**Family education "MeTURA-Back to the Roots", therapeutic family gardening and therapeutic family cooking for independent life of adult family members with intellectual disabilities**

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**SUMMARY OF SYNTHESIS REPORT**

**Activity IO3, Study of methods used by educators to motivate families and adult family members with learning (intellectual) disabilities (AFMID) to engage in lifelong learning (LL) in a social setting**

Gathered by CSC Danilo Dolci (Italy) together with IC Geoss and Zveza Sozitje (Slovenia), UOSIKAZU (Croatia) and Thrive (United Kingdom)

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**Terminology**

* ID – intellectual disabilities (usually referred to in the UK as learning disabilities)
* LL – Lifelong learning, all purposeful learning activities undertaken on an ongoing basis throughout a person's life, with the aim of improving knowledge, skills and competencies.
* AFMID – adult family member with intellectual disabilities

**1 INTRODUCTION**

“MeTURA - Back to the Roots” is a project funded under the [Erasmus+ program, Key Action 2 (KA2)](https://www.erasmusplus.org.uk/key-action-2), and aims to improve lives of adults with intellectual disabilities by encouraging therapeutic family gardening and cooking as a way of supporting ongoing lifelong learning (LL) and independence of adult family members with intellectual disabilities (AFMID). Lifelong learning refers to all purposeful learning activities undertaken on an ongoing basis throughout a person's life, with the aim of improving knowledge, skills and competencies.

The project will last for 35 months and is being run in cooperation with non-profit organizations from Slovenia, UK, Croatia and Italy. The organisations involved are: Education Centre Geoss (Slovenia), Zveza Sozitje (Slovenia), Danilo Dolci (Italy), UOSIKAZU (Croatia) and Thrive (United Kingdom). MeTURA will provide the partner organisations with knowledge and approaches to expand their offering of lifelong learning opportunities for the people who attend their services - vulnerable adult learners. The project aims to develop toolkits and resources to enable educators and families to make the most of the lifelong learning opportunities that therapeutic gardening and cooking can provide. It will give insights into how learners acquire competence and the social and functional factors that support this, as well as highlighting the therapeutic benefits of these activities.

In the preparatory phase of the MeTURA proposal, the project partners identified the need to support educators to gain the skills to enable them to actively engage a greater number of vulnerable adults and especially adult family members with intellectual disorders (AFMID) along with their families, in LL programmes This also includes engaging them in programmes with the local community (social activation programs) and in participation in public events organized by activity providers and adult education organisations.

The first phase of MeTura looked to gather information about the engagement and interest of AFMID and their families in LL and the needs, attitudes and experiences of educators and activity providers through a series of questionnaires IO1-IO5

The participation of adults with ID in LL is often very low, despite the fact that participation in these programs is often free of charge to the participant. Questionnaire IO3 explored the kinds of motivational strategies that might be effective in involving AFMID-vulnerable adults and their families in LL, strategies to keep participants engaged with the activity until its completion and how this can support the acquisition of basic functional skills (mathematical and ICT skills, literacy). IO3 goals are:

- to identify communication strategies that educators find effective for advertising & delivering LL for adults with ID (social activation);

- to identify gaps in current inclusive communication methods and the kinds infrastructure needed to provide inclusive, systematic and individual assistance needed to support families to independently continue lifelong learning at home;

- to identify which methods of publishing information and supporting the implementation of learning are most effective for target groups: (and the kinds of supportive learning tools e.g. printed material, CD, movies, audio recordings, FB publications, web pages,...

-to identify the methods and strategies for effectively disseminating and using the results of the project among the target groups of adults; Understanding where the target groups perceive the greatest difficulties in accessing the results of the project;

- identify the communication skills needed by educators, learning families and vulnerable adults, the content of psycho-education[[1]](#footnote-1) including communication through social networks for more effective social activation (increased uptake of services and provision).

Within the IO3 Study, two questionnaires were created, one for educators and one for families with AFMID. The questionnaires were conducted in all participating countries.

With the questionnaire for educators, we first wanted to find out the motivational support methods used by educators to involve and interact with families and their AFMID.

The questionnaire was divided into two parts; the first part consisted of some general questions about the family, the second part consisted of 12 closed and 6 open questions about the communication process between educators and families or educators and AMFID. In particular, the questionnaire highlighted the strategies used by the educators to get AMFID involved as well as the motivational techniques used when working with AFMID. We also gave the educators the opportunity to express their own opinion and share their experience about LL activities with families with AFMID.

Similarly, the family questionnaire was divided into two sections; the first section consisted of some general questions about the family while the second consisted of 11 closed questions that were answered by the family and their AFMID. With this questionnaire, we first wanted to find out what kind of activities the families and AFMID currently attend. Secondly, we wanted to find out how they get in contact with educators and what are the reasons they attend some activities rather than others. Focusing on the decision-making process, we wanted to discover how the family identify and decide to attend activities together with their AFMID and we also wanted to find out if the families believe they would benefit from gardening and cooking activities.

# 2. NATIONAL REPORT SLOVENIA

In today's changing society and as a result of the emergence of many innovations that reflect the continuing economic, technological, political, cultural and other changes in the world, it is essential for every person to continue learning throughout their life. Only this way we can continue to develop personally and achieve the most in life.

The term lifelong learning (LL) itself indicates that this means learning throughout life, from birth to death, and hence it is important to continue learning in the adulthood after formal education. This suggests that adult education, in all its forms, is an indispensable part of life-long learning, not just a supplement to a formal initial education. Therefore, it is important that society provides opportunities for people to access education through their whole life, at all stages of life and in different fields, not only as formal learning (school learning) but also through informal and casual methods. Promoting lifelong learning is essential for the development of everyone (both in terms of individuals and also for society).

The systematic regulation of adult education in Slovenia is still deficient despite numerous ideas and proposals, so it is important to look for solutions to bring about changes. There is a need to improve adult learning opportunities and to improve standards, to support the provision of quality learning programs and to incorporate new approaches and methods, as well as to understand an evaluate what individuals already know and support them to become familiar with the educational opportunities available to them.

An effective adult education system needs to find its place in the context of a lifelong learning strategy focused on :

* improving access to the labour market (supporting people into paid employment);
* improving social integration;
* prepare people for active aging;
* encouraging intercultural cooperation;
* supporting language learning
* increasing social participation of people of all ages, including the people with disabilities and other disadvantaged groups of people.

When it comes to educating people with disabilities there are two equally important processes that need to be mentioned, which take place through the process of education.

First, is the **integration process** which means: 'integration into environment/society of the individual to the fullest extent possible', and is related to the adaptation of persons with special needs to the environment/society (i.e things such learning new or appropriate skills or behaviours)

The second process is **inclusion**, which is "adapting the environment/society to meet the needs of the individual". The process of education of persons with disabilities will be successful only if these two processes - integration and inclusion - are successful.

The system of adult education needs to be changed and improved, so adults with different disabilities can have adequate access to quality education.

**2.1 LIFELONG LEARNING OF ADULTS WITH INTELLECTUAL DISABILITIES**

As mentioned previously, it is important for everyone to be constantly engaged with learning. For persons with intellectual disabilities(ID), this may involve additional challenges, as they may have less self-motivation. This may be the result of:

* lower intellectual abilities and with that less ability to envisage the positive benefits of learning,
* lower motivational sphere, i.e. lack of the kind of environment (people, expectations, opportunities, role models etc,) which in normal circumstances directly stimulates an interest in learning activities;
* lack of self-initiative elements (may not have the ability to self-initiate activities, require practical support and motivation),
* lower research-oriented point of view (lack of the skills and motivation to research learning opportunities).

People with intellectual disabilities need follow-up to support their engagement with lifelong learning and, as for everyone, this needs to take into account the opportunities that exist for them to continue learning and their interests.

Different forms of education should be available that can help them shape their lives, and, in particular, to support and encourage their processes of growing up (becoming an independent adult) and their ability to take on an adult role in terms of relationships, work, independent living/home owning and leisure.

Special andragogical[[2]](#footnote-2) work with adults with intellectual disabilities most commonly concerns two areas:

* supporting them to overcome learning difficulties that they experience in the educational process due to their disability;
* assisting them to choose between the various options offered to them by their wider social environment, including options for full inclusion and participation.

**2.2 GOOD PRACTICE EXAMPLES IN SLOVENIA**

**CMEPIUS**

The Centre of the Republic of Slovenia for Mobility and European Educational Training (CMEPIUS) is a public institution working in the field of international projects and international mobility. It was established in 2003 and performs two main tasks:

* co-ordinating the Erasmus+ programme I the field of education, training and sport;
* supporting development in education and training

Among others, CMEPIUS implemented a programme of Lifelong learning in the years 2007-2013. The goal of this programme was to enable LL; gaining new competencies and knowledge, and in this way participate in the development of society and economy. CMEPIUS is internationally oriented, so this programme connected Slovenia to other European educational systems.

The programme of LL was conducted in the frame of the following sector programmes:

* *Comenius;*
* *Erasmus;*
* *Leonardo da Vinci;*
* *Grundtvig.*

Two programmes for persons with disabilities were implemented in the Grundtvig sector programme:

* *Possibilities of LL for adult persons with intellectual disabilities*, which was implemented by CUDV Dolfke Boštjančič Draga;
* *Integrational LL of adult persons with disabilities*, which was implemented by Andragoški zavod Maribor.

Leonardo da Vinci has financed a LL project for persons with disabilities called *Personal and professional growth,* which was implemented by VIZ Višnja Gora. The purpose of the project was to enable persons with disabilities to live abroad and to learn about European union and how it operates.

In the purpose of LL for persons with disabilities, there were some projects implemented, which were financed by other European or national sources:

* *DISNET* – e-study net for unemployed persons with disabilities, intended for better computer literacy for persons with disabilities (implemented by Andragoški zavod Maribor;
* *Check and go* – e-base with no barriers for people in the company, intended for minimizing barriers and enabling access to employment for persons with disabilities (implemented by Andragoški zavod Maribor);
* *Training for life success – My step* (UŽU-MK) and *Become an advocate for persons with disabilities*, intended for educating, learning and connecting people with disabilities on different levels of social life (implemented by Ljudska univerza, Zavod za kulturo in izobraževanje Slovenska Bistrica)

Projects of LL enable persons with disabilities to gain new knowledge and competencies, and at the same time offer~~ing~~ learning for life – learn how to have a quality life, work and co-existence. It is the birth-to-death learning, which offers people with disabilities personal growth and development, and thus a better life.

Downside of projects like these is that they are not widely available; they are mostly carried out in organizations or institutions, which are implementing the project. Therefore, the persons who are already included in an institution or Occupational Activity Centres are part of this projects while those living at home and not attending any available program, still face difficulties in participating in lifelong programs and projects. That’s why bringing lifelong learning to people’s home is so important.

**2.3 REFERENCES**

Andragog pri učenju in izobraževanju odraslih s posebnimi potrebami. Retrieved 21.10. 2019 from: <https://www.andragosko-drustvo.si/wp-content/uploads/2017/01/Zbornik_Andragog-pri-uc%CC%8Cenju-in-izobraz%CC%8Cevanju-odraslih-s-posebnimi-potrebami_B.pdf>

Dolenc, T., 2012. Vseživljensko učenje oseb s posebnimi potrebami, thesis. Ljubljana: Univerza v Ljubljani, Fakulteta za družbene vede.

Novljan, E. in Jelenc, D, 2000. Izobraževanje odraslih oseb z motnjami v duševnem razvoju. Ljubljana: Center Kontura.

**2.4 EDUCATOR QUESTIONNAIRE SUMMARY**

The majority of educators that participated in the questionnaire are female and have more than 10 years of experience in this work.

Most of the educators say it is easy to get in touch with families with AFMID. The main obstacles in communication with families with AFMID are that the parents are in denial about their child’s condition and have unrealistic expectations. Most of the educators communicate with families personally or over the phone.

The most frequently used method fpr engaging families with AFMID in LL activities is adapted communication and volunteer support. The most important features in effective communication with families with AFMID are patience, active listening and respect.

Educators say that the main problem in implementing LL activities is the unresponsiveness of the families. Training on new methodologies would be the kind of support the educators most need to help improve their ability to implement LL activities.

Most of the educators think that a positive response and motivation are very important when involving families with AFMID in LL activities. The key for successful implementation of LL for families with AFMID in their home environment are small groups and implementing activities which help families to integrate in unfamiliar environment. If the activities were conducted in a home environment, AFMID and families would be more involved in the activities.

**2.5 FAMILY QUESTIONNAIRE SUMMARY**

All of the families that participated in the questionnaire have one family member with an intellectual disability.

Most of the families attend weekend seminars and lectures in order to support their AFMID. Most of the families do not meet with educators who implement activities before the start of the activity. Most of the families get the information on educational activities directly from the educators and institutions. The families prefer being contacted by e-mail.

Most of the families say that lack of time is the biggest problem when engaged in LL activities. Families say that from a personal point of view, AFMID needs encouragement and sense of achievement during a learning activity. Socializing with other families and exchange of experiences is the kind of support that would help families with AFMID improve the educational activities.

Most of the families say that becoming more independent and improving their social skills are the main learning needs of AFMID.

Most of the families are satisfied with the services they get from institutions where their AFMID is included.

# 3 NATIONAL REPORT ITALY

In national report for Italy, formal ways of education for adults with intellectual disabilities are first presented, including what are their options after finishing formal education and their options for lifelong learning. Secondly, the questionnaire results for Italy are presented. The questionnaire was conducted among educators (20 questionnaires) and families that have Adult Family Members with Intellectual Disabilities (AFMID) (10 questionnaires).

## 3.1 Schooling and training for adults with intellectual disabilities in Italy

In Italy, education and training are a right, but also a responsibility of the State to provide this. The State assures all the right to education and training up to the age of 18 and for 12 years from the beginning of the first class of the Primary School.

For disabled pupils this is explicitly stated in the Constitutional Court ruling No. 215/87 and by art. 24 of the UN Convention on the Rights of Persons with Disabilities, ratified by Italy with the l. n ° 18/09.

The right to education for persons with intellectual disabilities is enshrined in the Constitution of Italy and in some other international documents that reinforce this right:

* International pact on civic and political rights (1966),
* legally binding Convention on children’s rights,
* Resolution on including disabled children and teens in general education systems – Council of European Union (1990),
* Recommendation 6 on a coherent policy for people with disabilities – Committee of ministers (1992),
* The Salamanca statement and framework for action on special needs education (1994) – UN,

Attending school is obligatory and free for all children and young people aged 6 to 16 who live in Italy. Pupils with disabilities can complete their compulsory education up to 18 years of age.

Children with a certified disability have the right, and not just an opportunity, to enrol in the nursery. Moreover, children who are certified in “a situation of gravity” (in accordance with paragraph 3d of art. 3d Law No. 104 of 1992) have the right to priority access to the public services of the municipal district of the municipality of residence.

## 3.2 Schooling for inclusion

In Italy, all pupils with disabilities attend mainstream schools. In fact, since 1977 almost all “special” schools attended only by pupils with disabilities have been closed in Italy. To enable the inclusion of pupils with disabilities, the school must guarantee specific and additional resources, based on the needs of each student:

1. specialized support teacher;

2. autonomy and communication assistant;

3. basic assistant (personal hygiene appropriate to the gender of the student, transfers within the school).

Students with disabilities can also:

1. have more time to do examinations and tests or do them in ways other than their peers;

2. follow personalized programmes, which may differ from those of their peers;

3. take different examinations and tests to those of their peers: equivalent tests or differentiated tests.

## 3.3 Lifelong learning for people with intellectual disabilities

With regards to the options and opportunities for personal and professional training for people with mental disabilities, the Italian situation is complex, differentiated and often unsatisfactory. In an ideal situation, after adolescents with intellectual disabilities leave middle school, they should have the option of attending professional schools with appropriate staff resources and adequate teachers to enable the integration of people with intellectual disabilities. Often this does not happen and they are enrolled in other schools (including scientific or classical high schools).

This is due to several factors, but the main one is that, in many regions, professional courses are scarce and/or badly organized and/or taught by staff that have little understanding of the problems of integration. It should be emphasized that, even where there are very well organized and forward thinking organisations: they are in the minority.

Despite this widespread lack, it is the case that since 1970 Italy has positively supported opportunities for life and personal skills, professional qualification and cutting-edge work placement (Montobbio and Casapietra, 1982; Neri and Brotini, 1982; Ravaccia, 1982, Bolpin, Schena and Zeffiro, 1986, Barbieri, D'Angelo, Oriani and Palmonari, 1987, Bonaconsa, Fattorelli, Fichera and Schena, 1988, Montobbio, 1982, 1985, 1989, 1999, Moderato and Paltrinieri, 1989; Moniga and Vianello, 1994, 1996; Causin and De Pieri, 1999; Breda, 2001; Cassullo, 2001; Mainardi, 2001; Vianello, 2006).

The right to professional training for disabled citizens is enshrined in art. 38 of the Italian Constitution: “the disabled and the handicapped have the right to education and professional training”.

Until the sixties, however, the regulations on the subject did not provide for interventions in favour of people with disabilities. The first indications of a move towards this kind of provision were in L. n. 118/71 and, then, with L. n. 845/78, more specific provisions were specified, such as: the need for coherence between the vocational training system and the general education system; support for the professional qualification of the disabled and the interventions necessary to ensure the disabled the right to vocational training; direct training initiatives for the professional re-education of workers who have become disabled and provision for individuals who are not fit to attend normal courses. The L. n. 104/92 integrated what has already been provided.

L. n. 104/92 requires that the Regions guarantee disabled students who are not able to use ordinary learning methods the opportunity to acquire a qualification through specific activities provided as part of the activities of the vocational training centre and which take into account the personal needs that were identified from the individual educational plans developed during formal schooling. To this end, the Regions provide the centres with the necessary subsidies and equipment. Courses take into account the different abilities and needs of the disabled individual who can then be included in general classes or on specific courses or on pre-training/preparatory courses. However, there is little or no support provided.

A very important law for people with disabilities in Italy was approved in 1992, the famous “104 Law”. The law 5 February 1992 n. 104, better known as law 104/92, is the legislative reference "for assistance, social integration and the rights of disabled people". The main recipients of Law 104 are disabled individuals, but there are also references to those who live with them (supporters/carers/family). There is an assumption that autonomy and social integration are achieved by guaranteeing adequate support to the disabled person and the family. This support can be in the form of personal or family help services, but can also involve psychological, psycho-pedagogical (ways of teaching or presenting learning based on understanding the individual and adapting approaches to support them), technical help.

After its entry into force, Law 104 was updated in some parts, as a result of rules introduced later. Article 12 of Law 104 guarantees the right to education and requirements for the education of the disabled person in the nursery school sector, in the normal classes of educational institutions and in universities. The right to education and requirements for educational provision cannot be ignored as a result of an individual having learning difficulties or other difficulties arising from their disability.

Article 17, on the other hand, concerns professional training, and states that it is the responsibility of the Regions to ensure the inclusion of the disabled person in general professional training course run by public and private centres. It also guarantees students with disabilities who are unable to use standard approaches to learning, the opportunity to acquire a qualification through specific activities delivered as part of the activities of the vocational training centre and which take into account the personal needs that were identified at part of the individualized educational plans developed during formal schooling.

The vocational training courses must take into account the different abilities and needs of the disabled person who, can then be included in mainstream classes or on specific courses or on pre-training (foundation or access) courses.

## 3.4 Good practices

**Training and job opportunities for people with disabilities in 16 Italian regions**

Launch of a new project open to young people with disabilities aged between 18 and 40 who are interested in entering the labour market.

It is estimated that in Italy there are about 4 million 360 thousand people with a disability, or 7.2% of the population. According to the National Health Observatory in the Italian regions, the percentage of disabled people aged 45 to 64 who are employed is 18% (compared to 58.7% of the general population for the same age group) with significant gender differences. In fact, 23% of men with disabilities are employed (compared to 71.2% of men in the rest of the population) and only 14% of women (compared to 46.7%).

We are therefore pleased to report an important new opportunity for those who are disabled and looking for work: the new programme launched by UILDM - Italian Union for the Fight against Muscular Dystrophy. This is the 'PLUS' project, a socio-occupational inclusion initiative for people with disabilities, which won the first "single" call for proposals inspired by the reform of the Third Sector, issued in November 2016 and financed by the Ministry of Labour and Social Policies. This project gave a job to 80 young people with disabilities (5 for each of the 16 participating regions).

THE PROJECT - The project, carried out together with the Movimento Difesa del Cittadino partner, Anas Puglia - National Association of Social Action and the Atlantis Association 27, consisted of the provision of job training grants, which lasted 18 months and took place in 16 regions, involving at least 5 people with disabilities from 18 to 40 years (5 for each region). 11 of the 16 places were reserved for women.

The project involved two main activities: in the first the participants followed a 40-hour professional training course through which they were helped to develop the necessary tools to promote personal and social autonomy and acquire appropriate working and relationship skills and behaviours. Later they were supported to undertake work placements (internship) in companies, cooperatives or public bodies involving 30-hour attendance, in order to put into practice what they had learnt in the classroom and be able to have a first experience of the world of work. For each beneficiary, the degree of ability, autonomy and personal aptitude was noted and used to create a CV and to identify the most appropriate location and type of internship.

The second activity involved the creation of a reception and listening desk, independently managed by people with disabilities, with the aim of providing advice and assistance to others entering the world of work. This second activity was attended by 32 people selected from the 80 initial applicants.

## 3.5 Educators questionnaire summary

According to the results, the educators that participated in the questionnaires were mainly men (55%). According to them, mistrust, lack of social media and socio-economic hardship constitute the main obstacles in communicating with families. The vast majority of respondents communicate with the families of adults with intellectual disabilities over the phone or in person. The methods most used by educators are adapted communications and peer support while “respect”, “patience”, “open mindness” and “listening” represent the most important features in the communication process with AMFID. According to 65% of the educators, families are not responsive, and this constitutes an obstacle to LL activities. Furthermore, educators had difficulties getting in touch with families. In Italy, training on new methodologies would constitute a helpful support for educators. Most of respondents, stated that the educator should be empathic and cordial and have clear, simple, and empathic approach to communication.

## 3.6 FAMILY QUESTIONNAIRE SUMMARY

90% of the interviewed families have one adult with intellectual disabilities within their household (one family has 2 AFMID). Most of the families participate in meetings to share experience, parents clubs and children and families clubs. in Italy 100 % of the total of the respondents would rather meet the educators, at least 2 times before beginning the educational activities. It is worth noting that it is rare that the educational activities are chosen by the parents, excluding the AFMID or the educators.

Most of the families get the information on educational activities from the educators and institutions as well as by word of mouth. Families also answered that they prefer being contacted by phone.

According to the majority of respondents, the AFMID needs confidence to help them engage with a learning activity. Furthermore, socializing with other families and exchange of experiences would improve the educational activities that they participate in. In conclusion, “becoming more independent (100%)” and “gaining knowledge through informal activities” were the main learning needs identified by families.

## 3.7 References

http://www.disabilitaintellettive.it/index.php?option=com\_content&task=view&id=553&Itemid=70

https://www.disabili.com/lavoro/articoli-lavoro/formazione-e-opportunita-di-lavoro-per-persone-con-disabilita-in-16-regioni-italiane

https://www.disabili.com/legge-e-fisco/speciali-legge-a-fisco/legge-104-disabili

<http://www.filo.unioncamere.it/P42A4442C4439S0/Normativa.htm>

# 4 NATIONAL REPORT CROATIA

In our national report, we present the system of education and training for adults with intellectual disabilities in Croatia as a legal obligation and a processes of deinstitutionalization of people with intellectual disabilities and returning them to their families or residential communities that give them more opportunities for lifelong learning. Adverse factors that make it difficult for families and their adult members with intellectual disabilities (AFMID) to more actively live in the community are also described. We also present the motivational methods used by educators to more effectively engage families and their adult members with intellectual disabilities in activities available in their local communities. Finally, the results of the questionnaire for Croatia are presented. The questionnaire was conducted among educators (20 questionnaires) and families (10 questionnaires) with adult family members with intellectual disabilities (AFMID).

**4.1 SYSTEM OF EDUCATION AND TRAINING OF ADULTS WITH INTELLECTUAL DISABILITIES IN CROATIA**

The education system in Croatia begins with pre-schools that include local government kindergartens and private kindergartens (individuals, religious communities and associations) and institutions such as libraries, various associations and elementary schools where pre-school programs and short programs are implemented.

Education is compulsory and free of charge for all children between the ages of 6 and 15, and for children with major disabilities up to 21 years of age. Specific programs exist for the education of children with disabilities and there are alternative curricula, and, for those over 15 who have not completed primary school, there is a system of basic adult education. The provisions of the Law on Education in Primary and Secondary School stipulate:

Article 62

(1) Students with special educational needs include gifted students and students with disabilities.

(2) The education of students with special educational needs shall be conducted in accordance with this Act, unless otherwise provided by special regulations.

Article 65

(1) Students with disabilities are:

- Students with (physical) disabilities,

- Students with learning disabilities, behavioural problems and emotional problems,

- Students with disabilities due to educational, social, economic, cultural and linguistic factors.

The Adult Education Act, whose General Provisions under Article 1 provide:

(1) Adult education encompasses the entirety of the adult learning process intended to:

- exercise the right to the free development of personality,

- train for employability: acquire qualifications for the first occupation, retrain, acquire and deepen professional knowledge, skills and abilities,

- Train for active citizenship.

(2) Adult education is part of the unique education system of the Republic of Croatia.

Adult education is an important subsystem of the comprehensive education system. It enables the adult to acquire general and professional education in various fields, for example in the natural, technical, social, humanistic, artistic and other. Adults acquire education through formal (formally structured, curriculum, teacher/educator guidance, gaining formal certification), non-formal (intentional learning from a person's point of view to gain knowledge, develop abilities and skills, but without a public document) and informal learning (not organized or structured according to goals, learning time, or support).

People with intellectual disabilities often drop out of school and do not continue their education because of discriminatory attitudes and lack of personalized programs and support. Because most lifelong programs and materials are not accessible to them, adults with intellectual disabilities are systematically denied the opportunity to continue developing skills and competencies throughout their lives.

The Convention on the Rights of Persons with Disabilities also imposes requirements on States Parties, including Croatia, through Article 24 which relates to education and requires States *“to recognize the right of persons with disabilities to education. In order to exercise this right without discrimination, and on the basis of equal opportunity, States Parties shall ensure the inclusiveness of the education system as well as lifelong education.”*

**4.2 DE-INSTITUTIONALIZATION PROCESS OF ADULTS WITH INTELLECTUAL DISABILITIES**

People with intellectual disabilities throughout history have been largely degraded and disenfranchised, often labelled deviant and undesirable and have been singled out as such. Until the mid-twentieth century, they were mostly covered solely by a segregation approach to treatment.

The 1960s saw a significant change in the approach to, and interpretation of, disability; the medical model of disability was gradually being transformed into a social model. In addition to the social model, a human rights model was being developed, in which the aim was not only to achieve legal equality but to act in such a way as to empower persons with disabilities in order to develop their potential.

People with intellectual disabilities in the institutional care system have not had, and do not have, enough opportunities to engage in meaningful activities of daily living or to develop their maximum potential due to practical circumstances, including insufficient staff support. In Croatia, the process of deinstitutionalization and inclusion of people with intellectual disabilities in community-supported housing is ongoing, providing lifelong learning through practical activities. In such model of organized housing, a person should be involved in all household tasks, including the process of daily meal preparation. Learning to take care of oneself and skills of daily living are especially important for adults with intellectual disabilities in order to enable them to better fulfil normal adult roles. In order for an adult with intellectual disabilities to have a better quality of life, it is very important to enable them to acquire practical skills and to focus on strengthening their independence and autonomy.

Contemporary goals for the development of people with intellectual disabilities include the principle of normalization, social integration, individualization, orientation to meeting needs, encouraging independence and autonomy. Normalization as a concept emerged in the 1970s and includes the right of a person to live in an environment that provides him/her with adequate support to reach his or her life potential in the same way as the rest of the population, and includes becoming an independent adult and taking on the expected roles of adulthood. Within the concept of normalization, there is a principle of age appropriateness, which states that the activities engaged in by a person with intellectual disabilities, such as dressing and interacting with others, should be in appropriate to his or her chronological age. This principle also implies the provision of services that are appropriate to a person's chronological age. This prevents people with intellectual disabilities being viewed as "forever children".

**4.3 LIFE IN THE COMMUNITY OF THE FAMILY AND THEIR ADULT MEMBERS WITH INTELLECTUAL DISABILITIES**

Over time, the child with intellectual disabilities grows up to be an adult. Many changes happen, but that person often still depends on the care of their family members, most notably their parents. One effective way for reducing the tension, frustration, and anxiety of parents is for them to have quality support and education whilst the person with intellectual disabilities is growing up. Caring for an adult member with intellectual disabilities always brings with it new challenges, which is why it is necessary to constantly learn new information and approaches that contribute to a better everyday life. Because parents are the sole or greatest support for a person with intellectual disability, sometimes with the best of intentions they can be overly protectively. Or at the other extreme they maybe too lenient with their dependent family member, which can have opposite effects to what parents want to achieve.

A person with intellectual disabilities can gain a lot from a quality relationship with their parents which can support thier development. Parents can contribute to the well-being of their dependent members through encouraging and supporting daily activities as well as providing them with parental love, tenderness and warmth. It is good to encourage communication between a dependent member with intellectual disabilities and other family members, but it is important to always keep in mind that family members without disabilities and siblings must have their own friends and hobbies as well as their own time with their parents.

The purpose of supporting parents and other family members is to help them to better understand and accept the life situation; to more rationally accept the role in it, as well as the role of other family members, to understand the complexity of problem solving ande the specificity of expressing and meeting the needs of a member with intellectual disabilities.

**4.4 MOTIVATIONAL METHODS OF EDUCATORS FOR MORE EFFECTIVE SOCIAL ACTIVATION OF FAMILIES AND THEIR ADULT MEMBERS WITH INTELLECTUAL DISABILITIES**

Rapid and frequent changes in the world require the lifelong development of the personal, social and professional competences of individuals, and, as a result, contemporary societies are facing the need for changes in the field of education. It must be modified in accordance with the requirements of society and individuals (education for life and work) in terms of the value system and the real needs of the labour market. Adult education is not exempt from the processes that happen around us.

Motivation is a key factor in a successful lifelong learning process and should therefore be supported through links between educational goals, expected outcomes, methods of evaluating knowledge, skills and abilities. It is also the role of the educator to stimulate the natural motivation of families and their adult members with intellectual disabilities, taking into account their needs, interests and emotions and using appropriate motivational techniques.

Motivational techniques should be present in all parts of the adult education process:

* getting to know the students and introducing them to the curriculum (different ways of getting to know the students, "breaking the ice")
* adopting, identifying and repeating teaching content (interactive teaching methods, collaborative learning strategies)
* Monitoring and evaluation (competitions, quizzes)

**4.5 QUESTIONNAIRE SUMMARY**

**Educators**

Although majority responded that it was easy to contact families with AFMID, 45% of educators faced difficulties in contacting those families. The main reasons why educators cannot reach families are lack of interest, closed nature of the family and lack of time. 65% of educators prefer to personally contact families with AFMID. It is worth noting that few use e-mail and social media to communicate with these families. 95% of educators get acquainted with family and AFMID before beginning activities. In the process of communicating with AFMID, the main features of educators should be "respect", "listening" and "patience". When confronted with a problem in an activity, educators prefer to address it with the families and with AFMID (90%). 25% of educators involve other family members to solve the problem.

Most educators (75%) would benefit from training on new methodologies and 70% felt that more motivational techniques would help them. 55% of educators think that if the activities were conducted in a home environment, AFMID and families would be more involved in the activities. On the other hand, 35% of educators answered negatively.

**Families**

70% of families meet with educators before starting educational activities, while 30% do not. 5 families who meet with educators do it as required, and 3 families do it once a month. Educational activities are not selected by parents on their own but include AFMID or educators. About 60% of families are informed about educational activities via the Internet, and 40% via TV or radio, and by word of mouth. Only 30% of families receive information from educators / institutions and through social networks. Most families (60%) prefer personal or telephone contact with institutions. Lack of time, too many participants and financial difficulties are the biggest problems for families who engage in lifelong learning activities. 80% of families responded that sharing experiences would enhance the educational activities they participate in, followed by more meetings with educators, which was answered by 50% of families.

On the needs of AFMIDs learning, most families responded with “to become more independent” (60%), while 50% of families identified “greater involvement in the local community” as one of the most important needs of AFMIDs.

**REFERENCES:**

<https://gov.hr/moja-uprava/obrazovanje/osnovnoskolski-odgoj-i-obrazovanje/osnovnoskolsko-obrazovanje/218>

<http://www.savezosit.hr/osoba-s-intelektualnim-teskocama-i-obiteljsko-funkcioniranje/>

<https://mdomsp.gov.hr/istaknute-teme/osobe-s-invaliditetom-i-starije-i-nemocne-osobe/osobe-s-invaliditetom-1740/proces-transformacije-i-deinstitucionalizacije-1708/utemeljenje-procesa/1772>

[file:///C:/Users/Korisnik/Downloads/bratkovic.pdf](file:///C%3A/Users/Korisnik/Downloads/bratkovic.pdf)

[file:///C:/Users/Korisnik/OneDrive/Radna%20površina/Kako%20uspješno%20poučavati%20odrasle.pdf](file:///C%3A/Users/Korisnik/OneDrive/Radna%20povr%C5%A1ina/Kako%20uspje%C5%A1no%20pou%C4%8Davati%20odrasle.pdf)

<https://www.zakon.hr/z/384/Zakon-o-obrazovanju-odraslih>

<https://repozitorij.erf.unizg.hr/islandora/object/erf%3A71/datastream/PDF/view>

# 5 NATIONAL REPORT UNITED KINGDOM

In this report, we initially discuss the routes and opportunities for formal education for adults with learning disabilities in the UK. We then discuss the options available to them after finishing formal education and the ongoing opportunities for lifelong learning. We also look at the activities in the UK that adults with learning disabilities are most often engaged in. Lastly, we present the questionnaire results for the UK. The questionnaire was conducted among educators (20 questionnaires) and families (21 questionnaires) that have **A**dult **F**amily **M**embers with **I**ntellectual **D**isabilities (**AFMID**).

## 5.1 SCHOOLING AND TRAINING FOR ADULTS WITH LEARNING DISABILITIES IN THE UK

The education system in the UK is divided into four main parts, primary education, secondary education, further education and higher education. Children in the UK have to legally attend primary and secondary education which runs from about 5 years old until the student is 16 years old.

It wasn’t until 1970 that disabled children – previously classed as being unable to be educated – were given a right to participate in education.

However, the law has changed substantially since then: Protocol 1, Article 2 of the Human Rights Act, Article 28 of the UN Convention on the Rights of the Child, and Article 24 of the UN Convention on the Rights of Persons with Disabilities all state the right of disabled people to receive an education.

Young people, with or without a learning disability, must now be in education or training until at least the age of 16. In England, they must then do one of the following until they are 18:

* stay in full-time education, e.g. at a college
* start an apprenticeship or traineeship
* work or volunteer (for 20 hours or more a week) while in part-time education or training.

## 5.2 SCHOOLING FOR INCLUSION

Pupils considered to have “special educational needs” (this does not include all disabled children) should be included in mainstream schools provided that this does not conflict with parental wishes or affect the efficient education of other children (section 316 of the Education Act 1996, as amended by the Special Educational Needs and Disability Act 2001).

There is however an additional right to parents of disabled children to veto the inclusive education their child has a right to if they feel that is what is best for them, and instead school them in a specialist setting.

The Children and Families Act 2014 provides for the special educational needs and disability (SEND) support system in England, covering education, health and social care.

SEN support is support given to a child or young person in their pre-school, school or college. In schools, it replaces the previously existing ‘School Action’ and ‘School Action Plus’ systems. For children of compulsory school age the type of support provided might include extra help from a teacher, help communicating with other children, or support with physical or personal care difficulties.

In 2006, the “disability equality duty” came into force, as introduced by the Disability Discrimination Act 2005. This puts a general duty on public authorities – including schools and further and higher education institutions – to promote disability equality. Schools must have regard to the need to:

* promote equality of opportunity between disabled and other people;
* eliminate discrimination and harassment, promote positive attitudes to disabled people;
* encourage participation by disabled people in public life; and
* take steps to meet disabled people’s needs, even if this requires more favourable treatment.

## 5.3 LIFELONG LEARINGING FOR PEOPLE WITH LEARNING DISABILITIES

In England, the Education and Skills Funding Agency (ESFA) funds schools and academies with sixth forms, further education colleges and special post-16 institutions. The funding is provided to these institutions for the education and training of learners aged between 16 and 19 years and up to the age of 25 for young people with an Education, Health and Care (EHC) plan, depending on the needs specified in the plan.

If you have an EHC plan, you may be still be eligible for funding up to age 25 but there is no automatic entitlement to education provision.  What is funded will depend on the outcomes and needs specified in your EHC plan, and the decision of your Local Authority. The Local Authority has to consider if the college suits your needs and if it is an ‘efficient use of resources’.

Beyond 25 years of age, funding to gain access to further learning may come from an individual’s benefits as provided by the government/local authority or the charity sector.

A report carried out in 2008 by Eric Emerson and Chris Hatton for the Centre of Disability Research and backed by Mencap collected findings on what percentage of the learning-disabled community took part in further education within the UK:

'Just over one in three people (39%) attended a day centre. This was markedly higher among people with profound and multiple learning disabilities (66%) and people with severe learning disabilities (49%) than among people with mild/moderate learning disabilities (24%).'

## 5.4 Some examples of activities carried out by families with AFMID in the UK

While there have been improvements in social inclusion culturally, there is still a long way to go for those with disabilities and learning disabilities in becoming entirely accepted into normal society.

The previously referenced 2008 report by Eric Emerson and Chris Hatton collected findings on how people with disabilities were able to spend leisure time.

|  |
| --- |
| Table 7: Participation in Preceding Month in Community Activities |
|  | Mild or moderate | Severe | Profound multiple | All people |
| People living in private households |
| Been shopping | 88% | 90% | 73% | 88% |
| Visited friends or family | 83% | 83% | 70% | 82% |
| Eaten out in a restaurant, pubor café | 61% | 75% | 50% | 67% |
| Been to a pub or club | 55% | 60% | 36% | 56% |
| Been to the hairdresser | 53% | 53% | 50% | 53% |
| Played sport or gone swimming | 39% | 48% | 36% | 43% |
| Been to the cinema, play orconcert | 34% | 40% | 23% | 36% |
| Been to the library | 25% | 18% | 9% | 21% |
| Watch a sporting event | 23% | 17% | 8% | 20% |
| Done none or only one of thesethings | 4% | 4% | 17% | 5% |
| People living in supported accommodation |
| Been shopping | 91% | 91% | 81% | 90% |
| Visited friends or family | 73% | 61% | 44% | 65% |
| Eaten out in a restaurant, pubor café | 76% | 83% | 79% | 80% |
| Been to a pub or club | 70% | 80% | 66% | 75% |
| Been to the hairdresser | 71% | 76% | 75% | 74% |
| Played sport or gone swimming | 37% | 38% | 33% | 38% |
| Been to the cinema, play orconcert | 47% | 51% | 30% | 47% |
| Been to the library | 30% | 19% | 6% | 23% |
| Watch a sporting event | 22% | 18% | 8% | 19% |
| Done none or only one of thesethings | 3% | 4% | 9% | 4% |

The above graph was made by asking individuals with mild to moderate, severe and profound multiple learning disabilities what 9 specific activities they took part in the previous month, if any. It gives us a good idea of how those with learning disabilities would choose to spend their leisure time, or even perhaps, what they can achieve in their own time.

All the activities involved going outdoors, so watching a sporting event for example will not involve watching tv indoors. Shopping comes in at the top of the list and it could be seen that it is because it is one of the more essential life skills that could lead to further independent living in the future.

It is the more social activities that feature next such as visiting friends or family or going to the pub. We can gather form this that social activity is important for those within the learning-disabled community as it is for us. Whilst we see going to clubs is not as frequently undertaken as just meeting up it could be assumed that it is also less viable due to financial restrictions. The evidence here points towards the importance of furthering life skills and allowing social outlets for those with learning disabilities.

It is of little surprise also to see that those within supported accommodation (on the bottom half of the graph) are more active in leaving the house and this is probably due to them having more support in being able to take part in activities. This rise in activity, for those with support, is more noticeable for those with profound disabilities. It could also be assumed that they see less family and friends as they are already living in the family environment.

## 5.5 References

<http://www.legislation.gov.uk/ukpga/2001/10/pdfs/ukpga_20010010_en.pdf>

<http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf>

<http://www.legislation.gov.uk/ukpga/2005/13/pdfs/ukpga_20050013_en.pdf>

<https://www.lancaster.ac.uk/staff/emersone/FASSWeb/Emerson_08_PWLDinEngland.pdf>

## 5.5 QUESTIONNAIRE SUMMARY

**The educators**

The educators reported that as well as practical issues with contacting families of adults with LD, there is also an increasing drive to help AFMID to be as independent as possible and many institutions seek to promote this. Adults with LD may be referred via social or community organisations rather than with family involvement. Parents are often working so are not available during work hours (either to be involved in activities or to be consulted) and in some cases families are not in the same area as the AFMID.

Main channels of communication are traditional methods such as via personal contact or over the phone and most activity selection and behaviour regulation are done directly with the AFMID rather that by involving families. Consent form the AFMID is often sought/required before discussing things with the family.

Educators are keen to have more support and resources for delivering activities whilst personal difficulties and transportation tend to be the main reason that AFMID are not involved. Educators thought that they may be more engagement in activities if they could be carried out in the home environment, but it would depend on the family and the activity. Activities need to be simple and relevant to daily life.

**The families**

Most activities that are available are for adults with LD only apart from things such as family support groups and educational activities where the adult with LD is often accompanied by a family member. In some areas there are no activities available that are suitable for the adult with LD and a lack of understanding of the issues by educators/activity providers was highlighted as an issue. The majority of families do not meet directly with educators/activity providers, but activities are sometimes organised via secondary contacts such as support workers or support organisations for adults with LD. Even where there is contact with educators, this is not frequent (more frequent contact may be occurred in formal educational settings such as colleges than with community activity providers). In general, the AFMID chooses the activities that they want to attend but the parent may make these decisions where the AFMID lacks the capacity to do so.

Information about activities is usually obtained informally via word of mouth or browsing internet/social media or through leaflets or contact organisations/information providers for adults with LD. Email (mailing lists) and leaflets are the preferred method of contact. Families thought that activities were not advertised via the right communication channels and that care providers, LD social care services and information providers for adults with LD would be good routes to advertise (NOTE – it’s likely that this is because they are trusted services, as is advice and recommendations from others with LD).

Main issues in engaging with activities were lack of understanding from educators of the disability and communication difficulties, although one respondent said that they had no issues and educators were already doing enough. Families thought that the best way to improve educational activities would be to make them social with other families and having courses delivered & supported by individual s with expert knowledge of the disability and how to work with individuals with LD.

The main learning needs are independence, social skills and community involvement. This makes sense in context of the general move to enable AFMID to live independently in the community (as does the importance of financial and cooking skills) qualifications and functional skills were seen as less important. Other needs mentioned relate to being able to do and feel like any other member of society. It was also suggested that more services needed to work on the Social Model of Disability. 50% of families were happy with the service they received and 50% were not and suggested the best way that they could be improved was by providing services in all areas and ensuring tutors have the understanding of the needs of AFMID and how best to work with them.

# 6. CONCLUSIONS

**EDUCATOR QUESTIONNAIRE**

Apart from Italy, the significant majority of educators that participated in the questionnaire where female.

Although majority responded that it was easy to contact families with AFMID, educators participating in the questionnaires in Croatia and Italy faced difficulties in contacting those families. According to educators, lack of interest, closed nature of the family and lack of time and social media as well as the denial about their child's condition represented the main obstacles to reach families with AFMID.

As reported by educators in all partner countries, the main channels of communication used with families with AMFID are over the phone or in person; methods most frequently used by respondents are adapted communication, peer and volunteer support.

In order to successfully work with AFMID, the vast majority of educators identified the following features as important: patience, active listening, respect, open-mindedness.

Moreover, the questionnaire’s results revealed that families are often not responsive to approaches and this constitutes an obstacle for educators when implementing LL activities. Furthermore, educators had difficulties getting in touch with families. When confronted with a problem in LL activities, educators that participated in the questionnaire include the whole family in problem solving. According to respondents, training on new methodologies, more resources and more support staff would help them to improve their activities.

Educators were also asked to identify the elements for an effective communication strategy when involving families with AFMID in LL activities. In this regard, the most common answers were “empathy” and “predisposition to communication”. In addition to this, to communicate successfully with such families, the educator should be clear, simple, empathetic and cordial.

Concerning the development of an effective guided implementation of activities for family in their home environment, respondents identified different factors. According to Slovenian educators, small groups are key when implementing LL activities for families with AFMID in their home environment. Such activities should also help families to integrate in unfamiliar environment. In Italy, the family play an active role and they should be guided and accompanied, at least during the first period. In Croatia respondents thought that they may be more engaged in activities if they could be carried out in the home environment. According to British educators, activities need to be simple and relevant to daily life.

**FAMILY QUESTIONNAIRE SUMMARY**

All of the families that participated in the questionnaire have one family member with intellectual disability.

The majority of respondents have one family member with intellectual disability. Some families attend weekend seminars, lectures and seminars in order to support their AFMID while others participate in meetings to share experience, parents club, children and families club.

It is worth noting that in Slovenia most of the families do not meet with educators who implement activities before the start of them while in Croatia (70%) and Italy (100 %) the respondents would rather meet them. In the UK, the majority of families do not meet directly with educators but there may be secondary discussions with support workers or organisations to identify options for the coming year.

Unless the AFMID lacks the capacity to do so, the educational activities are usually chosen by the AFMID, including the family or the educators.

Most of the times, families get informed on learning and educational activities by the educators and institutions as well as by word of mouth. Families are informed about educational activities via the Internet/social media.

Questionnaire results showed that families prefer being contacted by e-mail or by phone.

Lack of time represents the biggest problem for families engaged in LL activities while most of them faced financial difficulties in accessing these activities. Furthermore, lack of understanding from educators of the disability and communication difficulties constituted one of the main issues for families when engaging with LL activities.

According to respondents, AFMID needs confidence, encouragement and sense of achievement during a learning activity.

The majority of families reported that socializing with other families and exchange of experiences would improve the educational activities they participate in. Respondents would also be keen on receiving support by an expert knowing how to work with individuals with LD.

Results of the questionnaire show similar situation in all participating countries about the learning needs of the AFMID. Independence, social skills and community involvement were selected as the main learning needs for concerned members of the family that participated in the questionnaire.

1. the process of providing **education** and information to those seeking or receiving health services, such as people diagnosed with mental health conditions, intellectual impairment or life-threatening/terminal illnesses and their family members, [↑](#footnote-ref-1)
2. **Andragogy** refers to a theory of adult **learning** that details some of the ways in which adults **learn** differently than children. For example, adults tend to be more self-directed, internally motivated, and ready to **learn**. [↑](#footnote-ref-2)