**INDUCATE**

**FACTORS AFFECTING ADULT EDUCATION EFFECTIVENESS ON LEARNERS WITH HEALTH RELATED CONDITIONS**

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Acronyms & Abbreviations

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| **INDUCATE Consortium** |
| PLUS | PARIS-LODRON-UNIVERSITAT SALZBURG |
| PROMEA | HELLENIC SOCIETY FOR PROMOTION OF RESEARCH AND DEVELOPMENT METHODOLOGIES ASTIKI ETAIRIA |
| ZIDINIO | Vilniaus “ZIDINIO” suaugusiuju gimnazija |
| AGORA | ASOCIACION DE PERSONAS PARTICIPANTES AGORA |
| GIP-FCIP Créteil | GIP FORMATION CONTINUE ET INSERTION PROFESSIONNELLE DE L’ACADEMIE DE CRETEIL |

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| **Other Abbreviations** |
| AE | Adult Education |
| HRC | Health-Related Conditions |

INTRODUCTION

According to the GRALE 2019, in many countries, disadvantaged groups – adults with disabilities, older adults, refugees and migrants, and minority groups – participate less in AE. We know less about the participation of these groups than for other sections of society. Yet this information is essential if we want to develop inclusive policies for all.

The European Disability Strategy 2010–2020 (EC, 2010) as well as WHO’s World Report on Disability (WHO, 2011) reflect a serious lack of attention to the role of AE. The WHO report on disability (<https://www.who.int/publications-detail/world-report-on-disability>) has a whole chapter about education, problems and barriers that people with disabilities might face. However, it is focused on children and primary and secondary education and do not make any reference to AE.

The lack of systematic evaluation and monitoring of impact on learners with health-related conditions prevents AE providers from designing improved practices. AE providers can significantly benefit from a systematic review of their effectiveness and from cross-fertilisation and transfer of experience on relevant policies; they need to adopt a systematic monitoring system to assess their impact on learners with health issues and develop informed quality improvement plans.

For this reason, the main objective of this report is to analyse and understand 10 factors that affect the quality and effectiveness of adult education on learners with health related conditions in Europe in order to provide trainers and staff with greater understanding on needs of this group. This way we help them to design and deliver more efficient education programmes, engage them in a self-assessment process to evaluate impact, adapt education to needs of learners with health conditions, develop quality improvement plans and finally exchange their practices.

METHODOLOGY

Information has been collected through a desk research and field research in the project’s consortium countries (Austria, Greece, France, Lithuania and Spain) and in other European ones. The desk research has gathered information from previous researches, relevant literature, academic journals, reports, assessment schemes, EU initiatives, etc. and the field research consisted of a survey using an online questionnaire that addressed to AE providers, key education stakeholders and learners with health related conditions for capturing their opinions on effectiveness. The total number of answers obtained through the questionnaire is 144.

We have ended up with a selection of 10 research and evidence based factors affecting adult education effectiveness on learners with health related conditions. Exclusionary and Transformative Dimensions, based on Communicative Methodology will be used for the analysis of the factors found: “The exclusionary dimensions are the barriers that face certain individuals and groups and that keep them from participating in certain areas or enjoying social benefits, such as the labour market or the educational system. The transformative dimensions are those that help to overcome such barriers. In critical communicative research, a transformative dimension is defined for every exclusionary one found”[[1]](#footnote-2). The elements that reproduce inequalities and prevent the successful inclusion of adults with health conditions in AE, and the elements that help and permit effectiveness of AE addressed to adults with health conditions will be identified.

CONCLUSIONS AND 10 FACTORS

In the course of the desk research, we found that there is a lack of nation-wide studies concerning the factors to be examined related to adult learners with health-related conditions and it is hard to find data about their participation in lifelong learning. The field research also showed a lack of knowledge by different actors about the participation of these learners, the challenges faced by educators and the ways to overcome them. A divergence of perspectives has also been identified regarding effectiveness. Resource-oriented reflection on practice and the inclusion of life conditions are other derived criteria.

With the information gathered through the desk and field research, 10 factors that affect effectiveness of AE on learners with HRC have been concluded:

* + - 1. Educators’ training

**Transformative dimension**

As mentioned before, teachers have a fundamental role for developing inclusive and equal education and continuous professional development is essential to be updated about good practices. The trainings offered to trainers should be based on evidence-based practices in order to ensure success in improving learning results for all, including learners with health related conditions. Sharing evidence-based methodologies and experiences among educators from different countries can also be helpful. The teachers’ attitude is also very important and it needs to be supportive but not intrusive and based on respect and acceptance of the student.

**Exclusory dimension**

It could be observed in the field research that a great number of respondents could not provide examples of effective adult education practices or factors that contribute to the quality and effectiveness of AE of learners with HRC. Despite most of the respondents being trainers or professionals related to AE, the results show that a great number of them are unfamiliar and the need of training related to learners with HRC. This is a concern to be addressed, as not knowing about the evidence-based practices can have a negative impact on students with HRC.

2. Support from family, classmates and the educational community

**Transformative dimension**

Learners with HRC need support from different agents like family, classmates and the whole educational community. Collaborative learning between colleagues like interactive groups helps the learner with content understanding, homework assignments completion, projects implementation. This support also fosters the learners’ motivations, which has been mentioned before as another important factor. The participation of the family and the community in the classroom and other spaces in the school, for example as volunteers, have also shown to improve learning results, solidarity in the classroom and the school, and cohesion in the community.

**Exclusory dimension**

Segregation and the exclusionfrom the ordinary classroom and activities of students with disabilities or HRC involve a lack of support from other classmates. It has been observed that the no-separation and acceptance within the group increases students’ learning expectations. Non-democratic school organizations that make participation of families and the community difficult are also exclusionary.

3. Communication, constant dialogue, and tutoring with the student

 **Transformative dimension**

Regular communication and dialogue with the student have been reported in the field research as one of the most decisive factors and it should be done both before and during the training with the student and with their family or other tutors. Educators should be ready to listen to the students’ needs in order to understand them, get involved and support and attend them properly. Some movements like the Democratic Adult Education (DAE) movement and learning communities are transformational education practices that seek equity, inclusion and are based on egalitarian dialogue among the whole educational community. Decisions concerning the learners’ educational process should be made in egalitarian dialogue with them, and not for them.

**Exclusionary dimension**

Due to the lack of time and therefore communication, too little attention is usually paid to learners with HRC and therefore, educators do not always know the needs of these learners. Needs analysis are often missing and trainers do not have knowledge about the particularities and consequences of the learners’ diseases at cognitive and physiological level.It is also exclusionary when decisions about the educational process are made only by educators, without egalitarian dialogue with the adult learners and, if possible, their families.

4. Flexibility and individual support

**Transformative dimension**

Flexibility and individualised support are key to facilitate the participation of these learners, especially regarding ways of learning since every learner presents a different situation and circumstances. Freedom for choosing the alternative method can be rather helpful. As instance, the “Universal Design” is an integrative approach that takes into account the needs of as many people as possible but offering flexibility in the ways students access materials, engage with it and show what they know. Therefore, flexible and learner-centredsupport adapted to the person's needs can contribute to lower the barriers that adults with HRC face in education. Providing spaces for extended learning beyond school hours has also shown to have a transforming effect in improving their learning opportunities without the need to segregate them from the general group, and maintaining high expectations in their learning capabilities.

**Exclusionary dimension**

Not receiving individualized support may have a negative effect on learning results, as students with health related conditions start with a disadvantage. Providing this individual support by segregating these students or lowering expectations by adapting their curriculum is not the solution, as that also has exclusionary effects. In general, there is a lack of extensive measures for specific support for adult students with HRC. In most reintegration programs or projects the factors taken into account are age, lack of qualification or learning difficulties, and learners with HRC are usually not outlined as a target group.

5. Motivate the students

**Transformative**

Some factors like the organization of the classroom can be a transformative factor that increases learner’s motivation, which has been reported as one the factors that increase effectiveness of learners with HRC. Heterogeneous groups have been proved as beneficial for all students since they all can help each other, interact and obtain the same benefits. Moreover, the expectations created with this organisation are high for all students, which foster motivation, a key to guarantee success and avoid dropouts. The involvement of families and educational community in the learning process and in the decision making spaces also has an impact on students’ motivation.

**Exclusionary dimension**

Some classroom organisations like homogeneous groups can have a negative effect on learners. In some countries, students are divided according to their levels, which can create lower expectation on those that are in the lower groups or have “adapted” curriculums. Learners’ motivation can be affected by this division, which increases the differences between students and can have an impact on participation and dropout rates of students with HRC.

6. Validation of competences and job coaching

**Transformative dimension**

Learners with HRC reintegrate more easily into the labour market after attending appropriate training programs and being in inclusive settings of education. The fact of obtaining a qualification, new skills and more job possibilities might foster their motivation to get involved in AE and it will also have an impact on their employability. Also the validation of different types of learning like the Validation of Prior Learning allow people to be recognised in their professional skills developed and acquired during their previous experiences.

**Exclusionary dimension**

However, most of the times AE does not lead to a qualification, which might discourage participation and lower the impact on their employability. The opportunity to validate all types of learning can encourage more people to participate in AE and foster their inclusion in the labour market.

7. Teaching methodologies that use technology

**Transformative dimension**

Attending the course can be challenging for students with HRC due to different reasons like accessibility, schedule of the courses, hospitalization times, etc. Online education and distance learning facilities have a great potential to improve the participation of these learners in AE: they permit more individualised learning since students can choose the place, time and learning rhythm and do not miss lessons. Therefore, online learning forms have the potential to eliminates barriers and promote equity and inclusion of learners with HRC. For courses that are not online based, providing easy online access to the materials and online tutoring or online interactions between learners can be helpful.

**Exclusionary dimension**

Online education might represent a barrier for some groups. Digital accessibility is essential and not everyone has Internet, a device with access to it or the necessary knowledge to carry out activities online. Moreover, digital learning resources are not always accessible to people with disabilities. Therefore, digital accessibility is a challenge to be addressed.

8. National support and educational policies

**Transformative dimension**

National support and educational policies that emphasise the importance of including learners with HRC and disabilities in lifelong learning can play a crucial role for encouraging participation and ensuring access and equity in the learning process. A transformative solution can be to form a network of cooperation and functional schemes among bodies / organizations of the civil society, local / regional authorities, social and employment services. Officers can detect who is in need of further education and training and steer them to the right direction. Moreover, better results are achieved when adult learners with HRC have a voice in the co-creation of educational policies addressed to them, as it ensures that the funding provided actually addresses their needs. The availability of funding is also essential to meet the learning needs of certain groups and reduce inequalities. It is necessary that policies address the needs of these learners.

**Exclusionary dimension**

It is exclusionary when policy makers do not include the voice of adults HRC when defining the policies addressed to them. Unfortunately, only a few examples of national strategies to promote access and inclusion of adult education learners with health related conditions can be found. It is necessary that states increase their efforts and funding to provide educational support and cover the educational needs of people with HRC with evidence-based co-created policies. Continuous training on evidence-based practices should also be provided to teachers in order to make sure that the education system is inclusive.

9. Educational counselling

**Transformative dimension**

Educational counselling can be a successful tool to reach learners with HRC, inform them about their opportunities and encourage their participation in lifelong learning. These coaching and guidance facilitates communication and dialogue with the learners and provides an opportunity to listen to them and their needs. It can also offer support during the learning process at all ages and facilitate their inclusion.

**Exclusionary dimension**

Adult educational guidance services are not always available everywhere or are not free, so the access is not equal. Moreover, sometimes adults do not know about the existence of these services or their staff may lack knowledge about certain groups’ needs like learners with HRC.

10. Multidisciplinary team

**Transformative dimension**

A multidisciplinary team and networking with AE providers, employment services, social and medical bodies and students are essential to encourage participation and promote an inclusive learning environment. Educators, social workers, doctors, psychologist, etc. need to work together in order to ensure a holistic care. Having one person in the staff supervising all the actions carried out with learners with HRC and ensuring the coordination of those that intervene can foster effectiveness.

**Exclusionary dimension**

It is exclusionary when educational, health care and social work professionals as well as other key agents from the community work separately with no coordination.

1. Gómez, Puigvert and Flecha (2011) ‘Critical Communicative Methodology: Informing Real Social Transformation Through Research’. *Qualitative Inquiry*, 17 (3), 235-245 [↑](#footnote-ref-2)