The role of adult education in supporting the deinstitutionalisation of people with disabilities in the community

Policy Document

on Deinstitutionalisation and Access

to Adult Education

2018

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to Adult Education

Introduction

This Policy document is developed under the *KA2 Project Adult Education and Disability Unlocking Freedom through Adult Education: The role of adult education in supporting the de-institutionalisation of people with disabilities in the community* (Output 9).

The project is implemented with the financial support of the *Erasmus + Programme* and spans four European countries (Ireland, Finland, France and Bulgaria). In total there are eight partners including three from Ireland, three from France, one from Bulgaria and one from Finland, namely:

- Disability Federation of Ireland (DFI) – Ireland;
- Stewards Care Ltd – Ireland;
- Maynooth University – Ireland;
- Centre de la Gabrielle (CLG) – France;
- Paris Est Créteil University and its Higher School of Teaching and Education (ÉSPÉ) - Adult Education Centre– France;
- Institution for Community Based Social Services Foundation (ICSS) – Bulgaria;
- Service Foundation for People with an Intellectual Disability (KVPS) - Finland.

The project has three key objectives:
1. To improve the life-long learning opportunities and social integration of people with disabilities through adult and community education.
2. To bring local adult education providers together with local community based services/facility operators with the aim of devising or adapting curriculums to better support their role in including people with disabilities in their activities.
3. To challenge the institutional culture of organisations and to maximise their support to integrate people with disabilities fully into the community.

Within the context of these objectives, **the purpose of this policy document** is to gather the learning from all of the project activities and to identify the policy gaps within the framework of deinstitutionalisation and adult education in the partners' countries - Ireland, Finland, France and Bulgaria - in order to assist with data and recommendations all stakeholders involved in the process. The policy document is based on the project partners' activities, reflection and efforts to *"close the institution in our mind"!*

The document consists of three chapters and three annexes:

Chapter I. EU context and policy framework of Deinstitutionalisation and adult education

Chapter II. National policy and practice framework in the project partners' countries

Chapter III. Common challenges and recommendations for integration Deinstitutionalisation and adult education objectives

Annexes

Annex 1. List of information sources

Annex 2. Project partners' description

Annex 3. Photos of project life

CHAPTER I. EU CONTEXT AND POLICY FRAMEWORK OF DEINSTITUTIONALISATION AND ADULT EDUCATION

1. EU context

Persons with disabilities and their families remain one of the most vulnerable groups in Europe who continue to experience high rate of institutionalization and exclusion from society and still meet barriers to full enjoyment of human rights, including the right to health, education and individual autonomy.

A study funded in 2007 by the European Commission found that more than one million people with disabilities live in institutions across Europe[1]. Over 1 million people with disabilities, mental health problems, older people and children deprived of parental care are still in long-stay, large residential institutions.[2] Although the institutions were originally seen as the best way of caring for vulnerable children and adults with a variety of support needs, the evidence has shown that institutional care provides poorer outcome in term of quality of life compared with quality services and life in the community - since they cannot ensure person-centred services and appropriate support needed to bring about full inclusion. The physical separation from communities and families severely limits the capacity and preparedness of those living in or growing up in institutions to participate fully in their community and wider society[3].

As a result, the EU regulations and guidance documents clearly state that the policy-makers and professionals in institutions must support measures for the transition from institutional to family and community-based support services. These measures should prevent the need for institutionalisation, develop services based in the community enabling people to live independently and, enable access to mainstream services (education and training, employment, housing, health, transport, leisure activities) to everyone, regardless the nature

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[1] Deinstitutionalisation and community living: outcome and costs: http://inclusion-europe.org/en/projects/pastprojects/decloc-report

[2] Radojkovic, V. I., Deinstitutionalization and independent living of persons with disabilities, ec.europa.eu/enlargement/taiex/dyn/create_speech.jsp

[3] http://ec.europa.eu/regional_policy/en/policy/themes/social-inclusion/desinstit/

of their impairment. The whole process of deinstitutionalisation has to be based on the values of human dignity, equality and the respect for human rights, declared in the European documents.

2. EU documents for common values, policy and strategic actions

Several EU documents are setting standards for actions aimed at deinstitutionalisation, namely:

- The EU Charter of Fundamental Rights;
- The ratified by all 4 project partner countries UN Convention on the Rights of Persons with Disabilities (UNCRPD), Article 19[4] - Living independently and being included in the community;
- UN Convention on the Rights of the Child;
- European Convention on Human Rights;
- European Disability Strategy 2010-2020;
- The Education and Training 2020 Strategic Framework;
- The May 2010 Council Conclusions on the social dimension of education and training (underlines that education systems need to respond to diversity and to provide for the successful inclusion of all learners, including those with disability/special needs.)[5].

According to the European Union Agency for Fundamental Rights[6] most of the EU member countries have developed strategic framework on deinstitutionalisation of the services for people with disabilities. Regardless of the national approach to administering community-based services, **achieving deinstitutionalisation requires coordination between national, regional and local authorities, both within and across different sectors.**

Table 1: Strategies on deinstitutionalisation for persons with disabilities

EU Members	Strategy or action plan
Austria	National Action Plan on Disability 2012–2020
Bulgaria	**National Strategy for Equal Opportunities for Disabled People 2008–2015**
Cyprus	First National Action Plan for Disability for the Implementation of the Convention of the Rights of Persons with Disabilities 2013–2015
Czech Republic	National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020
	Strategy of Social Inclusion 2014–2020
	Action Plan for the Implementation of the National Strategy of Protection of Children's Rights, 2012–2015
Estonia	Special Care and Welfare Development Plan for 2014–2020

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[5] The May 2010 Council Conclusions on the social dimension of education and training
http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/educ/114374.pdf
[6] European Union Agency for Fundamental Rights, From institutions to community living, 2017,
http://fra.europa.eu/en/publication/2017/independent-living-structures

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Greece	National Action Plan Psychargos C (2011–2020)
	National Strategic Framework for Social Integration
Finland	**Housing Programme for Persons with Intellectual and Developmental Disabilities 2010–2015**
Republic of Croatia	Plan of Transformation and Deinstitutionalisation of Social Welfare Homes and Other Legal Entities Performing Social Welfare Activities in the Republic of Croatia for the Period 2011–2016 (2018)
	Operational Plan of Transformation and Deinstitutionalisation of Social Welfare Homes and Other Legal Entities Performing Social Welfare Activities in the Republic of Croatia for the Period 2014–2016
Hungary	Strategy for the Substitution of Accommodation of People with Disabilities at Social Institutions 2011-2041
	Development Principles for the Implementation of the Strategy for the Substitution of Accommodation of People with Disabilities at Social Institutions (2011–2041), 2015–2020
	National Disability Programme 2015–2025
	Action Plan for the Implementation of the National Disability Programme for 2015-2018
Ireland	**Time to Move on from Congregated Settings – A Strategy for Community Inclusion**
Italy	Biennial Action Plan for the Promotion of the Rights and the Integration of People with Disabilities (2014-2015)
Lithuania	Action Plan for the Transition from Institutional Care to Community-Based Services for People with Disabilities and Orphans for 2014-2020
Luxemburg	Reform of the Psychiatric Sector in Luxembourg and Mental Health Policy
Latvia	Guidelines for the Implementation of the United Nations Convention on the Rights of Persons with Disabilities 2014-2020
	Guidelines on the Development of Social Services 2014-2020
Malta	National Policy on the Rights of Persons with Disability
France[7]	1975 Acts on the disabled (Act No. 75-534 of 30 June 1975) and social and medical institutions (Act No. 75-535 of 30 June 1975) - Law renovating the social and medico-social action (law n ° 2002-2 of January 2nd, 2002) - Law on equal opportunity, participation and citizenship for people with disabilities (law N°2005 – 102 of February 11, 2005) - Law on an aging society (law n° 2015-1776 of 28 december 2015) - Law modernising the health system (Law no 2016-41 of 26 january 2016) creating a new approach called "A supported answer for all"
Romania	National Strategy 'A Society without Barriers for Persons with Disabilities' 2016-2020
	National Strategy on Social Inclusion and Poverty Reduction 2014–2020
Slovak Republic	Strategy of DI of the System of Social Services and Foster Care in the Slovak Republic
	National Priorities for Development of Social Services for the Period 2015–2020

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[7] This line has been added by «Unlocking freedom through adult education» partners

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	National Programme for the Development of Living Conditions of Persons with Disabilities for the Years 2014–2020

3. **Key concepts and interrelations**

Deinstitutionalisation

Although there is no internationally accepted definition of deinstitutionalisation, it is described as "a process that provides for a shift in living arrangements for persons with disabilities, from institutional and other segregating settings to a system enabling social participation where services are provided in the community according to individual will and preference."[8]

According to some authors[9], the process of deinstitutionalisation includes the following three interrelated components:
- the development of high quality, individualised services based in the community, including those aimed at preventing institutionalisation, and the transfer of resources from long-stay residential institutions to the new services in order to ensure long-term sustainability;
- the planned closure of long-stay residential institutions where children, people with disabilities (including people with mental health problems) and older people live, segregated from society, with inadequate standards of care and support, and where enjoyment of their human rights is often denied;
- making mainstream services such as education and training, employment, housing,health and transport fully accessible and available to all children and adults with support needs.

The team of the *Unlocking freedom through adult education project* accepts that deinstitutionalisation's goal goes beyond the closing of institutions and it aims at:
- Providing a set of means and services "*à la carte"* that can be combined or even adjusted to enable people with disabilities to live their lives as they wish while enjoying the support they feel they need.
- Ensuring that people with disabilities suffer as little as possible from a collective support that is sometimes difficult to combine with their lives and personal wishes.
- Making bridges with the mainstream services, which provides the only sustainable way to meet the needs of persons with a disability for welfare[10]. Opening the systems of education, health, employment, leisure time is the crucial factor for closing the institution in our minds and way of living together!

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[8] United Nations General Assembly (2014), Thematic study on the right of persons with disabilities to live independently and be included in the community: report of the Office of the United Nations High Commissioner for Human Rights, A/HRC/28/37, 12 December 2014, para. 25, p.8.,
http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session28/Documents/A_HRC_28_37_ENG.doc
[9] Deinstitutionalization Guide, http://deinstitutionalisationguide.eu/wp-content/uploads/2014/09/Toolkit-07-17-2014-update.pdf, p. 11.
[10] Errikson, 2001. From institutional life to community participation, http://www.skinfaxe.se/ebok/ilcp.pdf

According to the CRPD Committee, *"De-institutionalization […] requires a systemic transformation, which includes the closure of institutions […] along with [the] establishment of a range of individualized support services […] as well as inclusive community services. Therefore, a coordinated, cross-government approach which ensures reforms […] on all levels and sectors of government, including local authorities, is required."* [11]

The focus on the mainstream services such as education and training as significant factors for the social inclusion and life of personal development and dignity is the focus of the present *Erasmus + Project Unlocking Freedom through Adult Education.*

Adult education

Continuing or Adult Education is the provision of non-compulsory education for adults which a) doesn't lead to degree level qualifications or equivalent (covered by the term higher or further education) nor (b) not directly linked to progression from the second level education[12].

The brief overlook on the EU work on adult education, presented on EPALE platform, shows the following steps[13]:

1957	EU's work on adult learning begins with the Treaty of Rome through which the European Community promoted basic and advanced vocational training and the need of wide access to education and its continuous updating.[14]
2000	The EU begins working on adult learning policy
2002	The Council of the European Union prepared Council Resolution of 27 June 2002 on lifelong learning (2002/C 163/01). The document states that education and training are an indispensable means for promoting social cohesion, active citizenship, personal and professional fulfilment, adaptability and employability.[15] The priority should be given to providing access to lifelong learning opportunities for all, regardless of age, including specific actions aimed at the most disadvantaged persons, those not participating in education and training, as a means of facilitating their social integration.

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[11] CRPD Committee (2017), General Comment No. 5 – Article 19: Living independently and being included in the community, CRPD/C/18/1, 29 August 2017, para. 58

[12] Duggan, C. and Byrne, M.,What Works in the Provision ofHigher, Further and Continuing Education, Training and Rehabilitation for Adults with Disabilities?, 2013, www.ncse.ie/wp-content/uploads/2014/10/Report_15_Adult_Ed_09_04_14.pdf

[13] What is the EU's role in adult learning? https://ec.europa.eu/epale/en/policy-in-the-eu/what-is-the-eu-role-in-adult-learning

[14] Treaty establishing the European Community (Nice consolidated version), http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12002E%2FTXT

[15] Council Resolution of 27 June 2002 on lifelong learning (2002/C 163/01). http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32002G0709(01)

2006	The Commission publishes the communication paper "Adult learning: It is never too late to learn" highlighting the essential contribution of adult learning to employability and mobility and to social inclusion.[16] The paper cites reports which confirm that poverty and social exclusion continue to be a serious challenge for all Member States[17]. Low levels of initial education, unemployment, rural isolation and reduced life chances on a wide range of grounds serve to marginalise large numbers of people and to exclude them from the benefits of society and from being an active citizen. Adult learning has a key role to play in responding to social exclusion. Art. 24 the UN Convention on the Rights of Persons with Disabilities obliges state parties to ensure that people with disabilities are not discriminated against in education. It states: 'State Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination, on an equal basis with others. Reasonable accommodation has to be provided to persons with disabilities.
2007	The Commission publishes the communication "It is always a good time to learn". It includes an Action Plan on Adult Learning (2008-2010) that provides, for the first time, common priorities to be encouraged in the adult learning sector. The document states that adult education could address the persistent problem of poverty and social exclusion among marginalised groups, such as migrants, older people, women or persons with a disability. Adult learning can both improve people's skills and help them towards active citizenship and personal autonomy.
2011	The Council publishes a resolution on a renewed European Agenda on Adult Learning (EAAL), consolidating policy in the field of adult learning. This is the EU reference text on adult learning policy. A key message of EAAL is that adult learning in all its forms boosts learners' employability, and contributes to social inclusion, active citizenship and personal development. Increasing participation and enabling all adults to develop and renew their skills and competences throughout their lives are at the heart of the Agenda.
2015	The 2015-2020 priorities for EAAL are set: - ensuring the coherence of adult learning with other policy areas; - increasing the supply and take-up of adult learning provision; - widening access through workplace-based learning, ICT and second-chance opportunities; - improving quality assurance, including initial and continuing education of adult educators.

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[16] Adult learning: It is never too late to learn, Communication from the Commission, 2006, http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1501071843236&uri=CELEX:52006DC0614

[17] Joint report on social protection and social inclusion 2006, http://ec.europa.eu/employment_social/social_inclusion/docs/2006/cs2006_7294_en.pdf

2016	The New Skills Agenda for Europe proposes that Member States adopt a Skills Guarantee to raise the level of adult basic skills. The document, adopted by the Commission (10.06.2016), launched 10 actions to make the right training, skills and support available to people, aimed to: improve the quality and relevance of training and other ways of acquiring skills, make skills more visible and comparable, improve information and understanding of skills intelligence, to enable people make better career choices, find quality jobs and improve their life chances. On 19.12.2016 the Council adopts the recommendation Upskilling Pathways - New opportunities for adults. This aims to help Europe's 64 million adults who do not yet have an upper secondary qualification to acquire a minimum level of literacy, numeracy and digital skills and then progress towards an upper or lower secondary qualification. EAAL is part of the 'ET2020' framework for European cooperation in education and training. The ET2020 working group on adult learning 2016 - 2018 undertakes peer learning on policies that can encourage more adults to learn in the workplace.
2018	Member States have to outline the measures they will take to implement Member Upskilling Pathways.

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CHAPTER II. NATIONAL POLICY AND PRACTICE FRAMEWORK IN THE PROJECT PARTNERS' COUNTRIES

1. National commitments: guiding deinstitutionalisation in Member States

"States parties have the immediate obligation to enter into strategic planning […] to replace any institutionalized settings with independent living support services. The margin of appreciation of States parties is related to the programmatic implementation but not to the question of replacement." [18]

Evidence collected by FRA – European Union Agency for Fundamental Rights, indicates that two-thirds of EU Member States have either adopted a dedicated strategy on deinstitutionalisation (six Member States) or included measures for deinstitutionalisation in a broader disability strategy (eight Member States), or both (three Member States). The data and analysis in the FRA report reflect the huge diversity of deinstitutionalisation efforts under way in the EU Member States. Nevertheless, a number of commonalities have emerged. This suggests that effective deinstitutionalisation strategies and coordination of the different actors involved are key issues for Member States to consider in their ongoing deinstitutionalisation processes. [19]

2. Deinstitutionalisation and adult education of people with disabilities in the project partners' countries

	Deinstitutionalisation and adult education in Ireland
People with disabilities in Ireland	According to the results from the national census in Ireland in 2016: - **643,131** (13.5%) of the population have a disability, according to the most recent census results[20]. - **66,611** (1.4%) people reported having an intellectual disability.
People with disabilities in institutional care in Ireland	The data according to the report 'A Time to Move On from Congregated Settings' of the Health Service Executive in Ireland (2011) shows that[21]: - At the end of 2016 there were 2,579 people who remained resident in congregated settings. The majority are people with intellectual disabilities

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[18] CRPD Committee (2017), General Comment No. 5 – Article 19: Living independently and being included in the community, CRPD/C/18/1, 29 August 2017, para. 42

[19] From institutions to community living, 2017, FRA - European Union Agency for Fundamental Rights, fra.europa.eu › Home › Publications & resources › Publications

[20] http://www.inclusionireland.ie/census-2016-disability and www.cso.ie
[21] A Time to Move On from Congregated Settings", 2011, https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/congregatedsettingsreportfinal.pdf

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	- There are currently 60 'Congregated settings' left. The aim of national policy is to support move to houses in community setting with no more than 4 others. The main policy aim is to support the move of people with disabilities to houses in community settings with no more than 4 others.
People with disabilities in adult education in Ireland	**Challenges in data collection and analyses in adult education sector** People with disabilities have poorer educational participation and outcomes, and the figures are: - 24.5% of people with a disability have completed third-level education, compared to 38.7% of the general population (Census 2011 figures). - In 2010, 50% of people with a disability had not completed full second-level education, compared with 22% without a disability. In fact, among people with disabilities generally, 43% have not progressed beyond primary education. This compares with 19% of all adults. About a third of people with disabilities have been found to leave education before they intended to, because of their disability or illness[22]. Little data is collected by the Irish project partner team specifically about the access and retention of learners with intellectual disability in adult education because of the following challenges and factors: **-** The challenges in defining 'Adult Education' in the Irish – and international – context, as it encompasses many different learning systems, learners and activities, ranging from lifelong learning, adult education, community education, further and vocational education, training and higher education *(see Annex 1).* - The issue of recording and measuring of access, participation and retention of people in 'adult education' which is not systemically collected in Ireland due to this difficulty of defining the sector, combined with the diversity of different agencies involved in providing adult education *(Murray et al 2015; Fleming et al 2017).* To define the number of people with disabilities, including the people with intellectual disabilities in adult education is a difficult process, because it is impossible to directly compare or synthesise different data sources as they have been collected in different ways, using different measurements and ways of categorising learners, disabilities and intellectual disabilities. The technology of measurement and data collection is always complex, but is even more difficult when sources are different. There is the danger that

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[22]http://www.justice.ie/en/JELR/dept-justice-ndi-inclusion-stratgey-booklet.pdf/Files/dept-justice-ndi-inclusion-stratgey-booklet.pdf

the different ways of measuring and categorisation leads to data doubling (where people are counted in different data sets), not counted or counted differently in different data sets.

Data collection also raises ethical issues about recognition, labeling and privacy which must be considered. There are ethical issues, on the one hand, about the rights of participants to privacy and anonymity in data collection and, on the other hand, people's right to recognition and to be counted as learners, especially for groups who have been misrecognised or not recognized as has occurred for many people with disabilities.

Summary of information related to people with disabilities in AE

The data sources with some collection of information about people with disabilities, and people with intellectual disabilities in adult education are:

1) Fund for Students with Disabilities in higher and further education (Higher Education Authority 2016)

2) DARE access programme to higher education (Byrne et al 2013)

3) National Intellectual Disability Database (NIID) – Health Research Board (HRB) 2016 report - educational provision and requirements.

4) AHEAD (2017) report

5) PLSS – Learner Database

6) WALK report (2015) *Accessing Mainstream Training*

Figures for further education sector through the Fund for Students with Disabilities (Higher Education Authority 2016)

The Fund for Students with Disabilities (FSD) supports students in the Further Education sector. The FSD funding supports around **1,350 students** (13.4% of all those supported by FSD) and more than one fifth (22.8%) of FSD funding (funding allocated 2015 included €2.4m to Irish FEI's). The 2016 attached summary data of the funding allocation to further education gives some indication of the numbers of students who have disclosed their disability or their education centre/provider applied to FSD to avail of paid support in FE. This does not include persons who do not require paid support or those who have chosen not to disclose their disability, so the actual numbers of students with disabilities in Further Education will be higher than this report relays.

It highlights the issues about data sources as this data is collected to reflect funding allocation not student profiles. It should also be read in the wider context of this report which highlights the lack of policy and systems fit

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	between the HEA (usually responsible for the higher education institutes) and the further education sector and recommends that "moving responsibility of funding allocation and data collection for this support fund for further education learners from the Higher Education Authority to SOLAS, the Statutory agency for further education".[23]
	2) DARE access programme to higher education Data from the higher education sector gives us some insight into the numbers of people with disabilities accessing higher education programmes (level 6-10). While adult and further education courses are generally levels 1- 5 or non-credited courses, adults with disabilities are accessing the higher education sector through the Disability Access Route to Education (DARE). The DARE scheme was established to increase the numbers of students with disabilities progressing from second level to higher education by reserving a number of places for DARE eligible students on reduced entry points. DARE defines disability in an inclusive manner, drawing on a range of disabilities which includes but extends beyond physical, sensory and multiple disabilities (unlike *The National Plan for Equity of Access to Higher Education* which sets specific definitions of disability categories and targets around students with physical, sensory and multiple disabilities). The DARE scheme assesses students with disabilities using a medically defined primary diagnosis (which does not acknowledge multiple disabilities nor identifies students with intellectual disabilities). There has been a continual increase in the number of applicants over the years, with 2531 applicants in 2011, although of continuing concern is the high numbers of ineligible applications[24]
	3) NIID (2016) Health Research Board

[23] HEA, 2017: 96 – report available at: http://hea.ie/assets/uploads/2017/10/HEA-Review-of-the-Fund-for-Students-with-Disabilities.pdf
[24] Byrne et al 2013; available at: http://www.iua.ie/wp-content/uploads/2014/02/HEAR-DARE-Evaluation-Report.pdf

	The National Intellectual Disability Database Committee (2016) report highlights what is deemed to be the demand in educational disability service provision (which informs Health Service Executive, the government statutory agency for health) moving forward with particular reference to children with ID's current educational position. You will see the continued emphasis on the rehabilitative training fund - the HSE's educational fund which is available to adults with ID (usually what is defined as a "Mild ID") aged 18 to 24 years of age availing of rehabilitative training education who are registered with a disability service. Usually adults transitioning to day services from second level education avail of this fund (because this - and vocational training) are some of the only current perceived 'viable' educational paths). They note that the demand for services for school leavers remains high, particularly in the areas of training and employment, as well as high levels of unmet needs.[25]
	4) AHEAD report (2015-16) AHEAD identify **12630 students with disabilities in higher education** which represent 5.7% of the total student population in 2015-16, with slightly larger numbers in the Institute of Technology sector than the University sector. Students with disabilities are less evident amongst postgraduate numbers where they continue to significantly under-represented. AHEAD note the growing rate of students with disabilities undertaking part time courses which are expected to increase if the Fund for Students with Disabilities is widened to part-time courses. The categorisation of intellectual disability in the AHEAD report should also be noted, as it has been grouped with other categories (General Learning Difficulty/Intellectual Difficulty/Acquired Brain Injury) so we cannot be sure of numbers in any of these categories.[26]
	5) PLSS - Learner Database The PLSS system includes a National Course Database (NCDB) with a full inventory of FET programmes (Statutory courses, Non Statutory courses, Industry Awards, SEC Programmes not aligned to NQF/EQF). Its Learner Database (LDB) provides referral and a recruitment point as well as a set of data to drive decisions on planning and investment priorities (recording learner 'touch points'-. drop out, completion, certification and follow up) as well as data exchange with other statutory agencies. It will track learner lifecycle from application, interview, start, completion and certification (and early leaving). Learners are attached to a class group/award/course created in National Course Calendar by FET provider. Hence, this system

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[25]The National Intellectual Disability Database Committee (2016) report
http://www.hrb.ie/fileadmin/publications_files/NIDD_2016_Annual_Report.pdf
[26] Numbers of Students with Disabilities Studying in Higher Education in Ireland 2016/17,
https://www.ahead.ie/userfiles/files/shop/free/Rates%202016-17%20-%20ONLINE.pdf

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	(which is currently being implemented and developed) will provide more detailed data about students in the future.
	6) WALK report (2015) Accessing Mainstream Training Walkinstown Association for People with Intellectual Disabilities[27] highlights the barrier of capacity facing people with disabilities in education, ranging from lack of skills to limited awareness and a dearth of appropriate support in the education provider, as well as a lack of availability in mainstream education providers of appropriate levels of courses and qualifications. There is a clear need and request for staff support and training, as well as new and inclusive teaching approaches, learning strategies and assessment regimes which draws on good practice from elsewhere. The absence and slow provision of supports for students, as well as a range of transport and logistical issues was also highlighted as key barriers. Education providers are often not aware of their obligations under the Equality Acts in relation to the legal requirement of providing reasonable accommodation for people with disabilities. They also highlighted many positive examples, many of whom had come about after a lot of efforts, persistence and, usually, the help of a champion on the "inside". (2015, 7-8) WALK highlight how figures on the participation of people with intellectual disabilities in further education are not available or very sparsely counted, so it remain difficult to estimate how many people with intellectual disabilities are participating. Anecdotally, adult and further education providers recount higher numbers of people with intellectual disabilities approaching them, especially community education centres (which provide an array of basic education and informal education courses as well as FETAC level 1-3 courses)
Relevant national documents	- Ratification of UNCRPD (07 March 2018). - The National Disability Inclusion Strategy 2017 – 2020 includes the theme of education http://www.justice.ie/en/JELR/Pages/WP17000244 **Relevant legislation** in this area includes : - **The Education of Persons with Special Educational Needs Act 2004** - sets out clear guidelines and recommendation on supports for learners with special education needs but it is yet to be fully resourced or implemented. - **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, along with equal

[27]WALK report (2015) Accessing Mainstream Training http://www.walk.ie/perch/resources/walk-accessing-mainstream-training-updated-ihrec-logo-250615.pdf

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<td>employment laws are necessary to put people with disabilities on an equal level. However, they have been defined and practised in very diverse ways by providers leading to uncertainty and inequity in experiences of education for people with disabilities.

- **National Plan of Equity of Access to Higher Education 2015- 2019** sets out clear guidelines, targets and recommendation on increasing access, participation and retention of students with a range of disabilities in higher education. In its 2015-2019 plan the statutory bodies of the HEA and the DES outline their fundamental principles in relation to higher education access, participation and completion rates for people in the target groups: (i) Equity of access policies must span the entire education spectrum and take a 'whole of education' approach to social inclusion...(viii) Equity of access policies should be mainstreamed into the everyday life of higher education institutions to enhance the quality of the learning experience and progression outcomes for all students" (HEA, 2015 p.16).
- **Value for Money and Policy Review of the Disability Services in Ireland (2012)**[28].
- **Reports, strategies, analyses** (Annex 1).</td>
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<td>**Deinstituti onalisation of people with disabilities and links with adult education**</td>
<td>Services for people with disabilities in Ireland are delivered through the Health Service Executive (HSE). The HSE is responsible for delivering a programme of reform entitled 'Transforming Lives'. This programme is based on recommendations of the report Value for Money and Policy Review of the Disability Services in Ireland (2012).

The HSE is implementing a fundamental reform of disability services in Ireland, known as 'Transforming Lives'. This reform programme has been established to support the move from institution toward community based, person centred service provision for people with disabilities[29]. Since the 'Time to Move On' policy was introduced those living in large institutions have reduced from 4,000 to approx 2,500.

Four types of residential services for people with intellectual disabilities exist now:

- Residential centres which provide for up to 300 people on a campus style site.

- Community Group homes which are houses / apartments owned by service providers supporting up to six people with disabilities with round the clock or day time support staff provision.

- Independent / supported living which is rented accommodation within the community, in a house or apartment. People with disabilities live on</td>
</tr>
</table>

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[28] Value for Money and Policy Review of the Disability Services in Ireland (2012). http://health.gov.ie/wp-content/uploads/2014/03/VFM_Disability_Services_Programme_2012.pdf
[29] Transforming Lives Report on Implementation 2015

	their own or with another person, who in theory they identify and choose themselves. Some people in this category include those who live in their family home after their parents die. Most people have support visits from service providers during the week.

- Specialist provision. This has developed as a support for people with intellectual disabilities who have extra support needs including nursing homes, intensive placements for people whose behaviour challenges services and mental health units.

The support for independent living skills development links to the adult education of people with disabilities. Social service providers such as Stewarts Care and others develop training programmes for independent living skills.

New Directions is a policy approach to day services that envisages all the supports available in communities will be mobilised so that people with disabilities have the widest choice and options about how to live their lives and how to spend their time. Within this, increased support for accessing education and formal learning is prioritized for all adults with disabilities. |
| **Good practices** | - The Irish Government has developed a comprehensive suite of person centred policy documents outlining a progressive approach to service delivery in support of people with disabilities within the community. These include:

  - Value for Money and Policy Review of the Disability Services in Ireland (2012)
  - New Directions policy which recommends principles and a course of action for day service provision;
  - Time to Move on from Congregated Settings – A strategy for Community Inclusion
  - Progressing Disability Services to Children and Young People Programme - Report of Reference Group on Multidisciplinary Services for Children aged 5 to 18 Years 2009;
  - Inclusive Learning Initiative (MU);
  - PQASSO (DFI);
  - Higher Education Providers Forum;
  - Counting Us In (AONTAS);
  - Capacity-building with staff (Unlocking Freedom through Adult Education Erasmus project);
  - Practical Self Advocacy course for people with disabilities delivered in conjunction with local adult education centre through innovative co-facilitation between Community Educator and Facilitator being a person with a disability;
  - Capacity Building training delivered to upskill capacity of people with disabilities, and to empower parents around key elements of practical self-advocacy, health and well-being and representation; |

	- Community Participation Network – project coordinated by DFI which supports work between local Education Training Board and CPN Members to jointly coordinate training and co-facilitation to people with disabilities. - Video Blog from Maynooth University learner experience of Unlocking Freedom project.
Challenges and conclusions	- There is no clear dataset or way to determine either the numbers of people with disabilities or people with ID in adult education in Ireland. This is due to a mixture of reasons outlined above; the complexity of the sector, what data is (or is not) gathered about learners and different ways of measuring and categorising data (data doubling, the continuation of categorization, ethical issues about labeling and privacy), as well as issues about disclosure. As WALK note citing Watson and Nolan (2011:20) - "Despite these legal rights, recent figures estimate that people with an intellectual disability are amongst the most disadvantaged in the educational system. For example, only 4% have a 3rd level degree and 63% have not progressed to second level (compared to 19% of all adults)". - The trend towards community living is continuing but slowly (Kelly, Kelly & O'Donohue, 2013). - There is a significant challenge to provide for adequate and appropriate housing / & transitional housing support for people with disabilities within the community. - Real fear that practices of institutionalisation will just transfer to community. Need for community to be prepared to support people with disabilities. - Key role of staff on the ground and the need for projects to support their relevant training. - The difference in service providers and attitude of decision makers has a significant role to play. Currently the majority of residential support for people with intellectual disabilities in Ireland is provided by established intellectual disability service providers. There is a need for stakeholders of support to people with disabilities to work in partnership with each other at a local level to make sure transition into communities is well planned, supported and that people with disabilities and their families are supported to be a part of the decision making process throughout[30]. - Support services within a community for people with disabilities are currently being developed through Transforming Lives Programme. There needs to be a recognition of and strengthening of the community-based capacity to support people with disabilities outside of the remit of 'Health'. Disability is recognised as relevant to the community sector at local level. However Ireland has not historically an experience in delivering support services for disabilities outside the silo of Health. This means a medical model of service provision has evolved and adds to the isolation experience of people with disabilities who very often do not avail of

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	or are aware of community based support services available to them. - Within this there is a significant need to continued professional development in the area of human rights, disability and equality awareness within the cohort of community based / local government staff who, more and more will be directly involved in the support of people with disabilities in the community. - People with disabilities need to be provided with adequate support to access community living through either personalised budgets and or Personal Assistance Scheme. The funding of PA services in Ireland has been frozen until 2019 with limited access for people with significant disabilities to much needed PA support.

	Deinstitutionalisation and adult education for people with disabilities in France
People with disabilities in France	According to different official sources in 2016, cited below[31]: - **Approximately 12 million French people** out of 65 million are affected by disability (figures are estimated and can change depending on the surveys approaches and on definition). The number includes: - **1 089 844 are beneficiaries of the Disability Living Allowance for Adults** (AAH) on 31st December 2016 - **254 868 are beneficiaries of the Disability Living Allowance for children** on 31st December 2016- **1.5 million** French have a visual impairment; - **1.43 million** French have a moderate to severe hearing impairment; - **303 000** people suffer from a profound or total hearing impairment; - **2 300 000 people** are affected by mobility impairment; - **700 000 people suffer from an intellectual disability** (20% of people with disability).

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[31] «Les chiffres clés de l'aide à l'autonomie 2016», CNSA, 20 pages.

«En 2015, le nombre d'allocataires des minima sociaux toujours en hausse mais de façon plus modérée», DREES, Etudes & Résultats n°1009, 05/2017, 6 pages.

«Le niveau de vie des personnes handicapées : des différences marquées selon les limitations», DREES, Etudes & Résultats n°1003, 03/2017.

«Travailleurs handicapés : quels accès à l'emploi en 2015 ?», DARES Analyses, 05/2017, 10 pages.

People with intellectual disabilities in institutional care in France	There is no official precise number of people with intellectual disabilities in institutional care. The information about the seats in medico-social services and facilities shows: **There are 494 000 seats in total in medico-social services and facilities,** distributed as follows: **- 337 000 for adults with disability**, including 46 298 supported at home (= 290 702) Figures related to the number of people with disability living in institutional care are constantly growing at a slow but regular pace. • **157 000 for children with disability,** including 50 720 supported at home/school (= 106 280) Despite a priority given to inclusion, the number of **children with disability in institutional care** did not reduce since 2005, rather the opposite. However, some of them attend at the same time a public school on a part-time basis. For example: attending a localised unit for Educational Inclusion 2 hours every morning in a primary school in the mainstream neighbourhood, and a medico-pedagogic institute the rest of the week[32].
People with disabilities in adult education	UNIVERSITY/HIGHER EDUCATION At the start of the 2015-16 academic year, there were 23,257 students in public higher education institutions, i.e. 1.22% of the student population, who declared a disability[33]. These numbers have tripled since 2005. 91% of these students with disabilities were enrolled at university and 71% of them were provided with some kind of support. There is more extensive, varied and better-known support than in the past, which means that these students are not excluded from the general trend of longer studies. Although their progress in their chosen paths differs from that of the population, it has been improving very significantly for several years.

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[32] Les chiffres clés de l'aide à l'autonomie 2016, CNSA,
https://www.cnsa.fr/documentation/httpwwwcnsafrdocumentationcnsachiffrescles2016-webpdf

[33] - Higher education & research in France, facts and figures 10th edition – July 2017, https://publication.enseignementsup-recherche.gouv.fr/eesr/10EN/EESR10EN_ES_14-students_with_disabilities_in_higher_education.php

- Des modes de scolarisation variés : http://solidarites-sante.gouv.fr/IMG/pdf/cnh_2016_chiffres_bd.pdf

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The students are more represented in universities at the bachelor level: **over-represented at 16%** compared to the mainstream student population in the higher education.

The disabled students are under-represented **at the Master level: 13% compared to** the mainstream student population.

LIFE LONG LEARNING / COMMUNITY EDUCAITON / FURTHER AND VOCATIONAL EDUCATION / TRAINING[34]

People with disabilities have access to all training actions, known as common law, for all employees and jobseekers (eg individual training leave). The purpose of vocational training is to promote the integration or reintegration of workers into the labor force, to allow them to remain in employment, to promote the development of their skills and access to the various levels of professional qualifications, to contribute to economic development, cultural and social promotion (Labor Code, art L.6311-1)

Anyone who is engaged in the labor market is also entitled to validate the achievements of his professional experience, with a view to acquiring a diploma, a professional title or a certificate of qualification.

Access for persons with disabilities to the various schemes is not only a matter of the principle of non-discrimination; it is a real "national obligation", the implementation of which should use, in a complementary way, the various devices. To know: To benefit from these training courses, the applicant must be recognized by the Commission for the Rights and Autonomy of People with Disabilities (CDAPH) as a disabled worker.

ADAPTATION FOR COMMON LAW FORMATION ACTIONS
Since January 12, 2006, the training organizations, in ordinary (common) or specialized environment, as well as all the actors of the professional continuing education (in particular the State, the Territorial collectivities, the educational institutions public and private, professional organizations, trade unions) must set up, for people with disabilities:
- a part-time or discontinuous reception,
- a suitable training period,
- adapted methods of validation of vocational training.

[34] FORMATION PROFESSIONNELLE DES HANDICAPÉS
https://www.handroit.com/formation_professionnelle_des_personnes_handicapees.htm

	Adaptations can be individual or collective, for a group with similar needs. They also cover teaching aids. The appropriate methods for validating vocational training cover the general methods for assessing knowledge and skills acquired during training. TRAINING ACTIONS SPECIFIC TO WORKERS WITH DISABILITIES Pre-orientation courses (duration of 8 to 12 weeks) to define a professional project or training adapted to the wishes and aptitudes of the person. Professional retraining courses, long-term qualifying courses offered in vocational rehabilitation centers (CRP). The vocational rehabilitation contract. Namely: a disabled person can access this type of action on the guidance of the CDAPH within the Departmental House of Disabled People (MDPH), in which, moreover, a referent for professional integration, responsible for relations of the MDPH with the departmental director of labor, employment and vocational training (DDTEFP) intervenes on all issues relating to the professional integration of people with disabilities.

Relevant national documents	GENERAL FRAMEWORK NATIONAL HEALTH STRATEGY 2018[35] In this national strategy there is the following objective : IMPROVING ACCOMPANYING AND SOCIAL INSERTION OF CHILDREN WITH DISABILITIES The social and educational integration of children with disabilities is a major challenge for their state of health. In particular, access to a formal mode of reception (nursery, maternal assistant) and schooling in an ordinary environment must be developed. In 2016, nearly 400,000 students are enrolled in public and private establishments of the National Education (+ 7% compared to 2015), of which about 150,000 children and young people are enrolled in medical and social establishments [35]. In addition, support for children affected by a social assistance measure for children and people with disabilities needs to be improved. These suffer from breaks in the course of the assessment of their needs, pending an appropriate response to them and their care and their exit from the child protection system . In the coming years, it will therefore be necessary to: - Develop access to common law devices (crèches, extracurricular and recreation) and support specific measures (support for parenthood) - Fluidify the school and medico-social path and avoid breaks at the end of the cycle or device - Increase the enrollment rate, especially for children with autistic disorders - Transform and professionalize student support methods to improve quality - Develop research to improve the consideration of disability in an inclusive society Also, a decree to set up comprehensive support plans "Guided response for all" is implemented since February 2017.[36] UNIVERSITY/HIGHER EDUCATION **LAW n° 2013-595 of July 8, 2013 of orientation and programming for the refoundation of the school of the Republic** In primary and secondary education, the Refoundation Law of the School of the Republic **n° 2013-595** creates a framework for an "**inclusive**

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[35] http://solidarites-sante.gouv.fr/IMG/pdf/dossier_sns_2017_vdefpost-consult.pdf

[36] « Une réponse accompagnée pour tous » -
https://www.google.fr/search?ei=Yh8IW_nbF4LtUsfdi7gJ&q=Réponse+accompagnée+pour+tous&oq=Réponse+accompagnée+pour+tous&gs_l=psy-ab.3..35i39k1l2j0l7.2871.2871.0.3202.1.1.0.0.0.0.94.94.1.1.0..1.0...1.1.64.psy-ab..0.1.92....0.2yUM3ivGNX0

school". In fact, more and more children and young adults are included in the regular school system.

However, France has a long tradition of institutionalization of disability. Today, the medical education sector groups together thousands of people with disabilities. Institutionalization and progress towards a more inclusive society meets some resistance. Many studies show that despite the new legal framework, empowering people with disabilities remains complicated.

France is therefore in a context of transition. Professionals who accompany people with disabilities must develop new skills and change certain perceptions of disability.

Law n ° 2002-2 of January 2nd, 2002 renovating the social and medico-social action
It reaffirms the preponderance of users, aims to promote autonomy, the protection of people and the exercise of their citizenship. A charter of rights and freedoms of the person existed previously, evoking the right to respect family ties or the exercise of civil rights. But new constraints for service providers have emerged: a welcome booklet describing the organization of the structure, a contract of stay defining reciprocal obligations, operating rules, advice of social life, qualified person to which any user can appeal for to assert his rights. In addition, an establishment or service project must be able to present the general objectives pursued.

The 2002 Act is articulated around four main axes:

1. Strengthen the right of users;
2. The extension of the missions of the social action;
3. Better organize and coordinate the different actors in the medico-social and social field;
   Improve planning.

This law recalls, specifies and organizes rights, but above all, it seeks to ensure effective access to these rights. To do this, the law enumerates and makes obligatory documents, instances, evaluation procedures, sanctions.

The French law N°2005 – 102 "For equal rights and opportunities, participation and citizenship of disabled people"

It promotes social participation of people with disabilities and the development of a more inclusive society. This law is one of the main laws on the rights of disabled people. The law reaffirms the possibility of providing facilities so that students with disabilities can continue their studies, pass competitions, etc.

Higher Education: the Charter "Université-handicap" **(2012)**

Main points:

- A special desk for disabled people in each university, its main mission is to identify the users' needs, in conjunction with the local regional authority for the disabled (Maison départementale des personnes handicapées) ;
- The disabled student has a training project and benefit from educational support ;
- A part of the University performance development plan is dedicated to the topic of disability and identifies the resources to allocate for this issue.

Also, the Ministry of Education created a "Practical guide coaching of the disabled student at University".

LIFE LONG LEARNING / COMMUNITY EDUCAITON / FURTHER AND VOCATIONAL EDUCATION / TRAINING[37]

Despite the law of February 11, 2005, the overall employment rate of people with disabilities remains well below that of the overall labor force (35% vs. 65%), and the unemployment rate is double (20%). 10%). The national solidarity fund for autonomy (CNSA), the departmental houses of disabled people (MDPH) and the public employment services join forces to improve the access and the maintenance in employment of the handicapped persons38.

In November 2017, the CNSA signed, along with other players in the sector (the State, Pôle emploi, the Association for managing the fund for the professional integration of disabled people -Agefiph-, the Fund for insertion persons with disabilities in the civil service -FIPHFP-, the Association of the Regions of France, the CNAMTS, the Caisse Centrale of the agricultural social mutuality, the Social system of the independents (RSI), the National Council handicap and employment of the organizations of placement and the National Union of Local Missions (CHEOPS), a multi-year national multi-stakeholder convention for the employment of disabled workers. An agreement by which all partners commit to combine their action to facilitate and secure access to employment and job retention for people with disabilities. Expected effects of the convention optimizing the decision-making process of the MDPH, support for the employment of young people with disabilities, improvement of the orientation of the job-seekers benefiting from the obligation of employment, accessibility of the formations of common

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[37]FORMATION PROFESSIONNELLE DES HANDICAPÉS
https://www.handroit.com/formation_professionnelle_des_personnes_handicapees.htm

[38] https://www.cnsa.fr/parcours-de-vie/maisons-departementales-des-personnes-handicapees/insertion-professionnelle

	right, decompartmentalization of the prevention of professional disinheritance. This national convention will have to be declined locally by the regional and departmental actors of the employment.

Deinstitutionalisation of people with disabilities and links with adult education	**A complete national overview is available on the European Agency for Special Needs and Inclusive Education website.**[39]
	
	Higher Education / Adult Education
	
	Although French universities all have to build an overall strategy on disabilities to implement the charter, its application is still very limited. Very few students with specific needs manifest their presence and consequently, few can benefit from an adapted study project. The overall strategies on disabilities are mainly useful to improve physical accessibility to the university buildings, but they are very unsatisfactory to build the pedagogical accessibility and the access to diplomas. University is still a narrow and relatively uncharted bridge to access to a professional life in the community.
	
	Several positive links between adult education and support for people with disabilities were introduced after 2015. They relate to:
	
	• The training path for learners with disabilities, particularly their occupational integration and the procedures for exam accommodation available to them:
	
	    o training and occupational integration;
	    o simplified examination and competitive exam procedures.
	• Programmes for educating learners:
	
	    o ULIS – local units for educational inclusion;
	    o SEGPA – special needs classes in mainstream middle schools;
	    o pre-primary teaching units for children affected by autism spectrum disorder.
	• Professional competencies, particularly:
	
	    o the reform of training for specialist teachers through the creation of the Cappei – certificate of pedagogical competence in inclusive educational methods; training for support staff with the workers accompanying students with disabilities (AESH) – state diploma in educational and social work assistance;
	    o the creation of a single professional body of national education psychologists. (Source: Legislation Updates 2017, pp. 13–14)[40]

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[39]https://www.european-agency.org/country-information/france/national-overview/complete-national-overview

[40] https://www.european-agency.org/country-information/france/legislation-and-policy

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Good practices	1. <u>CAP VAE in Centre de la Gabrielle :</u> "Values the professional experience of people with disabilities by supporting them to get a recognized **qualification,** a springboard to insertion": ➢ VAE (Validation of Acquired Experience) is a national process to obtain a valuation of professional experience by graduation. Open to everyone. ➢ From 2004 to 2008, an experiment of VAE with the ECLAS European project was conducted by the Centre de la Gabrielle. It enabled 30 workers with disabilities to benefit from VAE support and to get their diplomas. Thus was born CAP VAE. ➢ It is a program coordinated by the Centre de la Gabrielle and funded by the European Social Fund, the French state, the Paris region and the support of foundations and corporations. **CAP VAE, for whom?** ➢ For people with mental or psychological disabilities working in ESATs (Institution and Support services through work) or in social enterprises in the Paris region. **CAP VAE, what for?** ➢ Observation: despite their many skills, very few workers from ESAT graduate and they are not enough included in the mainstream labour market. ➢ Under the right to compensation, support to validate professional experience through a VAE-course enables people with disabilities to get a degree or a professional title. ➢ To fit in a mainstream working environment through a diploma and a personalized follow up, if necessary and for those who wish. **CAP VAE was awarded in:** ➢ MNH (National Hospitallers Mutuelle) Innovation Handicap 2011 Trophy, "Category Jobs" ➢ FEHAP Innovation 2011 Trophy ➢ Accessibility Jobs and National Disability Council 2012 Trophy GESAT 2013 Trophy ➢ Recognized good practice in a report to the European Commission on the line of work "access to employment" in the ESF (2007-2013) 2. <u>Therapeutic education action for people with disabilities</u> The Adults sector at Centre de la Gabrielle has been running a nutritional support programme for users of the Autonomy, Life Trajectory and Inclusion Centre (150 people in the Adults sector, accommodation and social life), as well as the Adults and Work Centre41. This is a cross-sectional framework for prevention, detection and treatment of overweight and obesity. The purpose of this action is firstly to prevent the onset of chronic illnesses linked to poor nutritional behaviour and lack of physical exercise and

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[41] Cf. Presentation page 1

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	secondly to play a role in altering such behaviour in adults receiving support at Centre de la Gabrielle. In this context, Centre de la Gabrielle provides personalised nutritional supervision for users to undertake collective educational action inspired by patient therapeutic education (PTE), to train professionals regarding nutritional aspects and, when necessary, to establish a link with the doctors or other health professionals involved in providing medical care to the adult in question.
Challenges and conclusions	• Pathways for people with disabilities should be considered globally and that is the aim of the new decree "A Guided response for all". • The presence of disabled children and young adults in the French education system is at all levels strictly pyramid-like: with the rise in age or cognitive demand, less disabled pupils are included. **They are numerous in kindergarten education, and rare in higher education**. Their presence closely depends on their ability (especially cognitive) to adapt to the education programme requirements. In other words, they require individual adaptation efforts to address the lack of structural adaption of the education system. • Paradoxically, the inclusion of disabled pupils in the mainstream schooling system is supported in France thanks to the presence in the mainstream schools of specialised structures and mechanisms such as the localized units by inclusive education (ULIS) • Furthermore, disabled pupils suffer from a branch effect: once they have attended the mainstream school or secondary school in specialised mechanisms like the localized unit by inclusive education (ULIS), they are generally oriented toward vocational schools (NVQ and vocational qualification). Yet, more generally, the pupils of those branches have very little chance of accessing upper education, and when they succeed, they fail at the bachelor level massively. • Very few disabled young adults in preparatory classes or in prestigious universities ("Grandes écoles"). Disabled students are more victims of the selection processes than mainstream pupils. • Disabled students' educational path is blocked by a glass ceiling at Master level entry.[42]

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[42] Le travail DES PERSONNES HANDICAPÉES MENTALES, **http://www.unapei.org/IMG/pdf/guidetravail.pdf**

	Deinstitutionalisation and adult education for people with disabilities in Bulgaria
People with disabilities in Bulgaria	There is no national common statistics about the number of people with disabilities in Bulgaria.[43] The census results provide data about the provision of various types of resources – benefits, disability allowances, invalidity pensions, support for the families, etc., but they don't relate with the relevant number of persons. **474 267 persons** in total have declared disability or permanent loss of working capacity for life according to the last data from the national census in 2011. Within this total number, children with disabilities are 9 039 and people of 16 and above is 465 228.[44]
People with disabilities in institutional care in Bulgaria	According to the Action plan for the period 2018-2021 for implementation of the National strategy for long-term care, the total number of the social services for elderly people and people with disabilities is **572** with the capacity of **19,489 people**[45]**.** **- Approximately 11 000 people with disabilities and elderly people** live in 161 specialized institutions; - **9400 people with disabilities and elderly people** are supported by community-based social services, including residential care too. - **940 children without parental care** still live in specialized institutions (2017) - **All specialized institutions for children with disabilities are closed**.
People with disabilities in adult education in Bulgaria	**There is no official data about people with disabilities in adult education in Bulgaria.** Regardless of the good regulatory provision and the variety of institutions, the adult learning sector is the worst developed within the general education and training system in Bulgaria. The country remains over 5 times below the average for the EU countries and 2.5 times below the target value of 5% it has set for 2020. The review of the participants in LLL activities (including adult education) for the last 6 years by different age groups indicates that the most active group is the one of young people from 25 to 34 years and the least active are the people over 45 years. **No special attention is put on the people with disabilities**. According to the registers of the Ministry of Education and Science (school year 2016-2017) the number of adults in formal education and training in Bulgaria is

[43] National strategy for long term care, https://www.mlsp.government.bg/ckfinder/userfiles/files/politiki/socialni%20uslugi/deinstitucionalizaciq%20na%20grijata%20za%20vuzrastni%20hora%20i%20hora%20s%20uvrejdaniq/EN_Long_Term_Care_Strategy_final.doc
[44] National census, Bulgaria, 2011, http://www.nsi.bg/sites/default/files/files/pressreleases/Census_Disability2011.pdf
[45] Action plan for the period 2018-2021 for implementation of the National strategy for long-term care https://www.mlsp.government.bg/ckfinder/userfiles/files/politiki/socialni%20uslugi/deinstitucionalizaciq%20na%20grijata%20za%20vuzrastni%20hora%20i%20hora%20s%20uvrejdaniq/Plan_LTC.pdf

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	31 420 people which is 4.6% of all students in the formal educational system. Among them 4159 persons are studying for completion of primary education (about 13%), 13 421 persons are studying in the evening (about 43%), 9 561 (over 30%) are studying in part-time training and 8 486 (27%) – in informal training for persons above 16 years of age.
Relevant national documents	**- Integration of Persons with Disabilities Act –** sets out monthly allowances for social integration and targeted benefits and measures for participation of people with disabilities in regular and specialized work environment. **- The Anti-Discrimination Act** introduced mechanisms for practical enforcement of the prohibition of discrimination. It aims to ensure that all persons, including persons with disabilities, have the right to equality before the law, equal treatment and opportunities for participation in public life. **- The right to** education is guaranteed by the **Constitution of the Republic of Bulgaria**. There is a provision for mandatory schooling up to 16 years of age. Primary and secondary education in state and municipal schools is free of charge. The state promotes education by opening and financing schools, by supporting gifted pupils and students with learning difficulties, creating conditions for vocational education and training. There is an opportunity for integrated education of children with special educational needs by creating a supportive environment in kindergartens and schools. **- Pre-School and School Education Act -** ensures equal access to education for children with special educational needs and/or chronic diseases and their inclusion in mainstream schools. A public educational standard sets out the manner and conditions for education of pupils with special educational needs. **- The Higher Education Act** and the relevant regulations provide favorable conditions for access of people with disabilities, support and integration in higher education via admission under alleviated conditions of persons with disabilities and reduced working capacity - 70% and over, who were successful in the admission examinations; special reliefs regulated in the rules of higher education institutions for students and postgraduates with permanent disabilities and reduced working capacity of 70% and over; exemption from payment of fees at state universities of persons with disabilities and reduced capacity 70% and over. - **Article 3(1)-(2) of Council of Ministers Decree No 90 of 2000** entitles students with disabilities, students with two disabled parents, students with a parent who is permanently disabled to receive scholarships since the beginning of the first year of training or the beginning of the month following the month during which the grounds for obtaining the scholarship occurred. **- The Labour Code and the Civil Servants Act** provide for various forms of protection of persons with disabilities, obliging employers to determine the percentage of jobs for vocational rehabilitation, introducing a simplified regime of working hours, ban on night shifts and overtime, provision for reduced working hours, prior protection against dismissal, compensation for occupational rehabilitation from the moment of the receipt of the prescription for reassignment until its implementation.

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	- The **Employment Promotion Act** provides for measures for the unemployed and promotion and maintenance of employment, provision of services for mediation in finding employment, vocational training and guidance including people with disabilities - **The National Strategy for Life-Long Learning** has special objectives on children and adults with disabilities, aimed at: support for the non-formal training of labour, improve the learning opportunities in the context of active living by the elderly people through encouragement of innovative forms for learning between generations and initiatives for the use of their knowledge, skills and competences to the benefit of society, ensure elderly people's access to information and advice on the opportunities for inclusion into lifelong learning.
Deinstitut ionalisati on of people with disabilitie s and links with adult education	**Deinstitutionalisation** There are still adults with disability that lives in 160 specialized institutions in Bulgaria – 'homes' for adults with intellectual disability, adults with psychiatric disabilities, adults with physical disabilities, adults with sensor disabilities and adults with dementia. The process of deinstitutionalisation in Bulgaria has started on 2010 with the main objective to close all the institutions for children, to develop community-based social services and to support the families in order to provide the best care for their children – the family care. For the period 2010 – 2017 г. the number of children in institutional care has been decreased from 7 587 to 906, and the number of institution settings - from 137 to36. The process of deinstitutionalisation of the services for adults in Bulgaria has started in 2014 with accepting the National strategy for long-term care. Deinstitutionalisation is focused on the development of network of community-based services and domiciliary services aimed at independent living and social inclusion[46]. There are no measures for integrating social and adult education services aimed at deinstitutionalisation process. Disability services are mainly the responsibility of municipalities in Bulgaria (planned on regional level, implemented on local/ regional level) The municipalities may delegate social welfare and health care services to other organisations or service providers – NGOs, social service providers, registered in the Registry for social service providers for adults (both agencies and physical bodies), hospital districts which organize specialised medical care or integrated health and social services (day centres, hospice). The disability policy in Bulgaria still does not address the whole life-cycle of the person with disability and does not ensure an inclusive approach to

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[46] National strategy for long-term care, https://www.mlsp.government.bg/index.php?section=CONTENT&I=280&lang=

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	accessing mainstream education, employment, housing and other community services and assistive technology.
	Adult education Within the social service provision, adult education and training for people with disabilities are accepted as a tool for deinstitutionalisation and social inclusion. At the same time there are no integrated educational services or direct links between social and educational services for people with disability through their life as a part of the specialised services or as a part of the personal budgeting (still just discussed but not implemented in the country context). Adult education for people with disabilities is mostly provided under project short-term financing - by: - Certified centers for vocational training, training for a part of profession and training for skills validation; - Community centers (Chitalishta) – providing training for people with disabilities mostly within special projects; - Special schools for children and youths with disabilities; - Social training centers – only 2 with capacity of 125 adults with ID. In addition, there are a big number of organizations engaged with adult education and training, without specific competence or interest of the group of people with disabilities and without common approach to provide and develop adult education programmes. Among these organizations are: - The Employment Agency at the Ministry of Labour and Social Policy - implements the state policy for increasing the employment. - The Bulgarian Industrial Capital Association - a nationally represented employers' organization in Bulgaria, providing programmes and projects in various sectors and in adult education to its members too. - The Bulgarian Industrial Association - a nationally represented employers' organization, which participates in the system of social dialogue at national and international level, as well as in programmes for adult education. - The Bulgarian Chamber of Commerce and Industry - a nationally represented employers' organization, which supports, promotes, represents and protects the economic interests of its members. - The Institute for the Study of Societies and Knowledge at the Bulgarian Academy of Sciences. - The Institute for Social Integration - an NGO providing trainings in political and citizenship, research and scientific work, monitoring.

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	- Several Trade Unions - assisting its members in sharing best business practices and training. - The National Agency for Vocational Education and Training - a state authority for licensing the activities and coordination of the institutions in the vocational education and training system. - The National Institute for Education and Training in the Education System supports the implementation of the government policy in the sphere of secondary education.
Good practices	• Convention on the Rights of Persons with Disabilities was signed in 2007 and ratified in a law on 26.01.2012 • A number of NGOs, social service providers and adult education centres develop training programmes for people with disabilities – training in human rights, inclusive employment, training in independent living, training in vocational skills, etc. They develop adapted training programmes and materials.
Challenges and conclusions	▪ Bulgaria is in the beginning of the process of integration of the services in different systems (social and education services, social and employment services, etc.) aimed at deinstitutionalisation of people with disabilities. There is an urgent need to develop a disability policy - together with people with disability - which addresses the whole life-cycle, with an inclusive approach to accessing mainstream education, employment, housing and other community services and a focus on maximising functioning through access to latest developments in assistive technology. ▪ There is a need of common understanding for the objectives and process of deinstitutionalisation, transition to independent living and the role of adult education through this process – both for people with disabilities, supporting staff and educators. ▪ Quality of the support through social and educational services has to be assessed within the context of integration, active and independent living of the concrete person. ▪ Resources for integration of deinstitutionalisation and adult education are needed (finances, know how, etc.) ▪ Partnership among all stakeholders – service providers, adult training organizations, Universities, people with disabilities, parents, and service staff - has to be encouraged and supported. Thus there will be an opportunity to address one of the major problems for securing the progress in the adult learning sector - the interaction between all relevant stakeholders. A national platform 2020 has been set up "United for Adult Learning" which includes: the National coordination group for lifelong learning, the municipal coordinators for adult learning, the National network of institutions for adult education and training.

	Deinstitutionalisation and adult education in Finland
People with disabilities in Finland	• There are around **40 000 people with intellectual disabilities** in Finland, amounting to 0.8 % of the population.
People with disabilities in institutional care in Finland	• **In 2016, 920 persons with intellectual disabilities** lived in institutions. Around 9500 persons with intellectual disabilities lived in group housing, and around 1700 in supported housing. (THL, Sotkanet) • The aim of the KEHAS program of the Government of Finland is that by 2020 no person with an intellectual disability would live in an institution.
People with disabilities in adult education in Finland	• Finland has a long history of participation and promotion of adult education. The main objectives of adult education policy are ensuring the availability and competence of the labour force, providing educational opportunities for the entire adult population and strengthening social cohesion and equity (Finnish National Agency for Education) • Compulsory education in Finland applies to all children with intellectual disabilities[47]. For children with intellectual disabilities it begins a year earlier and they start preschool at the age of 5. According to the latest statistics there are nearly 11 000 students to whom extended compulsory education applies. Students may receive support at schools according to their needs in three tiers: universal, targeted and intensified. The prevailing principle is inclusion: the aim is that students who need special support could study at their own local schools, in ordinary teaching groups. In practice the principle of inclusion concerning children with intellectual disabilities is not realized at school age nearly as well as in day care; the studying takes more commonly place in special education groups or as only partly integrated into mainstream teaching. Only 19% of the students who received special education performed their studies entirely in mainstream education groups in 2013. 42% of them performed their studies entirely in special education groups, some of these in special education schools. Children with intellectual disabilities are to be offered morning and afternoon activities outside the school day, regardless of the student's age. With mainstream students this only applies to those on first and second grade. (FAIDD) • After basic education many young people with intellectual disabilities continue their education at upper secondary level (adapted teaching at ordinary vocational schools or within special education vocational schools). There are no exact statistics on

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[47] People with Intellectual Disabilities in Finland, www.finemb.org.uk/public/download.aspx?ID=143602..

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	students with intellectual disabilities who have received vocational education. Students with intellectual disabilities are entitled to use learning assistant services, interpreter services and, if needed, a personal assistant to support them in their studies. (FAIDD) • For people with intellectual disabilities, life-long learning is not only about learning new skills or vocational training. It is about being included in society and to take more control of one's daily life and planning the support. One of the main barriers is the lack of accessible adult training and information material in easy-to-understand language.
Relevant national documents	• Finland's Disability Policy Programme 2010–2015 • The National Plan (KEHAS) on deinstitutionalisation 2010-2015 + implementation plan to the years 2016-2020 (Ministry of Social Affairs and Health) + The monitoring group set up by the Ministry of Social Affairs and Health. • Key Principles in National Plan (Jaana Huhta/STM) - Individual service design in all the phases of the process; taking into account individual needs and hopes when planning and providing services - Respecting the rights of service users and involving them and their families to the decision making process - Developing new models for organising support at the same time when closing institutions - Enough well-trained staff who is committed to work according common values - Efficient use of resources - taking into account the quality of life factors + the final report of the National Plan (2016/The Ministry of Social Affairs and Health) • Disability services are stipulated by - the Social Welfare Act 710/1982 - the Disability Services Act 380/1987 - the law on Intellectual Disabilities 519/1977 • Disability services are stipulated by - the Social Welfare Act 710/1982 - the Disability Services Act 380/1987 - the Law on Intellectual Disabilities 519/1977 Health and social services reform underway: http://alueuudistus.fi/en/services-and-freedom-of-choice/language-rights
Deinstitutionalisation of people with disabilities and links with adult education	Deinstitutionalisation process has focused on the housing programme with no strong links to the official adult education. In many areas staff, service users and family members have had support and education for the transition processes (for example "An institution can never beat a home" Final report of the project One of the Neighbours – Deinstitutionalisation in Finland 2011-2014, KVPS). http://www.kvps.fi/materiaalit/julkaisut-ja-raportit

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Good practices	• Personal Assistance also for persons with intellectual disability (since 2009) • Government's Resolution about the deinstitutionalisation 2012 • More positive attitudes –self-advocacy rising • More support for transitions • Persons with disabilities are seen in different roles – for example in culture • Support after the Health and social services reform.
Challenges and conclusions	• Some persons with intellectual disabilities still live in institutions (in 2016 in total 920 persons); • Some children with intellectual disability still live in institutions (about 100); • There are significant work-related issues – not yet possible to work in normal jobs and get normal salary for the most of the people with disabilities; • Independent living is not yet possible for persons with severe disabilities • Lack of choices in housing services (independent living – group home – institution); • Still negative attitudes towards people with intellectual disabilities; • Possibilities (also risks) of the Health and social services reform, freedom of choice, including self-directed support; • Big differences between areas in availability of services; • Institutionalized structure and practice; • Basic services are not well developed, for example heath care; • Communication and co-operation between different fields of administration; • Implementation of assistive technology. According to different documents of Finnish Association on Intellectual and Developmental Disabilities (FAIDD)[48] there is a need for improving the opportunities of children with intellectual disabilities to study inclusively at their own local schools and for adults with intellectual disabilities to continue with supported adult education and training. This means that municipalities need to allocate sufficient resources for special and adult education and, for example, the hiring of learning assistants at schools and personal assistants if needed.

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[48] http://www.udlnet-project.eu/content/materials-0

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CHAPTER III. COMMON CHALLENGES AND RECOMMENDATIONS FOR INTEGRATION DEINSTITUTIONALISATION AND ADULT EDUCATION OBJECTIVES

1. Challenges and recommendations related with the content and process of deinstitutionalisation and the independent living in the community

- Considering the development of a coordinated approach aimed at the objectives of deinstitutionalisation and independent living, among all universal policies – education, employment, health, sport, culture and leisure – is needed.
- There is a need to be recognition of and strengthening of the community based capacity to support people with disabilities in the community (through training, finances, other resources) and outside of the remit of 'Health'. Disability is recognised as relevant to the community sector at local level. The medical model of service provision has to be fully changed with the community-based social model, with focus on the attitudes, resources and contribution of each supported person and family.
- There is a strong and real fear that practices of institutionalisation will just transfer to community. The interrelated need for the community is to be prepared to support people with disabilities – through informing, training, attitudes' change, sharing and networking, with concrete goals – independent living in the community, choices where and with whom to live and what to do – study, work, travel, etc.. The big issue is and will be the support for people with severe disabilities for whom independent living in the community is not yet possible.
- There is a significant challenge to provide for adequate and appropriate housing / & transitional housing support for people with disabilities within the community, with the tools of independent living skills training and practicing without the needed finances, national programmes and trained staff.

2. Challenges and recommendations related with the values, staff and partnership

- There is a significant need to continue the process of deinstitutionalisation, independent living and the professional development in the context of human rights, disability and equality awareness within the cohort of community based / local government staff and all relevant stakeholders, directly involved in the support of people with disabilities – policy makers on national and local level, researchers, social service staff, carers, educators, specialists in the disability sector, etc.
- A common professional knowledge and technical capacity is needed among the service providers and decision makers who have a significant role to play in the process of deinstitutionalisation and independent living. Currently the majority of residential support for people with intellectual disabilities in more of the EU countries is provided by established intellectual disability service providers. There is a need for broader scope of stakeholders of support to people with disabilities (health specialists, early intervention specialists, social workers, carers, special and mainstream teachers, community representatives, other) to work in partnership with each other at a local level to make sure transition into communities is well planned,

supported and that people with disabilities and their families are supported to be a part of the decision making process throughout[49].

- The key role of staff on the ground brings to a clear need and request for staff support and training, as well as for new and inclusive teaching approaches, learning strategies and assessment regimes which draws on good practice from elsewhere. Dissemination of best practices in staff training and capacity building will bring positive impacts among the carers and specialists in the field.
- The trend towards community living through deinstitutionalisation, adult education, integrated services in the project partners' countries is very slow and it needs special efforts and resources.

3. Challenges and recommendations related with data analyses, policy making and funding

- Although relevant legislation and policy efforts are visible in all EU Member States, the quality of life of people with disabilities is low because of the achieved access and social integration in education, work and society in general. The legislation and policy documents provide the needed normative framework, but not the content and methods of support at school, day centres, work environment, culture and sport centres, community. There is a need of methodology as a process and content of support in the direct work with people with disabilities and families in order to make the requirements working in the real life. The practice has to influence the policy making process, its objectives, methods and resources.
- There is a deficit in the systems of data gathering and analyses in the disability sector – most of the data sources reflect funding allocation in various sectors (education, health, social support, etc.) and do not reflect the person – as an individual receiving money or other support and as a profile (ex., person in poverty, person not in training or in education, person with disability, etc.). As a result, there is a lack of sustainable policy and system approach of interrelations between the different public sectors and the 'disability' issue within them.
- There is a need for considering the common EU definitions and indicators for data collection and analyses (drop-out rates, access rates, outcomes, etc.) related with the learners' socioeconomic backgrounds, particularly in vocational education and training, higher education and adult education.
- There is a need to ensure good coordination between different institutions in implementing the mainstreaming approach in policy and strengthening of municipal and regional authorities. The prevalent attitude is still that of piece-work on individual projects in support of people with disabilities, and consequently it is difficult to find solutions for sustainability initiatives.
- People with disabilities need to be provided with adequate support to access community living through either personalised budgets and or Personal Assistance Scheme.
- There is a need of integrated approach of support for people with disabilities where the person has easy access to relevant universal and specialized services through the life cycle, with the needed resources and the understanding of their contribution to the society.

4. Challenges and recommendations related with adult education

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[49] Progress Report On the Implementation of Time to Move On From Congregated Settings:A Strategy for Community Inclusion Annual Report 2016.

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- The project partners' countries are at different levels of development of inclusive mainstream or specialized education for children and adults with disabilities. All positive practices and innovative projects have to bring concrete steps for further development – both on national and European levels.
- One of the main barriers to adult education is the capacity facing people with disabilities in all levels of education. This capacity is ranging from lack of skills to work with children and adults with disabilities to limited awareness and a dearth of appropriate support in the education provider. There is a lack of availability in mainstream education providers of appropriate levels of courses and qualifications. There is a strong need for closer work between social service providers and adult education providers in order to fill the gap of knowledge and skills how to support the learning process for children and adults with disabilities.
- The presence of disabled children and young adults in the education system in most of the project partner countries is at all levels strictly pyramid-like: with the rise in age or cognitive demand, less disabled pupils are included. They are children with disabilities in kindergarten and primary education, and rare in higher education. Their presence closely depends on their ability (especially cognitive) to adapt to the education programme requirements. In other words, they require individual adaptation efforts to address the lack of structural adaption of the education system. At the same time, the education sector, including adult education field, needs to ensure inclusive approach toward learners with disability, focused not only on the physical accessibility of the schools and universities but on the development of adapted methods for teaching and learning based on the training needs and recourses of the learners (with easy to read contents, visual, tactile and kinaesthetic methods of learning, etc.).
- For meaningful and high quality adult education for people with disabilities the following measures are needed:
    - To analyse independent living and employment opportunities for people with various disabilities.
    - To prepare and introduce training programmes for independent living skills, working skills, and civic participation.
    - To ensure quality of adult education through information and guidance; needs analysis; relevant learning content matching actual needs and demands; delivery; learning support; assessment approaches; recognition, validation and certification of competencies.

    - In order to foster a culture of quality in adult learning, investment are needed in improving teaching methods and materials adapted to adult learners and put in place initial and continuing professional development measures to qualify and up-skill people working in adult learning. They should introduce quality assurance mechanisms, and improve delivery through: new-build or adapted training centres to an adequate learning process, accessible and practical training premises, well-trained and supported educators and trainers to work with people with disabilities.

In addition, the project partners' team agrees with the EC that education is neither the sole cause of, nor the sole solution to, social exclusion[50]. Educational measures alone are unlikely to alleviate the impact of multiple disadvantages, and so multi-sector approaches are needed which can articulate such measures with wider social and economic policies. There is a significant need to strengthen the social dimension of education and training systems by various measures, for example:

- Expanding access to adult education for adults with special needs through integrated programmes for independent living, housing, supported or inclusive employment, social participation.
- Providing adult learning programmes with learning for personal, civic, social and employment-related purposes for people with disabilities.
- Strengthen policies to enable adults with disability to gain a qualification or take their skills a step further ("one step up"), through adapted education/training programmes and easy-to-read materials.
- Developing closer links between the social inclusion, education and work as tools for independent living.
- Establishing systems for the validation and recognition of prior learning, including informal and non-formal learning, and increasing the use of lifelong guidance among disadvantaged learners.
- Establishment of quantified objectives in the area of social inclusion through education which are appropriate to the situation of each Member State.

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[50] http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/educ/114374.pdf