behaviour and confidence changes rather than community involvement or education. This indicates a lack of focus on lifelong learning opportunities and outcomes for these individuals that is not consistent with the characteristics of good practice as outlined in the framework. Evidence was strong or good evidence at almost all sites in managing service user expectations by setting incremental steps towards their goals as well as realistic timeframes for achieving them. In one site particularly stretching goals were categorised as hopes and dreams to help manage user expectations that they might be particularly challenging or very long-term aspirations. This is good practice as it is consistent with the characteristics of outcomes of value to individuals, while helping to manage their expectations of educational setbacks and successes as outlined in the good practice framework.

Good practice was also evident in supporting service users to gain employability skills/work placements and experience where relevant to them. Almost all sites had some form of linkages between day service and local community. Links with employers were particularly important for work placements. In most sites, users were in work or volunteering in the community. Similarly, they were also supported to develop social skills in the community, with staff highlighting that these develop better in authentic situations. Across the sites, staff indicated an increasing focusing on soft skills and supporting users to develop life skills such as travelling, cooking and job searching, and helping with their health and wellbeing.

As noted under Criterion 1 and relevant here too, there is room for improvement in providing increased access to formal, accredited courses for rural day centres for users wishing to access these, but who cannot currently do so. Staff in almost all sites indicated links with local employers to help users gain work experience and develop new skills. The scope to develop these further was acknowledged so as to increase the availability of work placements/options for employment and to help challenge misconceptions about service users' ability to add value the workplace.

Most sites demonstrated strong evidence of a focus on soft skill development, for example communication and social skills, as well as wider skills such as self-advocacy, independent thinking and interpersonal skills as an active member of society. Service delivery consistent with two elements in the framework (advocacy skills; influencing policies and practice of services) was evident in that some had systems and structures in place to support users to influence the service's policies and practices, for example setting up an advocacy group to increase service users awareness of their rights and develop their advocacy skills. More could be done in this respect to ensure consistency with the good practice framework. All sites should actively consult users in developing and improving their policies and practices.

13.7.3 Criterion 3 – Summary of Findings from 20 Site Visits

Most sites visited showed strong evidence that staff had the knowledge and skills required to support the lifelong learning of adults with disabilities. Almost all provided strong or good evidence of learning techniques that integrate a variety of appropriate activities and experiences for adults to engage in meaningful lifelong learning. This is good practice, consistent with the good practice framework.

There was evidence of good practice in terms of the inclusion of the importance of knowing adult needs within the staff training plan. This demonstrates organisational commitment to ensuring all staff understand service user needs. There is room for improvement, however, in providing more up-to-date training in diverse learning styles for adults with disabilities to support better personalisation of training to their individual needs and abilities.

There was evidence of good practice in staff organising their own personal professional development to support the user to reach desired goals. For example such supports include behavioural therapist training. There were examples of staff cascading external training and information gained offsite to colleagues on return to work. But greater organisational focus on provision of personal development and progression training would help enable staff to continue to develop their skills and capacity to deliver lifelong learning.

Evidence of good practice was clear in regular visits to the service by external professionals, psychologists or occupational therapists to get to know users so they are better able to support them in developing their PCP. An area for improvement was the need for sites to improve communication with external professionals – ideally there would be evidence of regular meetings and reviews to ensure information sharing and collaboration to support the individual to fulfil their potential.

There were examples of good practice in staff training in the rights of adults with disabilities, outcomes focused training, training to support lifelong learning for them. Some sites offer enhanced training options within the training policy to support professional development. Regular evaluation of training options ensure they are effective and meeting staff training needs. There was room for improvement, however, in formally documenting staff training/development budgets for individual staff members and ensuring all staff have training needs identified annually and training/development outcomes recorded.

13.7.4 Criterion 4 – Summary of Findings from 20 Site Visits

The sites visited were on a continuum in relation to a culture that supports lifelong learning, that is doing some or all examples of good practice highlighted below, which indicates variation in practice when compared to the good practice framework. There was evidence of a commitment to lifelong learning in the vision statement of almost all sites. There was an awareness of that vision among staff and service users, and to a lesser extent, parents/carers/advocates. A commitment to lifelong learning was also evident in most sites' governance and management. An inclusive service culture and learning environment and a positive attitude to

lifelong learning among service staff were also evident. Almost all sites demonstrated an holistic approach to lifelong learning. An area for improvement in an organisation's vision would be regular reviews to ensure it fits the service's ethos and is aligned to users' lifelong learning needs.

Examples of good practice in governance and management commitment to lifelong learning included a communication log to facilitate frequent communication between staff and families on all issues to do with the user, including lifelong learning; and inviting parents/carers to participate in formal meetings about progress on their PCP where this is the service user's wish. Examples of good practice in creating an inclusive service culture and learning environment were also evident, for example inviting parents/carers to events at the centre, including those to celebrate/showcase skill development. This was said to increase engagement.

Staff attitudes to lifelong learning could be improved through regular, formal review of the effectiveness of different learning activities. This specifically relates to enabling adults with disabilities to achieve their learning goals in order to direct resources towards interventions that work. Sites could make their approach to lifelong learning more holistic, in line with characteristics of the good practice framework, by extending learning opportunities in diversity awareness to families and advocates where possible.

Implication 10: Using the framework at a local level: The framework and associated research instruments offer a structured means to reflect on practice within adult day service settings for education/lifelong learning. To extend the latter and complement the lessons above in sharing of good practice, the framework could be made available for use as a reflective tool for individual sites. This would require briefings/support materials to help them understand how best to use the framework and ensure they were doing so consistently. This could help improve consistency of provision across the diverse range of locations by setting a baseline for good practice.

13.8 Further Work – Stakeholder Participation and Engagement

This review of education provision in adult day services has been extensive and sought to engage widely with many interested parties. Given the development and successful application of the framework (in 20 sites) as part of this review, there would be merit in engaging with other key groups to progress it further. As part of the research design, the research team consulted several representative sector organisations. Some represent views of adults with disabilities and parents/carers of adults with disabilities. However, consultation directly with parents was outside the scope of this review.

Implication 11: Seeking views of key stakeholders (including people with disabilities, parents and carers) on the framework: It would be of benefit to carry out further work on developing the framework in relation to engaging/consulting people with disabilities in the first instance and to seek views of parents/carers directly on the framework and the extent to which it supports standards of good practice in education/lifelong learning provision.

14. Bibliography

Academic Network of European Disability Experts., (2019). The Academic Network of European Disability Experts. [Viewed May 29th, 2019]. Available from: <https://www.disability-europe.net/>

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

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

Atkinson, P. (2005). Qualitative Research – Unity and Diversity. *Forum: Qualitative Social Research*. Volume 6, No. 3, Art. 26 – September 2005.

Bambara, L.M., Wilson, B.A. and McKenzie, M., (2007). Transition and quality of life. *Handbook of developmental disabilities*, pp.371-389.

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.

Bigby, C.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.

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.

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.

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).

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

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.

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.

Council of Europe, (2006). Council of Europe Disability Action Plan (2006-15).

Council of Europe. *Formal, non-formal and informal learning* [online]. Council of Europe. [Viewed May 25th, 2019] Available at: <https://www.coe.int/en/web/lang-migrants/formal-non-formal-and-informal-learning>

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>

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.

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

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

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>

Department of Justice and Equality, (2015). *Comprehensive Employment Strategy 2015-2024*. Dublin: Department of Justice and Equality.

Department of Justice and Equality, (2017). *National Disability Inclusion Strategy 2017-2021*. Dublin: Department of Justice and Equality.

Doyle, A. and Carew, A.M., (2018). Annual Report of the National Physical and Sensory Disability Database 2017. Dublin: HRB.

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).

Emerson, E., Fujiura, G.T. and Hatton, C., (2007). International perspectives. *Handbook on developmental disabilities*, pp.593-613.

European Agency for Special Needs for Inclusive Education., (2019). EASNIE. [Viewed May 29th, 2019]. Available from: <https://www.european-agency.org/>

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

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

European Commission, (2010). *Disability Strategy (2010-20) of the European Commission*. Brussels: European Commission.

European Commission, (2010). *European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe*. [Viewed May 20th, 2019]. Available from: <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF>

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.

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.

Flynn, E., (2011). *From rhetoric to action: Implementing the UN Convention on the Rights of Persons with Disabilities*. Cambridge University Press.

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.

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.

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.

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>

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

Government of Ireland, (2005). Disability Act 2005 – Part 2. Dublin: Governments Publications Office.

Government of Ireland, 2015. *Comprehensive Employment Strategy for People with Disabilities 2015-2024*. [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>

Hammersley, M. & Atkinson, P. (1995). *Ethnography: Principles in Practice*, 2nd edition. London: Routledge.

Hatton, C., (2017). Day services and home care for adults with learning disabilities across the UK. *Tizard Learning Disability Review*, 22(2), pp.109-115.

Hayes, Joe, (2019). Opening statement at Joint Committee on Education and Skills debate National Council for Special Education. January 29th, Dublin. [Viewed September 23rd, 2019] Available from: https://www.oireachtas.ie/en/debates/debate/joint_committee_on_education_and_skills/2019-01-29/3/

Health Information and Quality Authority. (2017). *Guidance for the assessment of centres for persons with disabilities*. 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

Health Service Executive, (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

Health Service Executive, (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>

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

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

HRB, (2017). National Intellectual Disability Database. Dublin: Health Research Board.

HRB, (2017). National Physical and Sensory Disability Database (2017). Dublin: Health Research Board.

HSE, National Vision for Change Working Group, (2012). Advancing Community Mental Health Services in Ireland, Guidance Papers. Dublin: Health Service Executive.

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 20/05/2019]. Available from: <https://www.lenus.ie/bitstream/handle/10147/215139/newdirections2012.pdf?sequence=1&isAllowed=y>

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>

HSE, (2016). Person-Centred Principles and Person-Centred Practice Framework. Dublin: Health Service Executive.

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

HSE, (March 2018), A National Framework for Person-Centred Planning in Services for Persons with a Disability. Dublin: Health Service Executive. HSE, (April 2019), Guidelines for EASI Process and Tool (Evaluation, Action and Service Improvement). Dublin: Health Service Executive.

HSE, (February 2020), Supporting the Implementation of the National Framework for Person-Centred Planning in Services for Persons with a Disability: A Report on the Demonstration Project 2019. Dublin: Health Service Executive.

HSE, (May 2020). Framework for the Resumption of Adult Disability Day Services Supporting People with Disabilities in the Context of COVID-19: The Next Year. Dublin: Health Service Executive.

HSE, Building a Better Health Service Annual: Report and Financial Statements (2016). Dublin: Health Service Executive.

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>

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

Irish Association of Supported Employment. European Quality Standards Framework for Supported Employment Providers [online]. IASE. [Viewed May 5th, 2019]. Available from: <http://www.iase.ie/the-iase-and-supported-employment-professionals/european-quality-standards-framework/>

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.

Johnson, H., Douglas, J., Bigby, C., & Iacono, T. (2010). The pearl in the middle: A case study of social interactions in an individual with a severe intellectual disability. *Journal of Intellectual and Developmental Disability*, 35, pp 175-186. doi:10.3109/13668250.2010.501026.

Lifelong Learning Platform. *About Us* [online]. Lifelong Learning Platform. [Viewed May 20th, 2019] Available at: <http://lllplatform.eu/who-we-are/about-us/>

McCarthy, P., Quirke, M. and Treanor, D., (2018). The Role of the Disability Officer and the Disability Service in Higher Education in Ireland. Dublin: Association on Higher Education and Disability.

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.

Mugambi, Mercy M., (2017). Approaches to Inclusive Education and Implications for Curriculum Theory and Practice. *International Journal of Humanities Social Sciences and Education (IJHSSE)*. Volume 4, Issue 10, October 2017, PP 92-106.

Murphy, A., (2007). OECD Thematic Review on Recognition of non-formal and informal learning. Country Background Report, Ireland. Dublin: National Quality Authority of Ireland. (<http://www.oecd.org/dataoecd/3/57/41679902.pdf>, 20.10.2009).

NALA, (2018). Guidelines on the inclusion of people with intellectual disabilities in adult literacy services. Dublin: NALA.

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

NCSE, (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

NCSE, (2011). *Inclusive Education Framework*. Trim, IRL: National Council for Special Education.

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

NCSE, (2016). *Supporting Students with Autism Spectrum Disorder in Schools. Policy Advice Paper No.5*. NCSE. [Viewed May 20th, 2019]. Available from: https://ncse.ie/wp-content/uploads/2016/07/1_NCSE-Supporting-Students-ASD-Schools.pdf

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.

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>

National Disability Authority, (2013). *Promoting inclusion and participation Strategic Plan 2013-15*. Dublin: NDA. [Viewed May 20th, 2019] Available at: <http://nda.ie/About-Us/Corporate-Publications/Strategic-Plans/Strategic-Plan-2013-2015/Strategic-Plan-2013-20151.pdf>

National Disability Authority, (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>

National Disability Strategy Implementation Group, (2013). *National Disability Strategy Implementation Plan 2013-2015*. Dublin: Department of Justice and Equality.

QQI and NFQ. *Irish National Framework of Qualifications* [online]. QQI. [Viewed May 20th, 2019] Available at: www.nfq-qqi.com/index.html

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

Rose, R., Shevlin, M., Winter, E., & O'Raw, P. (2015). Project IRIS – Inclusive Research in Irish Schools. A Longitudinal Study of the Experiences of and Outcomes for Children with Special Educational Needs (SEN) in Irish Schools. Trim, IRL: National Council for Special Education.

Scanlon, Geraldine and Doyle, Alison. (2018). *Progressing Accessible Supported Transitions to Employment. Navigating the transition from school: Voices of young people and parents*. Dublin: Dublin City University.

Schensul, J. J., LeCompte, M. D. (Eds.) (1999). *The ethnographer's toolkit*. Walnut Creek, Calif: AltaMira Press, p91

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 from: <https://www.jamk.fi/en/Research-and-Development/RDI-Projects/senel/home/>

SOLAS, (2016). 2016 Further Education and Training Services Plan. Dublin: SOLAS.

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>

SOLAS, (2017). Lifelong Learning Participation Among Adults. Dublin: SOLAS.

UDLL Partnership, (2017). *Universal Design for Learning: A Best Practice Guideline*. Dublin: Association for Higher Education Access & Disability. [Viewed May 20th, 2019]. Available from: <https://ahead.ie/userfiles/files/shop/free/UDLL%20Online.pdf>

UIS, OECD, Eurostat (2001). *Data Collection on Education Systems: Definitions, Explanations and Instructions*. Paris: UIS, OECD, Eurostat (2001).

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

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

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.

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), pp.137-142.

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*.

Werquin, P., (2010). Recognising non-formal and informal learning. SOLAS, (2016). *2016 Further Education and Training Services Plan*. Dublin: SOLAS.

