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Table of Contents

I. Acronyms & Abbreviations

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

Other Abbreviations	
AE	Adult Education
HRC	Health-Related Conditions

1. INTRODUCTION

Background information

Access to, quality, effectiveness and benefits of adult education remain elusive for many people with health-related conditions. According to the General Report on Adult Learning and Education (GRALE) 2019, in many countries, disadvantaged groups like adults with disabilities or older adults participate less in adult education (AE). In some countries, provision for these groups is regressing and we know less about their participation than for other sections of society. As a paradox, these groups that are often more in need of education to increase opportunities for social inclusion and employability, actually benefit less from it, because adult education (AE) providers do not often account for associated challenges. The lack of attention is also reflected in the European Disability Strategy 2010–2020 (EC, 2010) as well as in the WHO's World Report on Disability (WHO, 2011), which reflect a serious lack of attention to the role of AE.

Approximately 37% of people aged 16-64 in the EU reported a longstanding illness or health problem in 2018[1]. There is an international consensus that there is a need to enhance adults/ learners with health related conditions who are at risk of social exclusion, to develop their skills, knowledge and competence in order to get employed and active. They have the right, as everyone else, to acquire new skills that will enable them to participate fully in society and increase their employment opportunities. Adult education providers have a moral and social obligation to improve and provide learning offerings adapted to the needs of this group, as a means of strengthening social inclusion.

However, 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.

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[1] Eurostat (2020) *People having a long-standing illness or health problem, by sex, age and groups of country of birth* [online]. Available at:
https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_25&lang=en [Accessed 18 April 2020]

Objective

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.

2. 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, which exceeds the number of answers established in the research methodology (135). The distribution of the answers per country is the following one:

PARTNER	COUNTRY	NUMBER OF ANSWERS
PLUS	Austria	28
PROMEA	Greece	17
ZIDINO	Lithuania	34
AGORA	Spain	33
GIP-FCIP Créteil	France	19
-	Other EU countries	13
TOTAL		**144**

In the next sections of this report we will analyse the desk research and field research main findings. In order to carry out the desk research, effectiveness has been defined in 5 different terms:

1. Impact: performance of adult learners with health related issues at academic and other levels

2. Outreach: how AE providers make aware that they offer suitable educational programmes to learners with health related conditions.

3. Suitability: how materials and assessment are adjusted to learners needs.

4. Inclusion: how and to what extent are learners with health related conditions included into adult education.

5. Equity: equal access of all learners to AE, for instance assuring the access to online platforms, digital materials, etc.

Every question of the field research questionnaire has been analysed and a latent class analysis[2] has been applied to the open answer questions. The answers have been binary coded and then quantified.

After that 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"[3]. 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.

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[2] The latent class analysis has been carried out by PLUS.

[3] Gómez, Puigvert and Flecha (2011) 'Critical Communicative Methodology: Informing Real Social Transformation Through Research'. *Qualitative Inquiry*, 17 (3), 235-245

3. DESK RESEARCH ANALYSIS

3.1. IMPACT

3. 1.1. At academic level

Dropout rates are higher for students with disabilities and chronic conditions and their participation in education is significantly lower compared to those without. Moreover, there is a lower predisposition towards training by people with disabilities and greater barriers and difficulties in accessing training processes.

Education is a key aspect for the social and labour inclusion of people with disabilities and adult learning clearly has a role in redressing inequalities that have accrued earlier in the life course. Education has an impact on income, so scarcity is a factor leading to lower income. Therefore, individuals having lower education, like people with disabilities or health conditions, are more likely to experience poverty and consequently being socially excluded [4].

A tracer study conducted in Greece reported that 55% of 254 students with disabilities and chronic conditions dropout from Primary education and 44% of 255 students with disabilities and chronic conditions dropout from Preschool education between 1984 and 2000 [5].

In Spain, in 2017, early dropout rate of people with disabilities aged 16-24 represents a 43.2% (in contrast to a 25% for those without) and a 69.5% of people asked reported having experienced barriers in their training and a 28.5% indicated that they were because of a health problem or a chronic disease. Moreover, just a 15% of people with disability reached tertiary education (33% of people without reach it) and there is a 5.8% that have no studies (only a 0.5% for those without disabilities)[6].

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[4] Maldonienė, K. (2018). Įtraukus neįgaliųjų švietimas atveria galimybes dalyvauti įprastame gyvenime. *Epale – Electronic Platform for Adult Learning in Europe,* [online] Available at: https://epale.ec.europa.eu/lt/blog/itraukus-neigaliuju-svietimas-atveria-galimybes-dalyvauti-iprastame-gyvenime [Accessed 19 April 2019]

[5] (2014)«Διακρίσεις και εμπόδια στην επαγγελματική αποκατάσταση των ατόμων με αναπηρία αποφοίτων ΑΕΙ» , [online] Available at http://repository.edulll.gr/edulll/retrieve/10776/1839_%CE%9C%CE%95%CE%9B%CE%95%CE%A4%CE%97_%CE%94%CE%A1%CE%91%CE%A3%CE%97%201.pdf [Accessed 19 April 2019]

[6] Observatorio estatal de la discapacidad *(2020). Informe OLIVENZA 2017, sobre la situación general de la discapacidad en España* [online]. *Available at:* https://observatoriodeladiscapacidad.info/attachments/article/110/Informe%20Olivenza%202017%20v5.7.pdf *[Accessed: 20 April 2020]*

In the EU as a whole the rate of early leavers from school and education in 2011 was much higher for disabled people than for those not having a disability: 31.5 % compared with 12.3 %[7]. According to the Eurostat 2014, when asking about the obstacles to participation in lifelong learning for adults (25-64) a 13% of respondents answered that they could not participate in lifelong learning for health or age reasons. Other reasons for not participating are family responsibilities (21%), work schedule (13%), lack of prerequisites (7%) or funding (13%), among others.

According to the Eurydice report *Adult education and training in Europe* (2015), evidence collected from countries has shown that the adoption of certain practices in the way programmes are organised and delivered can facilitate adult participation in learning. **Flexibility is key,** particularly with respect to modes of learning to encourage lifelong learning. The provision of distance learning; breaking programmes into more manageable units of study or modules; credit-based qualifications; validating non-formal and informal learning; as well as ensuring permeability between levels and pathways, all contribute to lowering the barriers which hinder adult participation in education and training.

Moreover, **lifelong learning has been proved as good for health and well-being**, with a wide range of benefits and positive changes in self-rated health, lack of chronic health conditions, more civic participation, and more satisfaction with job or main activity. It also fosters self-esteem and confidence and have positive effects on personal development, attitudes, motivation and quality of life[8].

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[7] Eurostat (2014) *Disability statistics - access to education and training - Statistics Explained* [online]. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_access_to_education_and_training&oldid=413588#Disabled_people_leave_education_and_training_earlier [Accessed: 15 June 2020]

[8] Ravenhall, M. (2017) *ADULT LEARNING IS GOOD FOR YOUR HEALTH AND WELL-BEING - EPALE - European Commission* [online]. Available at: https://epale.ec.europa.eu/en/blog/breaking-news-adult-learning-good-your-health-and-well-being [Accessed: 15 June 2020]

Cedefop (2014). *Policy handbook: Access to and participation in continuous vocational education and training (CVET) in Europe* [online] Available at: https://www.cedefop.europa.eu/files/6125_en.pdf [Accessed 25 April 2020]

3.1.2. In the labour market

In Lithuania, in 2017, the unemployment rate of people with health related conditions exceeded the 70 %, while the general unemployment level was 8 %[9]. The number of individuals aged 25 – 64 provided with jobs by themselves / independently has been increasing up to 2016, and has started decreasing later on.

In Spain, in 2017, 2 / 3 people with a disability did not have a job and 90% of those who had it had a temporary contract. The jobs with the highest volume of contracts are low-skilled occupations like cleaning staff, manufacturing workers, concierge and lottery employees[10].

In France, in 2019, only 3.5% of people with disabilities are employed in the private sector and 515,000 are registered with the national employment agency. Their unemployment rate is double the national average (9% versus 18%). They are also older and have been inactive for longer[11] .

In 2011, 30.7 % of people aged 15-34 having a basic activity difficulty were neither in employment nor in any education or training in the EU-28. This is 15 percentage points higher than those in this age group without basic activity difficulty . The gap was much more marked (25 percentage points) for people with limitations in work caused by a long standing health problem or activity difficulty (LHPAD 40.4 % and 15.4 % respectively)[12].

In Austria, there is evidence that **participants with health related issues are reintegrated more easily into the labor market after having attended appropriate programs**, than without such programs. Moreover, adult learners with health related conditions usually benefit more of supported measures for

9 Maldonienė, K. (2018). *Įtraukus neįgaliųjų švietimas atveria galimybes dalyvauti įprastame gyvenime. Epale – Electronic Platform for Adult Learning in Europe* [online] Available at: https://epale.ec.europa.eu/lt/blog/itraukus-neigaliuju-svietimas-atveria-galimybes-dalyvauti-iprastame-gyvenime [Accessed 19 Apr. 2020].

[10] Observatorio estatal de la discapacidad *(*2020*). Informe OLIVENZA 2017, sobre la situación general de la discapacidad en España* [online]. *Available at: https://observatoriodeladiscapacidad.info/attachments/article/110/Informe%20Olivenza%202017%20v5.7.pdf [Accessed: 20 April 2020]*

[11] Le Monde (2019). *Handicap et emploi : briser les plafonds de verre* [online]. Available at: https://www.lemonde.fr/emploi/article/2019/11/29/handicap-et-emploi-briser-les-plafonds-de-verre_6021070_1698637.html [Accessed: 25 April 2020]

[12] Eurostat (2018) *Disability statistics - access to education and training - Statistics Explained* [online]. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_access_to_education_and_training&oldid=413588#Disabled_people_leave_education_and_training_earlier [Accessed: 25 April 2020]

labor market reintegration than learners without health related conditions, but usually with a time lag[13]. However, there is a lack of extensive special measures for adult learners with health related issues. Factors for reintegration programs are mainly: age, lack of qualification and learning difficulties. Adult learners with health related issues are rarely outlined as a special target group in the running projects.[14]

There is also evidence at EU level that **attending an inclusive education setting is one of the factors that increase the likelihood of people with disabilities being employed.** An inclusive setting leads to academic and vocational qualifications and skills that increase the likelihood of choosing other forms of employment, such as supported employment, open employment and self-employment[15].

3. 2. SUITABILITY

3.2.1. Materials

Students with longstanding health conditions struggle with the demanding schedule of courses due to occasional need of hospitalization. The use of **digitised materials** is recommended so that content from missed units can be made up by participants with high sick-rates.[16] In a dissertation exploring the admission of students with disabilities / chronic conditions into universities in Greece it was proved (in interviews' results) that the use of technology and library was really helpful (Linardou, Minos, 2017, p.8)[17].

In fact, adults spend a lot of time learning independently and most people use internet and computer. Therefore, if we are intending to promote adult learning,

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[13] Reidl, C., Eppel, R., Leoni, T., Mahringer, H., Hausegger, T., & Weber, F. (2017) 'Einsatz und Wirkung aktiver arbeitsmarktpolitischer Maßnahmen für Personen mit gesundheitlichen Einschränkungen: eine Evaluierung für Oberösterreich', *Sozialpolitische Studienreihe*, 22 [online]. Available at: https://nbn-resolving.org/urn:nbn:de:0168ssoar-56504-3 [Accessed: 23 April 2020]

[14] Statistic Service of Austrian Employment Service, telephone call: 23rd April 2020, Mrs. Auer.

[15] European Agency for Special Needs and Education (2018) *Evidence of the Link Between Inclusive Education and Social Inclusion: Final Summary Report* [online]. Available at: https://www.european-agency.org/sites/default/files/evidence-final-summary_en.pdf [Accessed 20 April 2020]

[16] Grill, I. (2005) *Inklusive Bildung. Erste Schritte zu einer gemeinsamen Erwachsenenbildung für behinderte und nichtbehinderte Menschen*, Equal-Projekt sensi_tec, Online Schulungs- und Beratungsges.mbH, p.39.

[17] Linardou, A., Minos, A. (2017) *The integration of students with disabilities in higher education: problems and prospects. The example of Athens School of Fine Arts* [online]. Available at: https://apothesis.lib.teicrete.gr/handle/11713/8122 [Accessed 23 April 2020]

it is necessary to develop available learning forms including the creation of more educational programs and the i**mprovement of distant learning facilities**[18]. According to the UNESCO, Information and communication technologies (ICTs) are seen as holding great potential for improving access by adults to a variety of learning opportunities and promoting equity and inclusion, since they offer innovative possibilities for lifelong learning and reduce the dependence on traditional formal structures of education and permits individualized learning.

The concept of "**Universal Design**" is also proposed, which promises to support diversity in education. It is an integrative approach that takes into account the needs of as many people as possible instead of focusing on individual solutions. For this design to be truly universal, the participation of adults with health related conditions in the **co-creation** of materials is a key factor[19]. It has also been proposed to enable webinars, which could enable people who are (temporarily) mobility-impaired to take part in further training courses. There are several tools like "Skype" and "Zoom" that can be used. "Plickers" is recommended f.e. for quick knowledge checks in a training course and "Answer Garden" as web tool to quickly collect short answers, ideas and feedback from adult learners [20].

3.2.2. Programs and qualification

Most of the adult education offers do not lead to a qualification, which might discourage people to participate in them. The opportunity to validate all types of learning could encourage more people to participate in lifelong learning education. Most validation systems that exist are just a collection of initiatives and procedures and qualifications would need to be integrated into the national or European qualification frameworks.

However, in France there are **different programs to obtain a certification or diploma depending on the person's profile and experience** like the

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[18] Bakonis, E., Balevičienė, S., Gražytė-Skominienė, A., Mikėnė, S., Paurienė, L. (2019). *Valstybės švietimo 2013 – 2022 metų strategijos įgyvendinimo pusiaukelė.* 1st ed. [pdf] Vilnius: Švietimo aprūpinimo centras, p. 105-106. Available at: http://www.nmva.smm.lt/wp-content/uploads/2019/10/Valstybines-svietimo-strategijos-%C4%AFgyvendinimo-pusiaukele_internetinis.pdf [Accessed 19 April 2020]

[19]   Lubicz-Nawrocka, T. (2018) "Students as partners in learning and teaching: The benefits of co-creation of the curriculum", International Journal for Students as Partners, 2(1), p. 47-63. doi: 10.15173/ijsap.v2i1.3207.

[20] Eder-Gregor, B., Speta, E.M., Bäck, K. (2019) Praxis: barrierefreie Bildungs- und Beratungsangebote. In: Eder-Gregor, B., Speta, E.M., Bäck, K.: Barrierefreie Erwachsenenbildung (Dossier erwachsenenbildung.at). Graz: CONEDU – Verein für Bildungsforschung und -medien, p. 13-31.

Validation of Prior Learning[21] , which is based on the recognition of the skills and knowledge developed and acquired during one's experience. Twenty years ago, a project called "Different and Competent"[22]was developed in France : today a national network, it allows people with disabilities to be recognized in their professional abilities. It recognizes what the person achieves today and what they do not yet fully master. This recognition makes it possible to remove doubts, reinforce a situation of success and to project positively into the future.

Moreover, people with health-related conditions can benefit from practice enterprises, which are a pedagogical environment and way of re-employment. These practice enterprises are located in adult training centres and reproduce all the traditional services of companies: during his/her training, the trainee acts as if he/ she was working in a real company. Today there are 110 of them in France[23].

In France, all universities are organized with a dedicated service to accompany students who have health related conditions (when it is declared as a handicap). Tools for teachers and students have been developed[24] .

3.2.3. Assessment

"Although alternative methods of assessment is not established and it is up to instructors' initiative, students admit that **the freedom of choosing the alternative method** is rather helpful" (Polemikos N., et al., 2010, p.86).[25] Therefore, it is beneficial for students' voice and opinion to be taken into account when planning the curriculum of a course and how it should be assessed. There are previous successful experiences of participative processes with adults for the elaboration of educational curriculums, such as the participative process

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[21] Republique française (2019) *Validation des acquis de l'expérience* (VAE) [online]. Available at: https://www.service-public.fr/particuliers/vosdroits/F2401 [Accessed 23 April 2020]

[22] Différent et compétent (2019) *Différent et compétent réseau* [online]. Available at: https://www.differentetcompetent.org/ [Accessed 23 April 2020]

[23] Réseau national des Entreprises d'Entraînement ou Pédagogiques (2020) REEP Euro Ent'ent [online]. Available at: https://euroentent.net/ [Accessed 10 July 2020]

[24] SciencesPo (2016) *Disability: getting it right* [online]. Available at: https://www.sciencespo.fr/enseignants/sites/sciencespo.fr.enseignants/files/guide-sensibilisation-handicap-en.pdf [Accessed 23 April 2020]

[25] Polemikos N., et al. (2010) *Education of children with special needs* [online]. Available at: https://apothesis.lib.teicrete.gr/handle/11713/8122 [Accessed 23 April 2020]

implemented by the EDU-FIN (2014-2016) project in Spain, Austria, Italy, Bulgaria and the United Kingdom.[26]

It has been established by scientific literature that "These students can find more difficulties to progress with the educational system due to practices of segregation and curriculum adaptation which sum up to their individual difficulties and have exclusionary consequences which limit their learning possibilities" (Molin, Rios, 2010. p. 2)[27.] In order to transform this situation, students with health related conditions should be ensured access to relevant learning contents.

For its assessment, in line with the Dialogic Adult Education Movement, a dialogic assessment is encouraged. This means that dialogic assessment and reflection intend to break with the circle of loss of meaning that happens when the voices of the participants are not included in this key moment of the process. If they see that their contributions to improve the courses are really taken into account, and that they have an active role during the whole process, it produces a transformative circle that promotes higher self-esteem and creation of meaning.[28]

3.2.4. Teachers

The changing demands on the teaching profession require educators to **develop an ever wider range of digital competences.** Reference is made to the "DigCompEdu Competence Framework" (also available for adult education), which aims to record the specific digital competences that educators need in the context of their work.

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[26] EDU-FIN Consortium (2014-2016). *The EDU-FIN Methodology: Promoting participative processes with young adults in the elaboration of educational curriculums*. Available at: https://edufinproject.eu/outcomes/methodology [Accessed 25 June 2020)

[27] Molina, S. (2017). *Including students with disabilities in Learning Communities.* Psychology, Society, & Education, [online] 2(1), p.1. Available at: https://www.comunidadedeaprendizagem.com/uploads/materials/251/7ef4a43908a9ff3b4aa9b4e06555e63b.pdf [Accessed 16 Mar. 2020].

28 digiUP CONSORTIUM (2017). *digiUP Methodology: Interactive groups for digital inclusion through intergenerational learning*. [online]. Available at: http://digiupproject.eu/guide/wp-content/uploads/2017/11/Metodologia-Ingles-Final.pdf%20 [Accessed 25 June 2020]

It is recommended that **the attitude to adopt towards any student with a disability should be supportive** yet unobtrusive so as not to stigmatise the student [29].

Continuous training is also important. For example, in Spain school teachers (primary and secondary education) are involved in continuous training related to the attention of students with Specific Learning Difficulties (SLD).

The dissemination of working methods applied to adult learning is also a factor to consider. Educators from all over Europe share methodologies and experience applied in adult learning process via / using "Epale" (Electronic Platform for Adult Learning in Europe). Moreover, some European projects like the B-Inclusive project (2015)[30] have established some **recommendations for adult educators** on how to create a more inclusive environment for students with special needs:

1. Collaborative learning: a learning colleague helps the learner with health related conditions with content understanding, homework assignments completion, projects implementation.

2. Teacher's attitude – it is very important to accept and respect a learner with health related conditions. It often becomes more important than proper content appliance.

3. Presentation of the content appliance was also positively assessed by health learners; moreover, some teachers found learning process better and the content valuable as well. It is important to reduce the insecurity sense for   society, teachers and learners

5. Time – over a certain time period and more experience gained - teachers and learners feel more relaxed and friendly.

6. Distribution – participating in particular courses strengthens their involvement in public environment increasing the number of possible acquaintances willing to greet and approach one another being in other social environment.

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[29] SciencesPo (2016) *Disability: getting it right* [online]. Available at: https://www.sciencespo.fr/enseignants/sites/sciencespo.fr.enseignants/files/guide-sensibilisation-handicap-en.pdf [Accessed 23 April 2020]

[30] B-inclusive.net (2015). *B-Inclusive – Adult Education for All Official Website*. [online] Available at: https://www.b-inclusive.net/specific-guidelines/in-lithuanian/ [Accessed 19 April 2020]

3.2.5. Teaching methods

Regarding teaching methods, it is important that teachers and volunteers in adult education are trained on **evidence based practices** that been proven to achieve successful learning results with all adult learners, including students with health related conditions. Scientific research shows that, when educational policies are coherent with research evidence, it implies an educational improvement. When implemented policies are not evidence-based, no social impact is achieved or, if there is, it is a negative impact.[31]

Previous research on evidence-based teaching methods by the INCLUD-ED (2006-2011) project shows that some important aspects to take into account are[32]:

1. **Heterogeneous groups with reorganization of resources**: Through dialogic interactions between learners with diverse characteristics (with and without health related conditions, different learning levels, different cultures…) in small groups (Interactive Groups), and with the help of volunteers and the teacher, a better attention to learners is ensured and better results are achieved both in learning outcomes and in solidarity between classmates.

2. **Extension of learning time**: Instead of segregating or adapting the curriculum of students with health related conditions, extending the learning time beyond school hours has shown successful results. This consists on providing additional help individually or in small groups, without separating the students from the general group, at the same time that it improves their learning opportunities.

3. **Fostering interaction between learners**.

4. **High expectations**: They are especially important with learners with health related conditions, as they start with disadvantage. This does not mean that educators should not be aware of the difficulties, but that they should implement evidence based practices that promote successful learning results for all.

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[31] García, R.F. and Roldán, S.M. (2015). *Actuaciones educativas de éxito como base de una política educativa basada en evidencias. Avances en Supervisión Educativa* [online] (23). Available at: https://avances.adide.org/index.php/ase/article/view/23 [Accessed 26 Jun. 2020].

[32] Roldán, S.M. and Holland, C. (2010). Educación especial e inclusión: aportaciones desde la investigación. *Revista Educación y Pedagogía*, [online] 22(56), p.31–44. Available at: https://dialnet.unirioja.es/servlet/articulo?codigo=3648593 [Accessed 26 Jun. 2020].

5. **Participation of the community in the learning activities**: The participation of families and the community in the classroom as volunteers or in other aspects of the school imply both an increase of available personal resources and better learning results.

6. **Participation of the families and educational community in the decision making spaces:** This participation has direct impact not only on better learning results and motivation, it also contributes to the establishment of positive relationships within learners as they develop a sense of solidarity. It also has a positive impact on the community, as it fosters better cohesion.

Flexible and learner-centered methods are necessary, adapted to the disability and tailored to the person needs. For example, simplified language and less focus on written language could benefit not only people with special educational needs but also migrants and older people.

Career guidance and coaching for students and continuous professional development of educators should be incorporated in the adult education systems[33].

3.3. OUTREACH

a) Educational counselling has also been mentioned as a successful tool to inform people, make them aware of their opportunities and encourage them to participate in education and training [34]. Furthermore, 'effective information, guidance and counselling services can help create accessible learning environments, support learning at all ages and in a range of settings, and empower citizens to manage their learning and work' (OECD 2010, p. 86).

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[33] Cedefop (2015) *CVET in Europe: the way ahead* [online]. Available at: https://www.cedefop.europa.eu/files/3070_en.pdf [Accessed 22 April 2020]

Ebner, G. (2017) *EPALE Discussion Summary: How to improve adult learning for people with disabilities?* [online]. Available at: https://epale.ec.europa.eu/en/blog/epale-discussion-summary-how-improve-adult-learning-people-disabilities [Accessed 22 April 2020]

[34] biv - die Akademie für integrative Bildung (2017) *Bildungsberatung barrierefrei - Leitfaden für Bildungs- und BerufsberaterInnen* [online]. Available at: https://epale.ec.europa.eu/sites/default/files/bildungsberatung_barrierefrei.pdf. [Accessed 23 April 2020]

However, in some countries like Lithuania, adult educational guidance services are fragmented: services are not equally distributed throughout the country; adults are not always aware of the availability of such services in their neighbourhood; services are not always targeted to low-educated adults, and guidance staff may lack knowledge of and tools for this group [35].

b) Design measures for people with health related issues like sufficient time for consultation, good networking and cooperation between the institutions and partners involved or more flexible access to work assistance or a reduction of the numerous funding options are some aspects considered beneficial [36].

c) Informing people about the needs for and benefits of participating in education is crucial to motivate them. They need to credible and complete information in order to be aware not only of the benefits but also of the costs and how financing is organised [37].

d) The presence of learners with disabilities in promotional materials is also another aspect to take into consideration. There is a need for good marketing. Learners with disabilities or from other vulnerable groups should be visible in the promotional materials, otherwise they might think they are not addressed to them or they are not welcomed [38] .

e) Networking of AE providers, labour market services and learners are essential to guarantee that learners are informed timely about the existing programs and participation conditions [39]. In France, learners can be addressed by a number of specialized structures dealing with vulnerable people working together (carer, trainers, social workers, etc.) adapting training rhythm, methods. Some training centres/ care centres have developed "care and training" paths and in the case of long lasting health issues, young adults can

[35] Carpentieri, JD, Litster, J., Cara, O., Popov, J. (2018). *Final cross-country evaluation report.* [pdf] London: UCL Institute of Education, p. 28. Available at: https://www.kpmpc.lt/kpmpc/wp-content/uploads/2016/02/GOAL_final-cross-country-evaluation-report.pdf [Accessed 23 April 2020]

[36] Reidl, C., Eppel, R., Leoni, T., Mahringer, H., Hausegger, T., & Weber, F. (2017) 'Einsatz und Wirkung aktiver arbeitsmarktpolitischer Maßnahmen für Personen mit gesundheitlichen Einschränkungen: eine Evaluierung für Oberösterreich', *Sozialpolitische Studienreihe*, 22, p. 197 [online]. Available at: https://nbn-resolving.org/urn:nbn:de:0168-ssoar-56504-3 [Accessed 23 April 2020]

[37] Cedefop (2015) *CVET in Europe: the way ahead* [online]. Available at: https://www.cedefop.europa.eu/files/3070_en.pdf [Accessed 22 April 2020]

[38] Ebner, G. (2017) *EPALE Discussion Summary: How to improve adult learning for people with disabilities?* [online]. Available at: https://epale.ec.europa.eu/en/blog/epale-discussion-summary-how-improve-adult-learning-people-disabilities [Accessed 22 April 2020]

[39] fit2work service (2019) *fit2work* [online]. Available at: /https://fit2work.at/artikel/downloads-materialien-3 [Accessed 23 April 2020]

experience this recovering path. It is not just a question of studying in spite of (sickness) , it is about creating the conditions of re-building (of oneself). In order to make this possible there is a **need of transdisciplinary**, that is, an individualized but global care to create a space to rebuild self-identity [40].

f) Vital for the success of AE measures are **voluntariness**, clear structures of the programs as well as free access to them

g) National support and educational policies can be crucial. National action plans, like the one in Greece[41] can also be useful to ensure education of disabled people and ensure the access to all educational levels without discrimination. The Greek program also states the need to "Develop targeted lifelong educational programs addressed specifically to individuals with disabilities/ health related conditions who are facing multiple discriminations". In France, in 2019 2019, an inter-ministerial roadmap for the reform of the employment policy for people with disabilities. was presented: it aims at increasing their skills level through learning, professional training and national investment projects in skills[42]. In Spain, it is responsibility of the education administrations to encourage students with special educational needs to continue with post compulsory education (VET for example) [43].

The role of AE policies is also essential. According to the UNESCO's GRALE report (2019), "The greater the extent to which AE policies address the learning needs of certain target groups, the more funding is allocated to meet these needs, and thus inequalities in access to AE tend to be reduced, leading countries to gain

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[40] Foundation Santé des Étudiants de France (2020) *Les services soins-études* [online]. Available at: http://www.fsef.net/index.php/types-de-prise-en-charge/hospitalisations-en-psychiatrie/les-services-soins-etudes [Accessed 23 April 2020]

[41] National Confederation of Disabled People (2019) *National action plan aiming at social inclusion and protection of rights of all disabled people, longstanding conditions and their families in order to lift all sorts of discrimination against them* [online]. Available at: https://www.esamea.gr/publications/others/4257-ethniko-programma-gia-tin-efarmogi-tis-symbasis-gia-ta-dikaiomata-ton-atomon-me-anapiria [Accessed 23 April 2020]

[42] Ministère du travail, de l'emploi et de l'insertion (2019) Stratégie pour l'emploi des personnes en situation de handicap [online]. Available at: https://travail-emploi.gouv.fr/actualites/l-actualite-du-ministere/article/osonslemploi-strategie-pour-l-emploi-des-personnes-en-situation-de-handicap [Accessed 10 July 2020]

République Française (2020) Étudiants en situation de handicap [online]. Available at:https://www.etudiant.gouv.fr/pid38441/etudiants-en-situation-de-handicap.html [Accessed 23 April 2020]

[43] European Agency for Special Needs and Inclusive Education (2020) Country reports [online]. Available at: https://www.european-agency.org/country-information/reports?country%5B204%5D=204 [Accessed 22 April 2020]

the fruits of AE investment. Therefore, it is crucial that policies address the learning needs of certain groups like people with health conditions.

h) The search and source of information should also be considered. In the EU a 27 % of people search for information about learning opportunities, whereas a 73 % do not conduct such activities. **Those with lower educational level are less likely to look for information about learning opportunities**. For this reason, "efforts should be out to reach out this group of adults and make them aware of the available learning offer or enable them to cooperate in creating new provision tailored to their particular needs" [44].

In Spain, an 81% of the information received about training is online and most of it comes from a training centre (56%) [45] and according to the Adult Education Survey most adults that search for information about learning opportunities in the EU do it on the Internet. Around half of the European countries have created online databases that provide information about lifelong learning opportunities. These databases can represent a way to widen outreach and access strategies [46].

3.4. INCLUSION

According to the UNESCO (2015) **defining inclusive education is challenging** since there is no universal agreement on what constitutes inclusive education. "Historically, disability has been understood using a medical model, which defines disabilities in terms of categorization of impairment, such as being blind, deaf or mute, or physically or mentally handicapped. This model has often led to social segregation [...] through placement in separate special needs schools away from mainstream education [...]". But in the last years awareness has been raised from a social perspective and this implies the inclusion of children with disabilities in mainstream education instead of placing them in special

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[44] European Commission, EACEA, Eurydice (2015) *Adult education and training in Europe: widening access to learning opportunities* [online]. Available at: https://op.europa.eu/en/publication-detail/-/publication/aaeac7ed-7bad-11e5-9fae-01aa75ed71a1/language-en [Accessed 22 April 2020]

[45] Instituto Nacional de Estadística (2016) *Encuesta sobre la participación de la población adulta en actividades de aprendizaje* [online]. Available at: https://www.ine.es/dynt3/inebase/index.htm?padre=4475&capsel=4529 [Accessed 22 April 2020]

[46] European Commission, EACEA, Eurydice (2015) *Adult education and training in Europe: widening access to learning opportunities* [online]. Available at: https://op.europa.eu/en/publication-detail/-/publication/aaeac7ed-7bad-11e5-9fae-01aa75ed71a1/language-en [Accessed 22 April 2020]

schools. "However, this is still difficult to achieve in practice, and segregation tends to be the dominant practice in many countries" [47].

According to Statistics **Austria** (Mikrozensus 2015), 18.4% of the Austrian resident population live with a permanent health related condition (longer than 6 months). However, there is lack of research concerning the inclusion of people with long-standing health related problems or chronic illnesses in adult education and their level of participation in adult learning is not surveyed. Either they are not mentioned as a target group (the publications only refer to people with disabilities) or they are subsumed in the group of people with disabilities and are not considered as a separate group [48].

In **Lithuania** in 2019[49], a share of under 5 % was recorded for disabled persons participated in life-long learning compared with 23 % for the not disabled. It is one of the largest differences between disabled and non-disabled participants in life-long learning in EU. The main obstacles to participate in adult education are the inaccessible environment, the fear and lack of knowledge of professionals and stigma and fear to communicate with differently looking persons [50]. The situation is similar in higher education institutions, where only a 0,65 % had a disability or health related condition in 2017-2018 [51].

There is no united system taking care of the disabled education and integration, but integrated learning is one of the main integration means for the learners with health related conditions, if professionally applied, ensuring not only better education of learners having health problems, but also expanding possibilities to live an ordinary life better [52].

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[47] UNESCO (2015) *Education for All 2000-2015: achievements and challenges; EFA global monitoring report, 2015* [online]. Available at: https://unesdoc.unesco.org/ark:/48223/pf0000232205 [Accessed 25 April 2020]

[48] Statistik Austria (2016) Menschen mit Beeinträchtigungen. Ergebnisse des Mikrozensus Zusatzfragen 4. Quartal 2015, Wien: Bundesministerium für Arbeit, Soziales und Konsumentenschutz.

Statistik Austria (2017) Bericht der Bundesregierung über die Lage der Menschen mit Behinderungen in Österreich 2016, Wien: Bundesministerium für Arbeit, Soziales und Konsumentenschutz, p. 239 ff.

[49] Eurostat Statistics Explained (2019). *Eurostat Statistics Explained Database* [online] Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Archive:Disability_statistics_-_access_to_education_and_training&direction=next&oldid=413588 [Accessed 19 April 2020]

[50] B-inclusive.net (2015) *B-Inclusive – Adult Education for All Official Website* [online]. Available at: https://www.b-inclusive.net/obstacles/lithuania/ [Accessed 20 April 2020]

[51] Lnf.lt (2019) *Official Website of the Lithuanian Disability Organizations Forum* [online]. Available at: https://www.lnf.lt/svietimas/?lang=lt [Accessed 20 April 2020]

[52] Maldonienė, K. (2018) Įtraukus neįgaliųjų švietimas atveria galimybes dalyvauti įprastame gyvenime. *Epale – Electronic Platform for Adult Learning in Europe* [online]. Available at: https://epale.ec.europa.eu/lt/blog/itraukus-neigaliuju-svietimas-atveria-galimybes-dalyvauti-iprastame-gyvenime [Accessed 19 April 2020]

In **France** today, training organisations are strongly encouraged to open up to universal design for learning to be able to propose accessibility to the great majority (collective but flexible solution) and if it is not possible compensation (individual solution). This should ease their being certified with a compulsory certification label for training organizations. Its principles are: presenting information and content in different ways; offering trainees many means of action and expression and offering many means of participation [53].

In **Greece**, they have observed how a "**full exploitation of technology** in adult education to learners with disabilities result to withdrawal of barriers and exclusion; their participation increase educational process and access to a more analytic schedule" [54].

According to the ONU Committee on the Rights of Persons with Disabilities, **Spain** has an exclusive and segregating education system, which excludes people with intellectual disabilities or special needs (period from 2011). In fact, according to the OLIVENZA report (2017)[55], an 80% of students with special needs were in normal schools, while a 20% was attending a special needs school. Moreover, while the report was elaborated, just a 6.9% of people with disabilities were carrying out some training, in contrast with an 18.5% of the population without disabilities.

Yet there are some current practices of **Democratic Adult Education (DAE) movement** in Spain which reveal a completely opposite and more inclusive standpoint on adult education. The DAE movement "proposes an education based on egalitarian dialogue among all people who are part of the educational

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[53] Capform Express (2020) *Handicap* [online]. Available at: https://www.capformexpress.fr/?s=handicap&post_type=webtv [Accessed 19 April 2020]

Wakefield, Ma.(2018) *The Universal Design for Learning guidelines* [online]. Available at: http://udlguidelines.cast.org/binaries/content/assets/udlguidelines/udlg-v2-2/udlg_graphicorganizer_v2-2_numbers-yes.pdf [Accessed 23 April 2020]

République Française, Ministère du travail (2020) *Référentiel national qualité mentionné à l'article L.6313-3 du Code du travail* [online]. Available at:https://travail-emploi.gouv.fr/IMG/pdf/guide_referentiel_qualite_28-02.pdf [Accessed 23 April 2020]

[54] Polemikos N., et al. (2010) *Education of children with special needs* [online]. Available at: https://apothesis.lib.teicrete.gr/handle/11713/8122 [Accessed 23 April 2020]

[55] Observatorio estatal de la discapacidad *(2020). Informe OLIVENZA 2017, sobre la situación general de la discapacidad en España* [online]. *Available at: https://observatoriodeladiscapacidad.info/attachments/article/110/Informe%20Olivenza%202017%20v5.7.pdf* [Accessed: 20 April 2020]

community and in which the participant is the protagonist of the educational process. […] The DAE movement in Spain has demonstrated going a step further in promoting social inclusion by including participants' voices and creating solidarity contexts. The DAE movement is a transformational and committed educational practice seeking quality education for all, particularly those most at risk of social exclusion" [56]. It is currently influencing other movements, organizations, and schools locally, nationally, and internationally.

According to the Eurostat (2014), at **European level**, less than 10 % of disabled people participated in education and training in contrast with about a 21 % for those not disabled in the EU-28. The highest participation was reported by Denmark, Finland, Iceland, Sweden and Switzerland, with shares between 20 % and 30 %. In contrast, countries like Greece, Hungary, Poland, Romania, Slovakia and Turkey registered values of around 4 % or lower. This difference emphasises inequalities since countries with fewer opportunities for adult learning have the greatest inequalities in access [57].

As stated in the GRALE (2019), "despite policy documents stating the need to reach adults with disabilities, the situation is disappointing". A 30% of countries that participated did not have information about participation of adults with disabilities in adult education and 26% did not know about provision for these adults.

There are very few examples of national strategies that would encompass adult learning. In Portugal, however, a validation programme for learners with disabilities has received support from national agencies and there have also been initiatives at the European level – for example the European Disability Strategy – that emphasise the importance of including disabled learners in lifelong learning programmes [58].

The Cedefop (2014), reported that **Continuous Vocational Education and Training can contribute to equality and inclusion.** Most countries report

[56] Oliver, Tellado, Yuste, Larena-Fernández (2016). 'The History of the Democratic Adult Education Movement in Spain'. *Teachers College Record*, 118 (4), p. 1-31

[57] Eurostat (2014) *Disability statistics - access to education and training - Statistics Explained* [online]. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_access_to_education_and_training&oldid=413588#Disabled_people_leave_education_and_training_earlier [Accessed: 15 June 2020]

[58] Ebner, G. (2017) *EPALE Discussion Summary: How to improve adult learning for people with disabilities?* [online]. Available at: https://epale.ec.europa.eu/en/blog/epale-discussion-summary-how-improve-adult-learning-people-disabilities [Accessed 22 April 2020]

positive effects on the integration of disadvantaged groups, so it is important to "consider how CVET can improve this and be an integrative part of a wider, macro-social policy framework on equality and inclusion" [59].

At a **European level**, educational inclusion has been defined as:

1. Inclusion as response to diversity
2. Inclusion as being educated together and belonging to the group
3. Inclusion as the access to relevant learning contents
4. Inclusion as the transformation of the school

Previous research has shown key findings for a successful inclusive education for all. The INCLUD-ED project (2006-2011)[60], with the objective to distinguish which actions contribute to educational success and social inclusion, identified three different forms of organizing the classroom with a study done on 14 different European countries:

1. **Mixture**: There are a lot of learners in the same classroom with only one teacher. Profiles are diverse, but it is based on an individualized attention from the teacher. It is difficult for the teacher to respond to everyone's needs alone, and consequently not everyone can follow the lesson. Therefore, it doesn't respond to everyone's needs.

2. **Streaming**: Due to the difficulties of the mixture model, some countries have decided to organize their classrooms in homogenous groups. This sometimes means separating students in other schools or classrooms, other times it implies lowering learning expectations on them by "adapting" their curriculum to a lower level. This is a model that segregates students, increasing the differences between them. It not only reduces the possibilities of learning for those with more difficulties; it is disadvantageous for all.

3. **Inclusion**: all inclusive models have one thing in common, and it is that they work in heterogeneous groups. Research shows that the presence of adults with different characteristics fosters interactions and dynamics

[59] Cedefop (2014). *Policy handbook: Access to and participation in continuous vocational education and training (CVET) in Europe.* Luxembourg: Publications Office of the European Union. Cedefop working paper; No 25

[60] INCLUD-ED Consortium. (2011). *INCLUD-ED: Strategies for Inclusion and Social Cohesion in Europe from Education*. Available at: https://cordis.europa.eu/project/id/28603 [Accessed: June 25 of 2020]

which are beneficial for a better learning for all[61]. With different capabilities, everyone can help one another and contribute. It consists on reorganizing the resources of the educational community to give the needed support inside the classroom. This way, with the help of volunteers to ensure the interactions in the groups, the learning results of all are improved with high expectations for all, and consequently, this is a model that responds to everyone's needs. This is the type of organization present in Interactive Groups.

3.5. EQUITY

"Equality" means that assistance and support measures must be offered to compensate as far as possible for any disadvantages. An example in the context of adult education would be a flexible framework for teaching and learning methods. Learners can choose between different methods. Different types of materials are used (written materials, videos, audio recordings, etc.) to allow different approaches to learning and the recording of knowledge. They could target an access for people with health problems, as it is natural for people without health problems.

In **Austria**, there is **no explicit right of people with disabilities to adult education** in the Adult Education Promotion Act, but they are not excluded (Erwachsenenbildungsförderungsgesetz, 1973). There are concrete efforts and initiatives, predominantly with a focus on practicability and implementation, to open adult educational institutions to people with disabilities. The area of continuing vocational training is more clearly defined by the legal foundations than that of general adult education. The Federal Disability Employment Act (Bundesbehinderteneinstellungsgesetz) explicitly mentions access to continuing vocational education and training [62].

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[61] Molina, S. & Christou, M. (2009). "Educational Inclusion and Critical Pedagogy." Teoría de la Educación, Vol. 10 (3), p. 31-55. (in English). Revista Electrónica Teoría de la Educación. [online] Available at: https://www.academia.edu/451620/Molina_S._and_Christou_M._2009_._Educational_Inclusion_and_Critical_Pedagogy._Teor%C3%ADa_de_la_Educaci [Accessed 26 Jun. 2020].

[62] Biewer, Gottfried (2017) Grundlagen der Heilpädagogik und Inklusiven Pädagogik. 3. überarbeitete und erweiterte Auflage. UTB: Wien.

Eder-Gregor, Beatrix; Speta, Eva-Maria (2019) Barrierefreiheit ist „mehr wert", In: Eder-Gregor, Beatrix; Speta, Eva-Maria; Bäck, Karl: Barrierefreie Erwachsenenbildung (Dossier erwachsenenbildung.at), Graz: CONEDU – Verein für Bildungsforschung und -medien, p. 1-6.

In **Greece**, a letter from the National Confederation of Disabled People[63] was sent in 2018 to the Greek Prime Minister requesting equity to all education levels. They demanded, among other "**assurance of access** of individuals with disabilities to building complexes, digital environment, educational services, equipment and educational materials" and "the development of an **integrated supportive system** to students with disabilities or longstanding conditions".

In **France** they have two organizations, one for the private sector called Agefiph (https://www.agefiph.fr/,association for the Management of the Disability Integration Fund) which finances compensation for disability with specific services (digital education materials/ online platforms/ equipment, educational services, etc.). They consider **digital accessibility is essential for inclusive education**. Another organisation with the same objectives deals with the public sector (http://www.fiphfp.fr/)

In the *Recommendations for improving the conditions of adult participation in educational activities in **Lithuania***, elaborated by Mykolas Romeris University in 2015[64], it is stated that "Lithuania has not taken sufficient steps to properly adapt the conditions for all persons with health related conditions, as well as those with special needs in the field of education". It is suggested that the state should increase the the efforts in order to provide people with health problems and special educational needs with the support that they need in education and that teachers and staff should continue being trained to develop and inclusive education system.

In **Spain**, it has been observed that **learning communities are a tool for inclusion.** They favor the inclusion of students with disabilities in terms of participation in shared tasks, acceptance within the group and increased learning opportunities. Moreover, the no-separation increases their learning

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Diesenreiter, Carina (o.J.): Erwachsenenbildung - inklusiv und barrierefrei, In: Österreichisches Institut für Erwachsenenbildung (Hrsg.): Barrierefreie Erwachsenenbildung in Niederösterreich [online]. Available at: http://bidok.uibk.ac.at/library/diesenreiter-erwachsenenbildung.html#idp8748848 [Accessed 23 April 2020]

[63] National Confederation of People with Disabilities (2020) *The organization of representation of people with disabilities in the Greek state and society* [online]. Available at: https://www.esamea.gr/our-actions/ypdbmth/3684-protaseis-e-s-a-mea-gia-tin-ekpaideysi-ton-atomon-me-anapiria-kai-xronies-pathiseis-2018 [Accessed 23 April 2020]

[64] Beliūnienė, L. (2015). *Tinkamo sąlygų pritaikymo užtikrinimo švietimo srityje sunkumai, įgyvendinant jungtinių tautų neįgaliųjų teisių konvencijos 24 straipsnį.* 1st ed. [pdf] Vilnius: Mykolas Romeris University. Available at: https://www.mruni.eu/upload/iblock/356/06_Lina%20Beliuniene.pdf [Accessed 19 April 2020]

expectations.They are a response to diversity and separation of students because of levels is avoided. One example of inclusive practice are interactive groups, through which students with disabilities can participate more easily and be included in the ordinary activities of the class (Molina, S. and Ríos, O.,2010; Molina, S., 2015).

The Olivenza report (2017), showed that **people with disabilities use Internet less** (7/10 do not use it). There are differences related to the educational level: a 87% of those who finished primary education do not use Internet, while for the ones who finished secondary education the percentage is reduced to a 38%. A 17% think that training courses could increase the number of people of this group using Internet, since 7/10 people do not use it because they find it hard and difficult to use.

Distance learning has the potential to reduce some barriers that adults might face because it allows them to choose the time, the place and the rhythm of learning. However, although digitization and mobile technologies are being adopted to promote open education, the resulting **resources are not always accessible** to people with disabilities. There are some projects at European level like the ICT for Information Accessibility in Learning (ICT4IAL) or the Accessible Information Provision for Lifelong Learning (i-access), that support the creation of accessible information in general and for learning in particular.

Teachers have a fundamental role for developing inclusive and equal education. According to the UNESCO's Guide for ensuring inclusion and equity in education (2017), there are four values that teachers need for developing an inclusive education: valuing diversity as a resource; having expectations for all learners; teamwork with others and continuing professional development.

Moreover, countries have also an important role for ensuring inclusion and equity in their education systems and programs: they need to prevent exclusion in education access, participation and learning process and outcomes.

4. FIELD RESEARCH ANALYSIS

Field research has been carried out to supplement the results drawn from desk research on AE and adult learners with health related conditions at national level and EU level. Participants represent different profiles related to AE from different European countries. A 37% of the 144 participants are trainers and practitioners in AE; a 22% represent executives in AE organisations; a 14% are representatives from bodies with regulatory function in AE; an 8% are field experts; a 9% represent academics and researchers in AE and a 6% are adult learners with health related conditions. There is another 4% represented by other profiles like volunteers, vocational education trainers, educative programs coordinators or training counsellors. Moreover, a phone interview was conducted with the Officer from the Greek Ministry of Education.

Participants' profile

- 1. Trainer/practitioner in adult education
- 2. Executive in adult education organisations
- 3. Representative from bodies with regulatory function in adult education
- 4. Field expert
- 5. Academics and researchers in adult education
- 6. Adult learner with health related conditions
- 7. Others
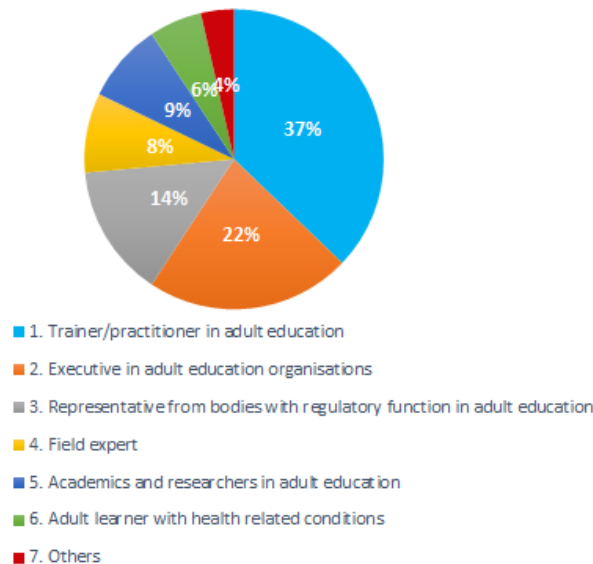
Figure 1: Questionnaire participants' profile

Q1: SHARE OF ADULT EDUCATORS WITH SPECIALIZED TRAINING

In the first question participants were asked about the share of adult educators that, to their knowledge, have received specialized training to deal with adult learners with health related-conditions.

In Austria and Germany, 50% of the respondents did not know or answer and 25% considered that the share is under 5%.
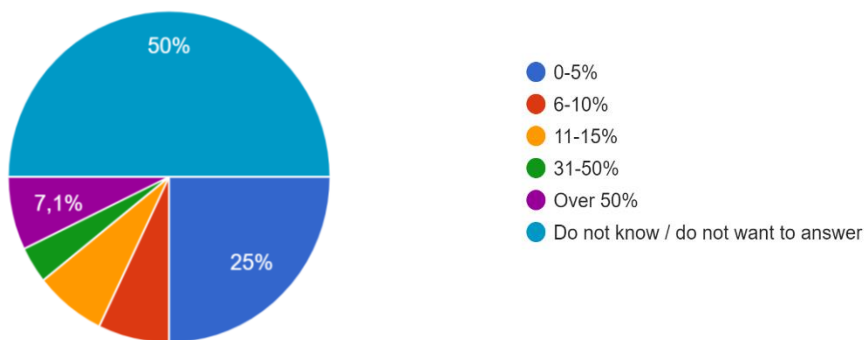
Figure 2: Germany and Austria answers to the question "To your knowledge, what is the share of adult educators in your country who have received specialized training to deal with adult learners with health-related conditions?"

In Greece, the answers are similar. A 35% did not know or want to answer and most of the respondents (58%) place the share under a 15%.
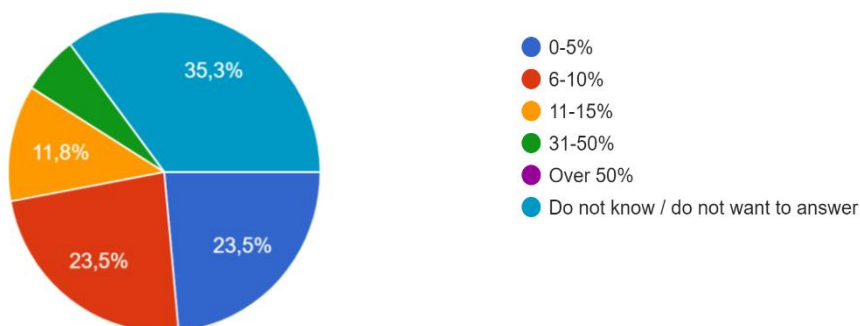
Figure 3: Greek answers to the question "To your knowledge, what is the share of adult educators in your country who have received specialized training to deal with adult learners with health-related conditions?"

In Lithuania the answers are varied, but half of the participants (53%) place it below 15%. It stands out that an 8,8% of the respondents consider that the share of trained educators is over 50%.
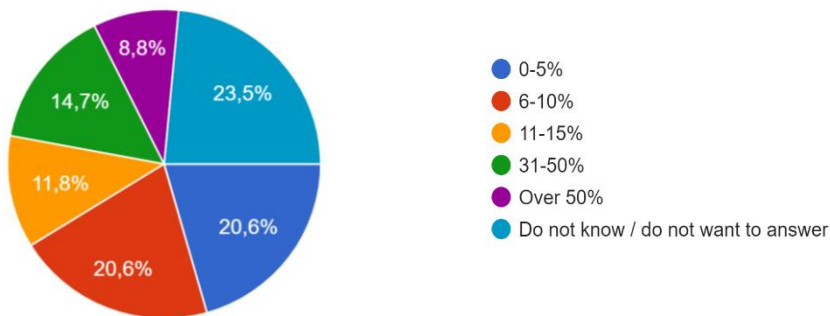
Figure 4: Lithuanian answers to the question "To your knowledge, what is the share of adult educators in your country who have received specialized training to deal with adult learners with health-related conditions?"

The answers in Spain are in line with the ones from the other countries. A 27% of the participants did not know or want to answer and a 57% consider that it is under 15%. A 6% esteem that it is over 50%.
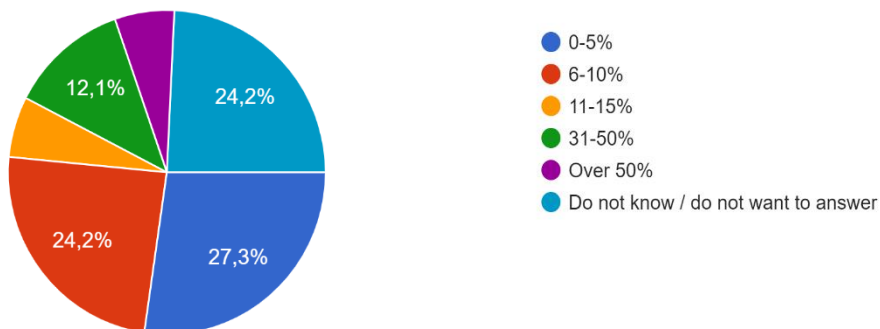
Figure 5: Spanish answers to the question "To your knowledge, what is the share of adult educators in your country who have received specialized training to deal with adult learners with health-related conditions?"

It is worth noting that in France a 73% of the respondents reckon that the share is under 10%. In contrast with the rest of the countries just a 10% reported not knowing or not wanting to answer.
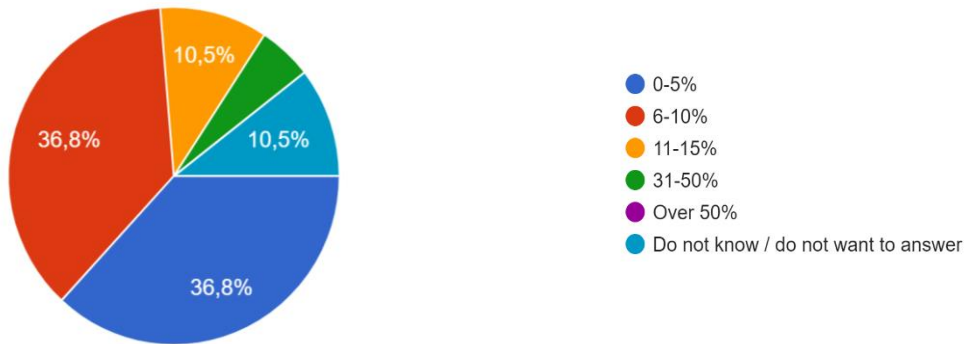
Figure 6: French answers to the question "To your knowledge, what is the share of adult educators in your country who have received specialized training to deal with adult learners with health-related conditions?"

The answers from respondents from different EU countries show that all them consider that the share is below 50% and a 23% of them did not know or did not want to answer.
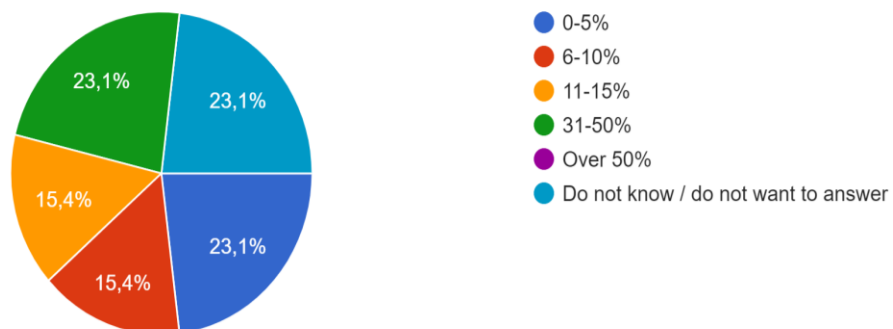
Figure 7: Other EU countries answers to the question "To your knowledge, what is the share of adult educators in your country who have received specialized training to deal with adult learners with health-related conditions?"

Profile of participants who did not know

- Field expert
- Adult learner with health related conditions
- Executive in adult education organisations
- Trainer/practitioner in adult education
- Representative from bodies with regulatory function in adult education
- Academics and researchers in adult education
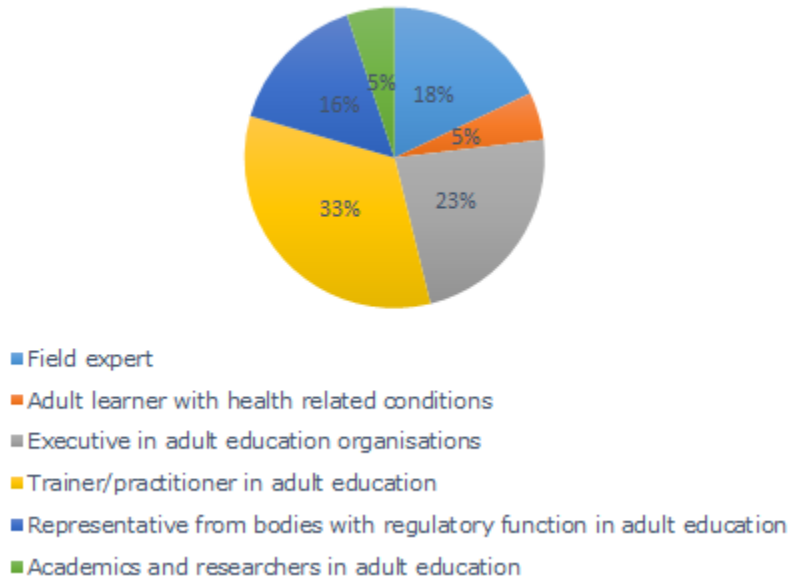
Figure 8: Profile of participants who did not know what to answer to question 1

If we look at the profile of the respondents who did not know the answer, it is noticeable that more than a 50% corresponds to trainers and executives in AE.

Q2: SOURCE OF INFORMATION ABOUT COURSES FOR ADULTS WITH HEALTH RELATED CONDITIONS

When participants were asked about the sources of information about available courses for adults with health related conditions, the web and social media stand out with an 87.23% of respondents mentioning it.
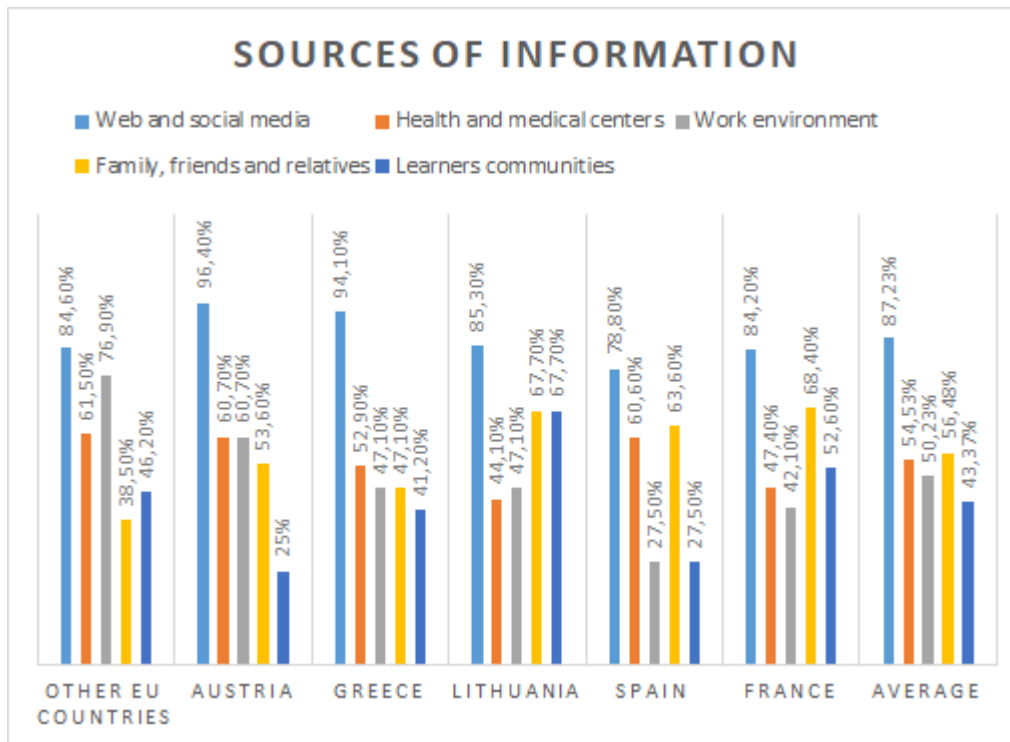
Figure 9: Answers to the question "How can adults with health-related problems in your country learn (get informed) about available course offerings addressing their needs?"

Family, friends and relatives are the second most popular source (56%), followed by health and medical centres (54%). If we look at the answers by country, it is worth noting that the share of answers selecting the work environment as a source of information is only 27% in Spain, which contrasts with the 77% in other EU countries and the 60% in Austria. It is also noticeable that the share of learners' communities is Lithuania (68%) is considerable higher than in the rest of the countries.

Some respondents from Austria added other sources like job centres, social workers, adult education institutions or self-help groups. In Spain job centres, social services, word-of-mouth, neighbourhood associations, community services or specialists if they are involved in an association were also added as other options. Some French respondents added the public employment services.

Q3: TEACHING METHODS USED WITH LEARNERS WITH HEALTH-RELATED CONDITIONS

Regarding the teaching methods used with learners with health-related conditions the most popular ones are one to one support or tutoring (65%) and the use of online platforms and tools for distance learning (61%). They are followed by the flexible delivery of teaching materials via email (48%) and digital recording of lectures and notes (40%). A 21% reported the provision of a list of recommended readings and an average of 13% of the respondents do not know which teaching methods are mostly employed with this group. It is remarkable the share of respondents that do not know it in Greece (29%) and Spain (18%).
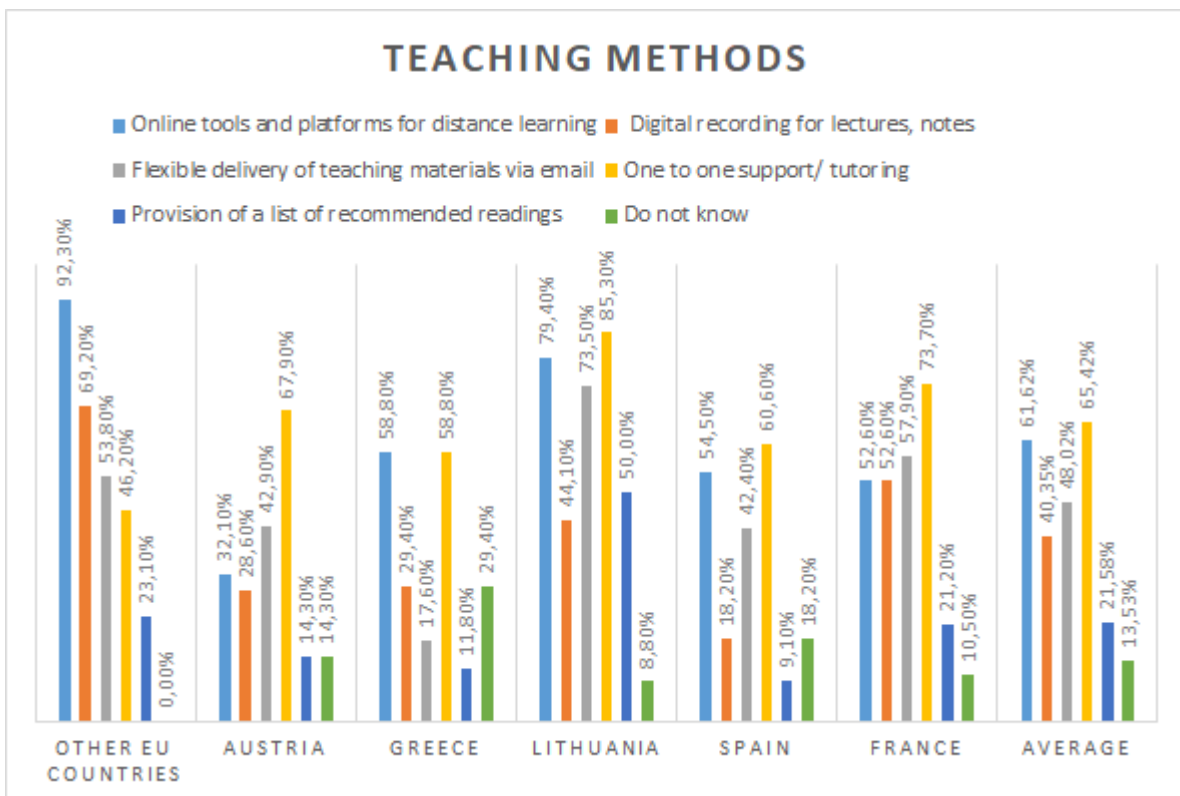
Figure 10: Answers to the question "To your knowledge, which teaching methods for individuals with health-related conditions are mostly employed by trainers/practitioners?"

Respondents from Austria mentioned other options like technical aids such as zoom text and stated the difficulty of answering the question in general terms, since every case is individually different. Another respondent from Spain also mentioned the adaptation of materials to the student's need and the coordination with community services.

Q4: EVALUATION METHODS USED WITH LEARNERS WITH HEALTH RELATED CONDITIONS

Concerning the evaluation methods most frequently used with learners with health-related conditions, the most common ones are extra time in examinations or extensions on assignments deadlines (62%), work assignments (55%) and oral examinations (44%). Other methods used are take home examinations (25%) and supervised rest breaks during exams (19%). The share of participants that do not know is notable (18%), with significant difference between countries.
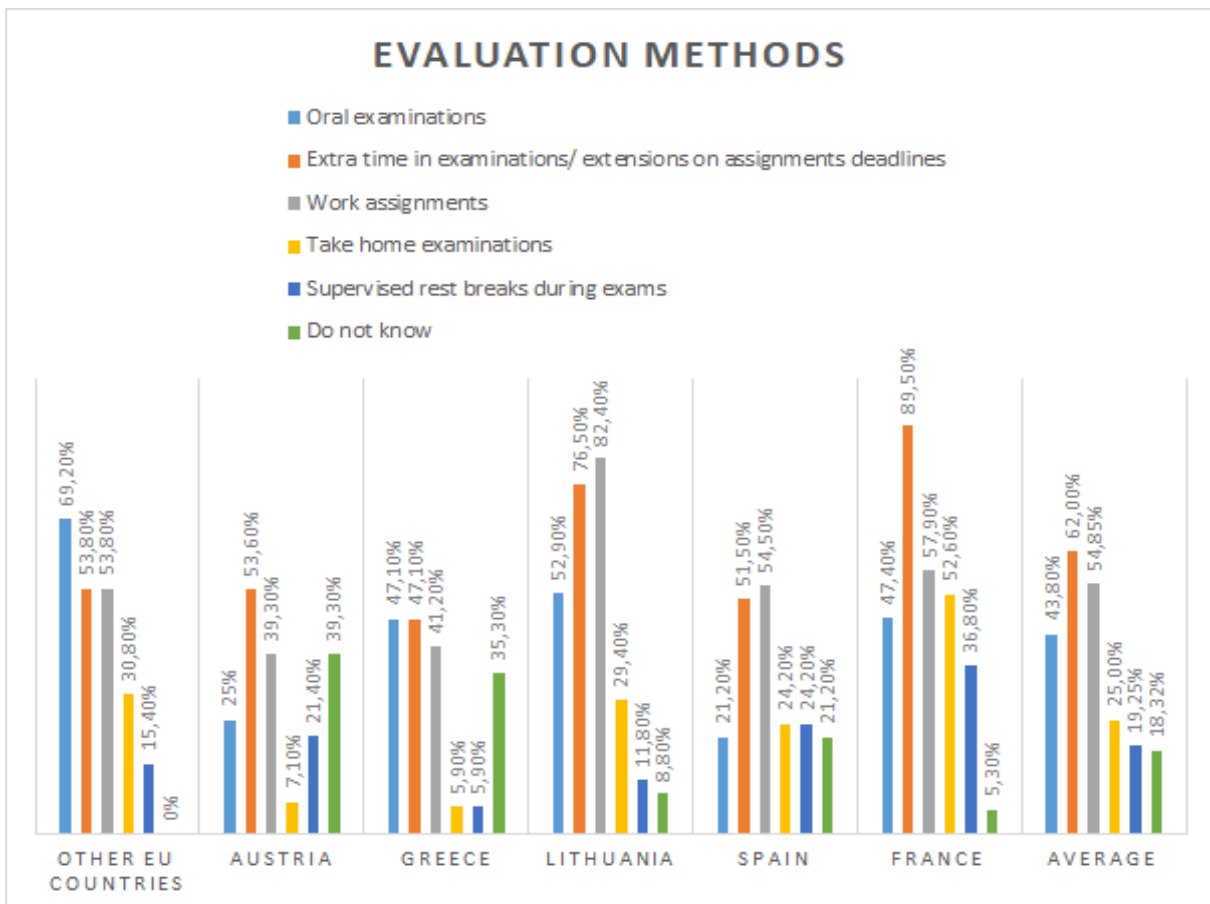
Figure 11: Answers to the question "To your knowledge, which methods for assessing the (learning) progress of adult learners with health-related conditions are mostly employed by trainers/practitioners?"

Respondents in Spain also mentioned individual follow-up and tutoring for the evaluation and that the evaluation is the same as for the other students.

Q5: CHALLENGES FACED BY ADULT EDUCATORS

Participants were asked about the challenges faced by adult educators in the delivery of training to individuals with long standing health-related conditions. It can be seen in the following graphic that the most challenging factors faced are the educational systems adaptability to changing conditions (28%), the learner's actual mental and physical capabilities (27%) and the availability of trained staff (26%). It is worth noting that all of the mentioned factors are considered moderately challenging for more than 25% of the respondents and somewhat challenging for more than 23% percent of the participants. The ones considered not challenging at all for more respondents are the methods for assessing the student progress (8%), the equipment (7%), the funding (7%) and the educational background (6%).
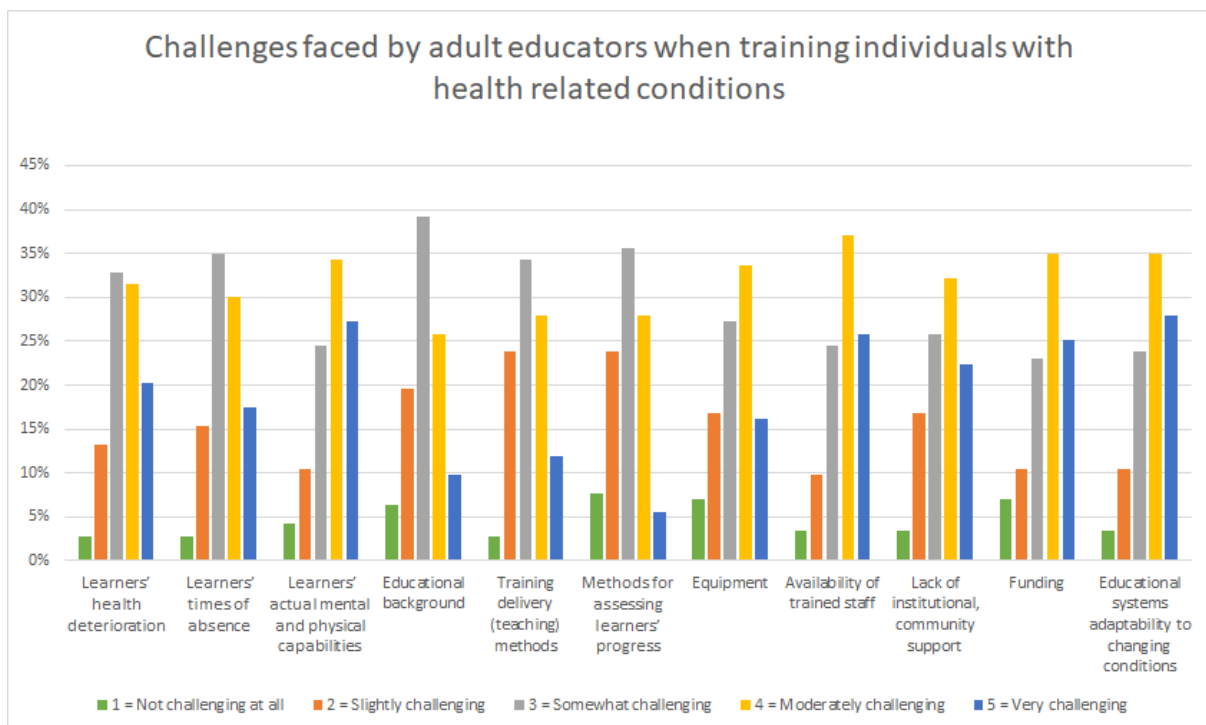
Figure 12: Answers to the question "What are the challenges faced by adult educators in the delivery of training to individuals with long standing health-related conditions?"

Q6: OTHER CHALLENGES FACED BY ADULT EDUCATORS

When participants were asked about other challenges that adult educators face when teaching learners with health conditions the answers were related to the following aspects: 19,4% Need of guidance, support and communication; 17,8% Student's state; 16,2% Course delivery and teaching methods; 15,6% Do not know, the above ones or didn't understand the question; 14,5% Trainers' training and attitude; 7% Others;5,9% Institutional support and 3,2% Need of multidisciplinary team.

Regarding the **need of guidance, support and communication,** respondents mentioned the need of emotional support and individual guidance before and during the training. They also made reference to the communication and support from families or others responsible of the learners. Another aspect considered was the lack of information and communication about the students' problems, since sometimes educators do not know what are the needs or challenges of these students.

When mentioning the **student's state**, participants mentioned the uncertainty of the situation that these learners face related to the duration and evolution of the disease. Another factor was the student mood, expectation and motivation and the possible fear to face a group of people or reintegrate in it after periods of absence. Previous training was also noticed.

Concerning the **course delivery and teaching methods**, some of the challenges mentioned are the related to time, like the lack of time to attend them because there are too many students or the adaptation of the students to the timings and periods. Other challenges are related to digital support and distance learning options, the availability of inclusive or adapted materials or evaluation and the lack of significative and meaningful experiences. Segregation in "special classrooms" is also mentioned as preventing students from having diverse interactions and more learning opportunities. The diversity of the problems faced by these students and the resources and support needed are reported as enriching but also as a challenge that educators need to deal with.

Another important point was the **trainers training and attitude**, since participants considered that there is a lack of trained trainers and knowledge about successful inclusive practices. The need of continuous education and the

lack of interest of educators were also commented. The lack of knowledge of scientific evidence-based practices that work best for all adult education participants -including those with health related conditions- to achieve best results in learning was also considered a challenge. Also, low expectations on the learning possibilities of learners with health conditions were seen as challenging for the effectiveness of AE.

Other barriers that educators face are financial and administrative hurdles; the conditions require time and thus financial resources. Moreover, a lock of political and **institutional support** is also noted. The need of more interaction with health professionals and **networking** with professionals from different areas was also reported. Other challenges are the accessibility of the students to both the buildings and equipment and how to reach this target group.

The three most mentioned of these challenges were the **lack of trained trainers and need of continuous training (11,9%), the students' mood, expectations and motivation (10,2%) and the lack of information and communication about the students' problems and needs (9,1%).**

It is worth noting that more than a 60% of participants who did not know what to answer are trainers and executives from AE. Representatives from bodies with regulatory function represent an 18% of these respondents.
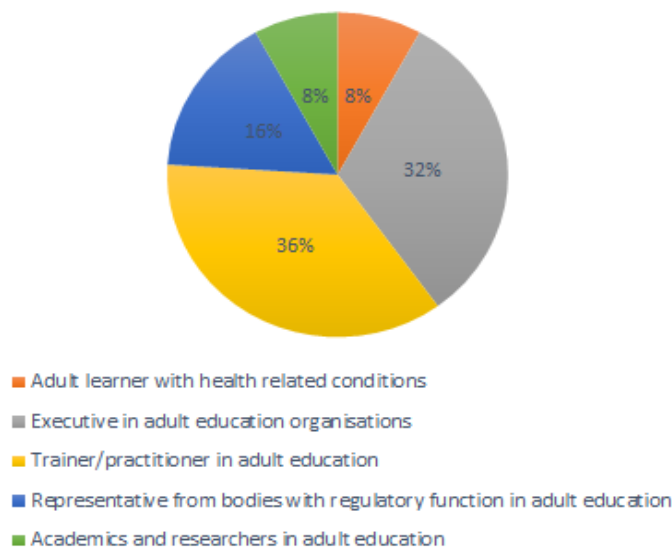
Figure 13: Profile of participants who did not know what to answer to question 6

Q7: FACTORS THAT INCREASE EFFECTIVENESS OF AE
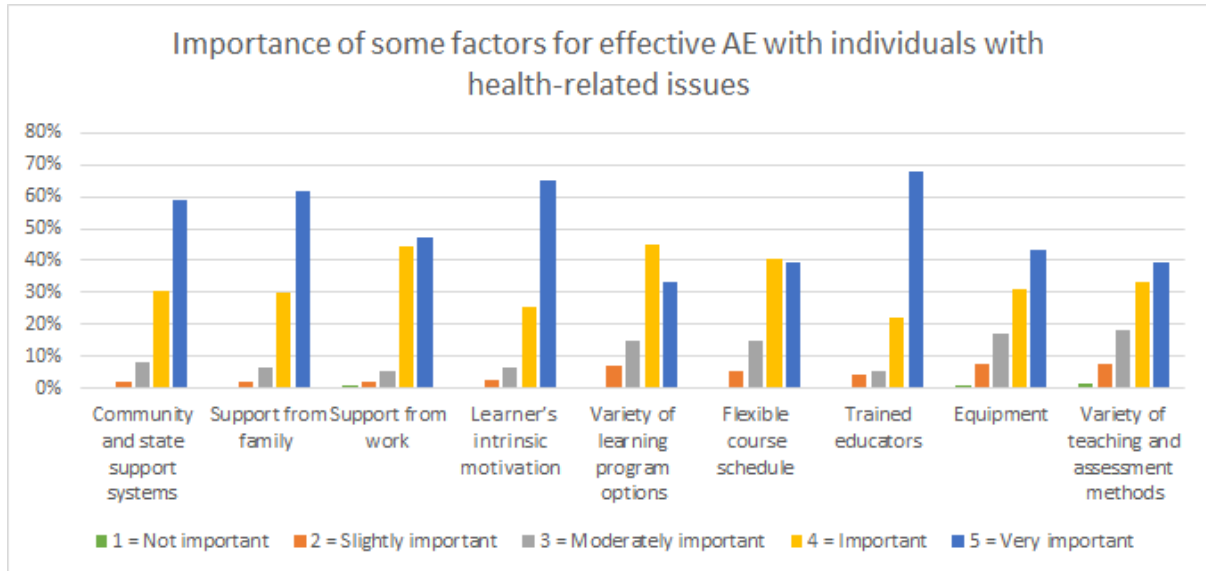
Figure 14: Answers to the question "How important are the following factors for effective adult education provision to individuals with long standing health-related issues?"

When participants were asked about the importance of a series of factors for effective adult provision to individuals with long standing health-related issues, between a 73% and a 92% of the respondents considered each factor important or very important. Trained educators (68%), learner's intrinsic motivation (65%) and support from family (62%) were the ones considered very important by more respondents. The ones considered not important or slightly important by more respondents are the variety of teaching and assessment methods (9%), the equipment (8%) and the variety of learning program options (7%).

Q8: OTHER FACTORS THAT CAN INCREASE EFFECTIVENESS OF AE

Participants were asked to mention other factors that can increase effectiveness of adult education addressed to learners with health related-conditions. The answers can be grouped into the following categories:

23,3% Do not know, the above ones or didn't understand the question

19,4% Guidance, support and communication

12,2% Course delivery and teaching methods

10% Adaptations

9,4% trainers' training and attitude

8,9% Specific measures

6,1% Institutional support

6,1% Others

4,4% Students' state

Regarding the **guidance, support and communication** respondents mentioned constant dialogue and tutoring with the student and support from family, classmates and the educational community as the most popular factors. Counselling and guidance, psychological support or the presence of a volunteer in the class to support the learning process are other factors that could increase effectiveness. The importance to treat students with health conditions as equal adult people, with no paternalism, was highlighted. The normalization of the disease by a voluntary exposure of the pathology with the aim of offering social awareness via a practical case was also reported. To promote a network of solidarity interactions in the classroom was also seen as important.

Some of the mentioned factors are related to the **course delivery and teaching methods**. The most mentioned one was vocational rehabilitation or offering training as a way to obtain a job, that is, a training with practical orientation. Applying good practices and successful programs and distance learning (total or partial) were also common answers. Other factors reported were the use of technology support, immersive teaching and inclusive setting and enabling environments. The need for specific measures to provide support in learning were also a popular answer. Individualisation and flexibility are one of the most common together with adapted materials and evaluation and no time limits for students and more time for teachers to attend them.

The trainers' training, especially continuous training was mentioned as another factor to increase effectiveness. Others were the trainers' motivation and attitude, the establishment of a relationship based on empathy, trust and affectivity.

Other **specific measures** were reported like the presence of one professional supervising all the specific cases, the coordination with other professionals and work in a multidisciplinary team, knowledge about the disease and accessibility. More social and political **support** as well as financing of additional costs are

other factors. Factors more **related to the students** include their motivation and the integration in the group and the equalitarian treatment.

Other factors mentioned include the diversity of learning opportunities, the proximity to the students' home, the management of the educational centre, the celebration of success and external factors like having a good housing situation. More information and raising awareness about AE and legal requirements were also stated.

There was a great variety in the answers, but all in all, the most commented factors were **communication, constant dialogue, and tutoring with the student (7,2%); family, classmates and educational community support (5.5%); trained trainers and continuous training (5,5%); individualisation and flexibility (4,4%) and the training related to a job (vocational training, 3,9%).** It is also worth noting the share of participants who did not know other factors (14,4%) or answered that the ones from the previous question were all or enough (8,3%), which shows unfamiliarity with the topic.

Figure 15: Profile of respondents who did not provide an answer to question 8

A great number of respondents could not provide an answer to this question. It is noticeable that a 43% of these respondents are trainers in AE and a 32% are executives in AE.

Q9: EXAMPLES OF EFFECTIVE AE PROVISION TO INDIVIDUALS WITH HEALTH RELATED CONDITIONS

Respondents were asked to provide 3 examples of effective adult education provision from their experience. A great number of respondents (35,1%) could not provide any example of effective AE provision to individuals with health-related conditions. It is worth noting that a 38% of these respondents were trainers, a 25% executives in AE and a 17% representatives from bodies with regulatory function. The share of academics and researchers who did not know what to answer is also considerable (11%). This shows again the unfamiliarity of educators and professionals with this group of learners and with successful practices that can benefit them.

Figure 16: Profile of participants who did not provide a specific answer

The rest of the answers can be grouped in the following categories:

12,9% Course delivery and teaching methods

9,1% Successful Educational Actions

9,1% Guidance, support and communication

8,6% Specific examples

6,5% Certification or job related training

7% Adaptations

4,2% Trainers training and knowledge

3,2% Students' state

2,1% Others

A great number of the answers to this question were related to the **course delivery and teaching methods**. The use of technology, innovative methods and online education were mentioned. Other methods were self-learning at the student own pace, face-to-face lessons at home, peer to peer learning and intergenerational groups as well as Internships and workshops (memory, arts and crafts, sports, cultural, etc.) were also stated as another method.

Some **Successful Educational Actions** (SEAs) were reported like Dialogic Literary Gatherings, Interactive Groups and Family Education. SEAs are effective and transferable evidence-based solutions that improve school success and social cohesion and achieve social inclusion for all, validated by the INCLUD-ED project, the largest research project carried out in the Humanities and Social Sciences of the VI Framework programme of the European Commission. Learning communities have also been mentioned.

In the **guidance, support and communication** category most of the answers referred to individual support and group support like gatherings or peer support. Family support is also considered important and online personal tutoring or the presence of an assistant in the class were other practices.

Some other measures like individualisation, flexibility, extra time and adapted evaluation were reported. The possibility of obtaining a certification and the

validation of prior experience and the integration in the labour market and job coaching are other successful experiences.

The trainers and their training and a multidisciplinary team are again considered important. Informing teachers and classmates about the disease and its implications is also considered beneficial. Related to the **students**, their motivation, expectation, tenacity and integration in the group are seen are helpful as well as the normalisation and exteriorisation of the disease. Also, the importance of high expectations on the learning possibilities of students with health related conditions. **Other** mentioned practices are information in social media, the possibility of observing and attending a course before choosing it or the introduction to systems that help to overcome barriers.

From the above ones, the most recurrent answers were the following ones: **Online education (5,4%); integration into the labour market (vocational training) and job coaching (4,3%); Dialogic Literary Gatherings (4,3%); individual support (3,8%) and individualisation (3,4%).**

Some of the respondents (8,6%) provided specific examples of successful practices like Dialogical Literary Gatherings and Interactive Groups in health centers carried out by the Adult School of La Verneda-Sant Marti (http://www.edaverneda.org/edaverneda8/en) and schools as learning communities (https://comunidadesdeaprendizaje.net) in Spain. Another example in Spain is the Mestral Federation (http://www.mestralonline.org/), an association that works to promote the inclusion of people with disabilities and has an employment service dedicated to this group.

In Portugal, Universities of the Third Ages (U3As) and RUTIS network (Universities of the Third Ages Network Association) help promote active ageing by offering formal and informal education to older adults (https://www.centreforpublicimpact.org/case-study/rutis-portugal/). Senior University as part of Folkuniversitetet in Sweden was also mentioned. Letters for Life (https://uil.unesco.org/case-study/effective-practices-database-litbase-0/letters-life-portugal) is another Portuguese project providing literacy workshops and learning opportunities for vulnerable and marginalized groups of people.

In Finland they have an official and up-to-date website with all the information about study programmes leading to a degree in Finland maintained by the Finnish National Agency for Education (EDUFI) (https://studyinfo.fi/wp2/en/). Moreover, the Finnish Association on Intellectual and Developmental Disabilities (FAIDD) offers training for professionals in the field of disability services and teaching, and to all those who work with people with intellectual disabilities and/or communicative impairments. They also organize training for creators of communication contents on e.g. easy-to-read language and accessible web services and support the employment of people with intellectual disabilities

In Austria, they have the BBRZ (https://www.bbrz.at/home/?region=3) a vocational education and rehabilitation center, which accompanies people back to work after an accident or illness following an empowerment approach and with a multiprofessional team. The Re-Impuls project also supports individuals on the path to qualification and employment, taking into account and improving health restrictions and personal problems (https://www.promentesalzburg.at/index.php/angebot/betreuungsangebote/kursangebote/reimpuls.html)

In Germany, the Center for General Scientific Continuing Education (ZAWiW, https://www.uni-ulm.de/einrichtungen/zawiw/) in the University of Ulm has many learners with health related conditions, without being this group the focus of their work. They offer research-based learning and practice-oriented projects on new media, old-you and Europe among others. Moreover, some Volkshochsculen in Berlin offer courses and support for people with disabilities (VHS inklusiv, https://www.berlin.de/vhs/themen/vhs-inklusiv/), with the aim of removing access barriers by accompanying on the way to the course and helping with communication, learning and care. The network Osnabrück Inklusiv also offers seminars for people with and without disabilities (https://vhs-osland.de/inklusiv/).

There are also some Erasmus+ Projects like Pacetraining (https://www.pacetraining.eu/) train people with special needs, so they can attain skills at their own pace with qualified trainers and become attractive for employers.

Q10: PARTICIPATION OF STUDENTS WITH LONG-TERM HEALTH CONDITIONS IN LIFELONG LEARNING

The participation of students with long-term health conditions in lifelong learning courses is an unknown topic among a large share of the participants (36% on average). It is even larger in some of the countries like Greece (58,8%), Lithuania (52,9%) and Spain (42,4%), which contrasts to the 15,4% in France. It is also worth noting that a 52% of the respondents consider that the participation of this group is under 15% and a 17% believe it is under 5%. Just a 3% of participants consider that it is over 30% a none of them are from Greece, France or the other EU countries that participated in the survey.
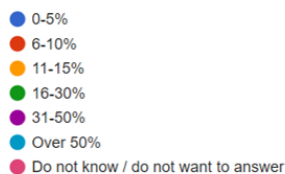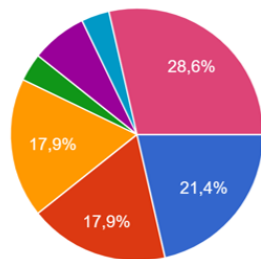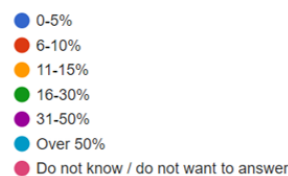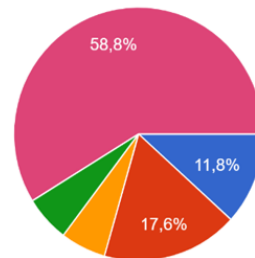
Lithuania

- 0-5%
- 6-10%
- 11-15%
- 16-30%
- 31-50%
- Over 50%
- Do not know / do not want to answer

Spain

- 0-5%
- 6-10%
- 11-15%
- 16-30%
- 31-50%
- Over 50%
- Do not know / do not want to answer

France

- 0-5%
- 6-10%
- 11-15%
- 16-30%
- 31-50%
- Over 50%
- Do not know / do not want to answer

Other EU countries

- 0-5%
- 6-10%
- 11-15%
- 16-30%
- 31-50%
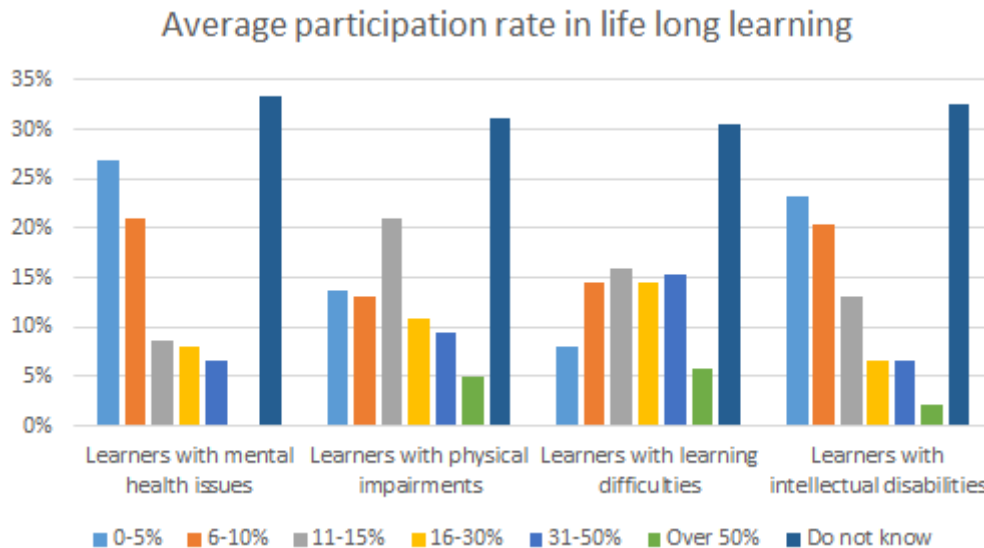- Over 50%
- Do not know / do not want to answer
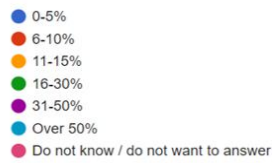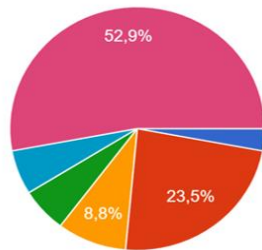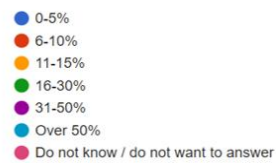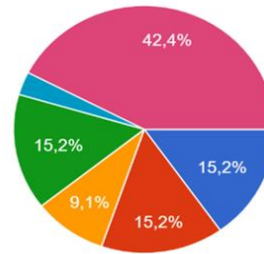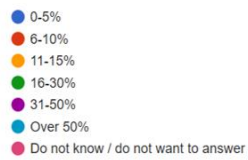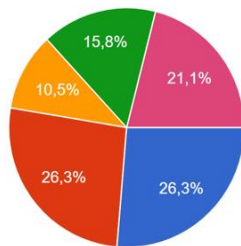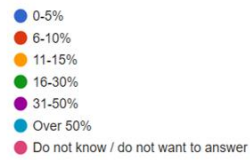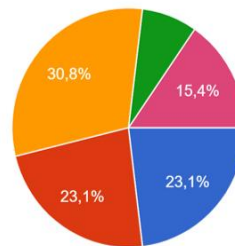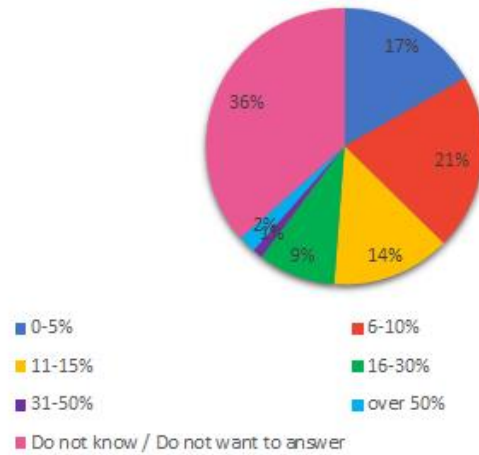
Figure 17: Answers to the question "What is the share of adult individuals with longstanding health-related conditions attending a lifelong learning course in your country?"

Profile of respondents who did not know

- Field expert
- Adult learner with health related conditions
- Executive in adult education organisations
- Trainer/practitioner in adult education
- Representative from bodies with regulatory function in adult education
- Academics and researchers in adult education
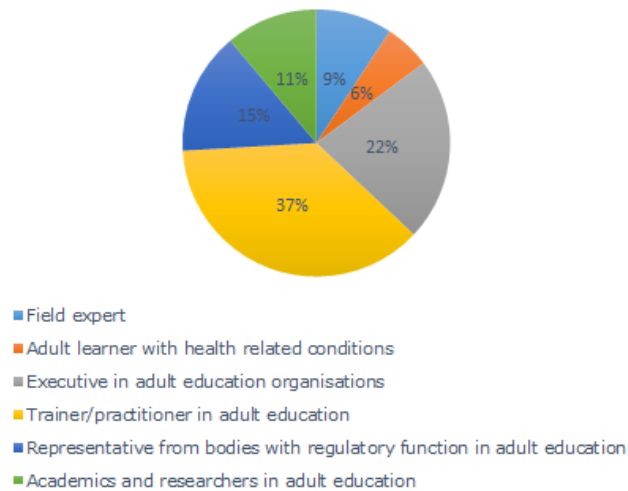
Figure 18: Profile of respondents who did not know the answer of question 10

One more time, trainers are the ones with a largest share of not knowing answers (37%), followed by executives in AE (22%) and representatives from bodies with regulatory function (15%). It is also worth noting the share of academics and researchers (11%) and field experts (9%) that do not have knowledge about the participation of students with HRC in AE.

Q11: PARTICIPATION OF INDIVIDUALS WITH HEALTH-RELATED CONDITIONS BY PROFILE

Figure 19: Answers to the question "What is the share of adult individuals with longstanding health-related conditions attending a lifelong learning course in your country?"

When asked about the average participation rate in lifelong learning for each of the previous groups of adult learners with health-related conditions, it is remarkable that in all the cases more than a 30% of respondents did not know. Learners with mental health issues (27%) and with intellectual disabilities (23%) are the ones reported to participate less in lifelong learning (only a share between a 0-5%). Learners with physical impairments and learning difficulties are reported to participate more than the other two groups. A 41% of the respondents answered that the average participation of learners with physical impairments is between a 10% and 50%, and 46% reported the same average for learners with learning difficulties. The rate of participants that reported the participation of these groups to be over 50% is significantly low.

Q12: LIKELIHOOD OF DROP OUT OF AN AE COURSE ACCORDING TO PROFILE

Participants were asked about the likelihood to drop out of a lifelong learning course of different groups of learners with health issues. The profiles considered most likely or almost certain to drop out are learners with mental health issues (58%), learners with intellectual disabilities (39%) and learners with learning difficulties (31%). The group that is considered rare or unlikely to drop out by most participants are learners with physical impairments (40%). It is worth noticing that between a 33% and a 55% of respondents consider possible that these groups drop out.
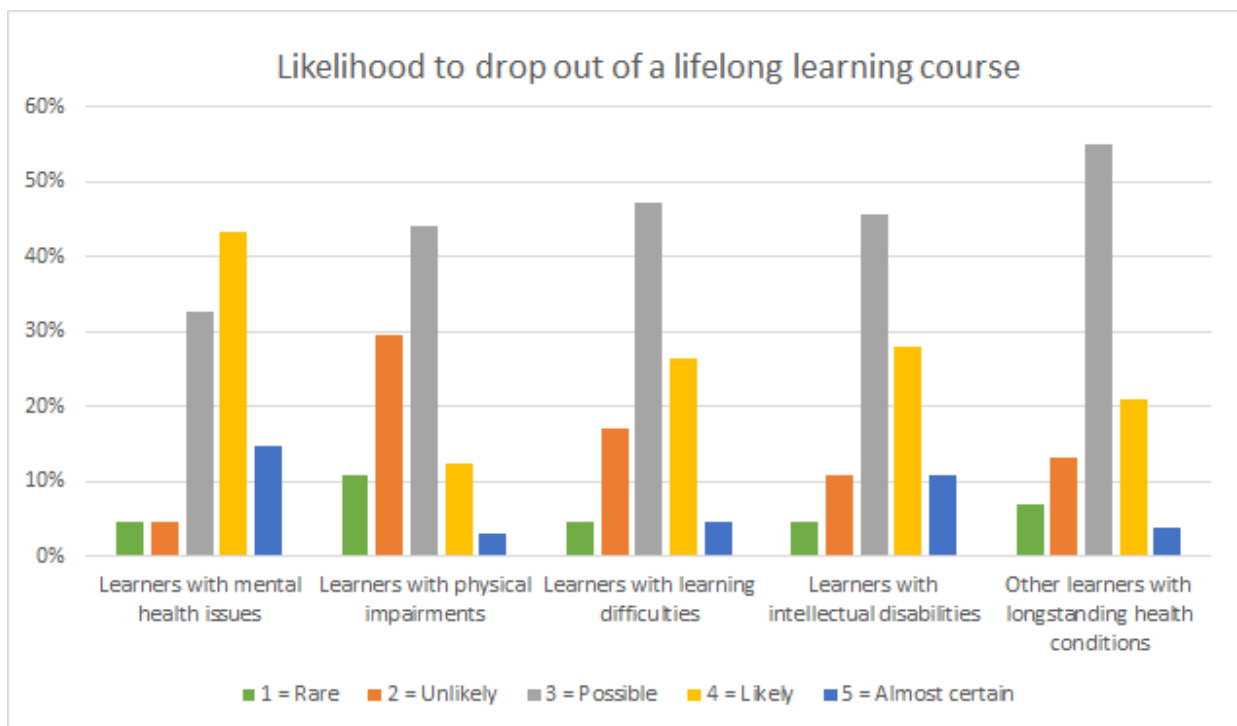
Figure 20: Answers to the question "To your experience as an adult educator or field expert, please rate on a scale of 1 to 5 the likelihood for an individual from the following groups of learners to drop out of a lifelong learning course".

A latent class analysis has been applied to analyse the articulations in the open question section of the field research data. This method is best suited to consider and examine the qualitative and quantitative data together during the analysis. In total we have been able to identify three classes of response patterns among participants in the questionnaire (Latent Class Analysis 2. order), which shows that there are significant differences in perspectives with regard to ideas about effectiveness.

Class 1 (36,9%): The experienced Practitioners (making very concrete scenarios for improvement)

Class 1 consists of 53,2% trainers/practitioners and 25,5% executives and decision makers. There are hardly ever concrete examples of best practice, but very concrete scenarios for improvement are drawn up, and this is very clear at the level of structures compared to the other classes (51,7%). The assessment of the challenges becomes more extreme in the case of unchangeable facts (actual mental and physical abilities: 51,6%). The possibilities to increase effectiveness through structural/organizational aspects are less clearly stated than in the other classes. More often than in the other classes, concrete illnesses are named in the open items (18,4%), which indicates that people are dealing with the group in practice, as they give examples from their own practice. They seem to have experience with the group of people with health related conditions, but do not tend to individualize strongly, but focus on the structures.

Class 2 (34%): The Deficit- and problem-oriented Practitioners

Class 2 consists of 46,3% trainers/practitioners and 27,9% executives and decision makers. In contrast to the other classes they seem to be more problem-oriented. Challenges are perceived as much more challenging at all three levels (learners, professionals, structures) compared to the other classes. Extremes are shown in challenges that relate to individual and unchangeable facts (actual mental and physical abilities: 86,8%). However, the learner does not/less play a role in increasing effectiveness. This class positions itself, as with the challenges, in the possibilities to increase effectiveness with much more agreement than the other classes. They do not give any best practice examples and do not mention any concrete disease in their texts. They are also rather indifferent with regard to more precise target ideas (structures).

Class 3 (29,1%): The individualising and success-oriented decision makers

Class 3 consists to a large extent (54,3%) of executives and decision makers. Trainers/practitioners are hardly represented. They see the structural aspects (trained staff, financing) as less challenging than Classes 1 and 2, but the individual factors (deterioration in the health status of the learners: 50,3%) are strongly regarded as a challenge. They are indifferent compared to the other classes in terms of educational background, teaching and assessment methods, as they are not directly involved. The possibilities to increase effectiveness through structural/organisational aspects are rated much higher than in Class 1 (flexible course schedule: 79%, Equipment Effectiveness: 72,5%, Variety of Learning program options: 72,9%, Trained educators: 89,2%). Similarly, but slightly less than in Class 1, concrete diseases are named. It is interesting that it is the class that gives the most best practice examples (30,6%). The factors for increasing effectiveness are mentioned much more often than in other classes in terms of learners (32,2%) and less in terms of structures (22,5%).
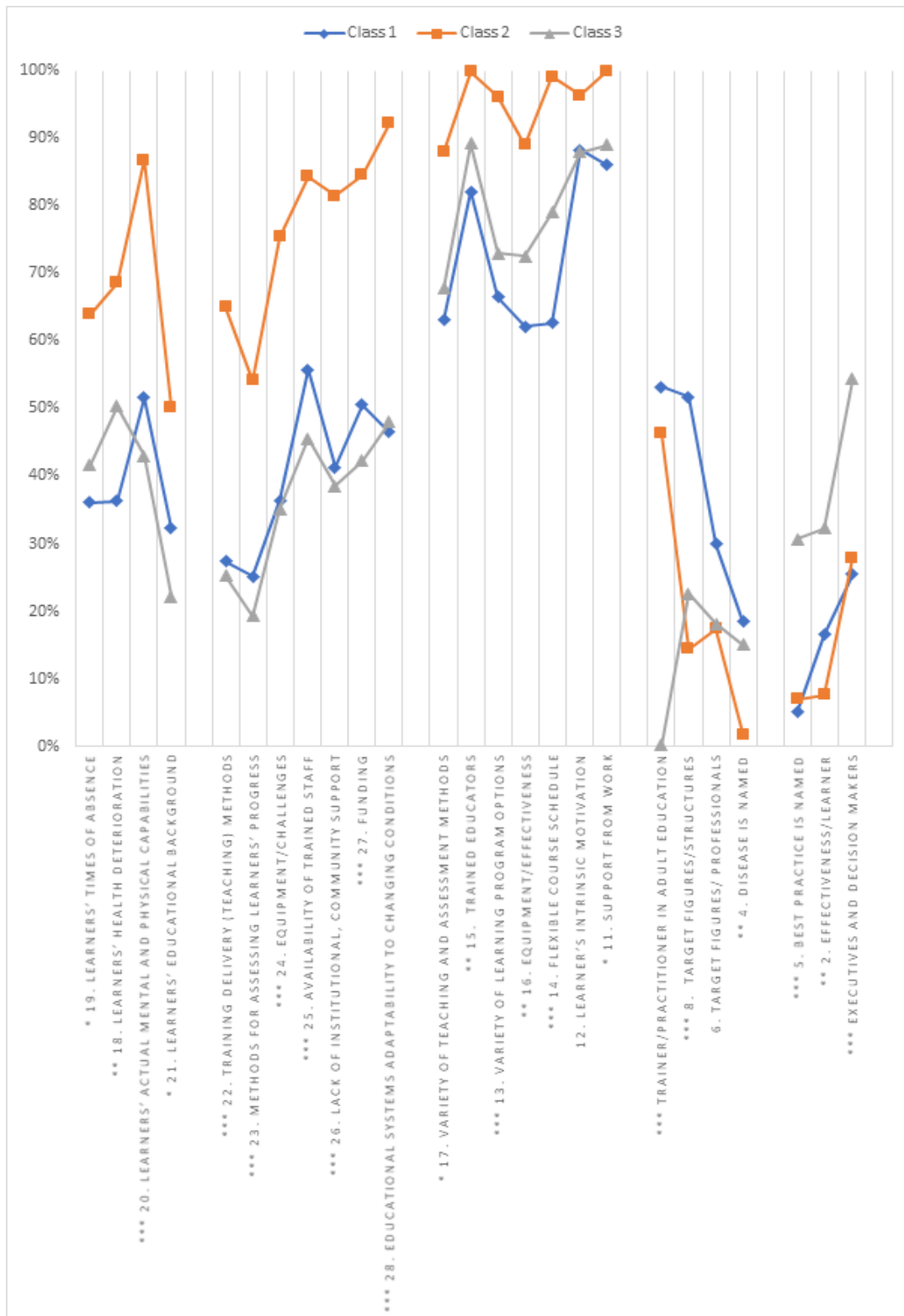
Figure 21: Comparison of classes

These three classes of response patterns represent the different perspectives of different actors in the field. As main result the analysis reveals a divergence of perspectives which can be processed and made usable in a **resource-oriented reflection on practice**.

By reflecting the results (by the actors), access to these different perspectives and patterns of argumentation is made possible, which are relevant for practice reflection on the meta-level (taking on perspective and considering contexts).

From our data we can draw conclusions about the need for reflection by individual classes by showing which levels/areas each classes lose sight of in their argumentation. Important requirements for the practice derived from their patterns of argumentation are the **inclusion of life conditions** and **resource orientation**.

In order to increase the effectiveness of adult education provision for persons with health related conditions, the different perspectives and approaches to effectiveness (e.g. in institutions, in teams) must be made visible and usable to create synergy effects. The implementation of quality circles can help to open up one's own hidden perspectives on effectiveness and to put creative ideas into practice. The **recognition and resolution of divergences of perspectives** can be derived therefore as an important requirement, too.

INTERVIEW WITH THE OFFICER FROM THE GREEK MINISTRY OF EDUCATION

Different questions related to adult education for learners with health-related conditions were asked on a phone interview (see complete interview in Annexes). It was reported that there aren't educational programs especially designed for adults with health-related issues in the Greek public sector. However, adults can reach long distance educational programs of their interest. Due to the actual situation with the coronavirus, the importance of the distance and online education for adults is highlighted.

The difficulty of finding, calling and inviting this group of adults was stated. Forming a network of cooperation among different organisations, authorities and social and employment services is mentioned as a solution. The drop out of these learners is another problem and the instructor is considered as the key person to deal with it and avoid it. However, they are not trained to handle such situations but are expected to deal with it. Regarding methods of teaching and assessment it is said that they should be tailor made to the needs of students.

An example of an inclusive AE project was provided, addressed to low skilled adults who need to upgrade their basic skills (http://basic.web2social.gr/). They have a platform which includes a mapping of adult education for low skilled learners and a review of European Assessment tools.

5. CONCLUSIONS AND 10 FACTORS

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.

In the course of the desk research, we also 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 exclusion from the ordinary classroom and activities of students with disabilities or HRC involves 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-centred support 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 fosters 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.

ANNEXES

ANNEX A: FIELD RESEARCH ONLINE QUESTIONNAIRE TEMPLATE

What is the purpose of this survey?

You are invited to take part in a survey on the characteristics and factors that affect the quality and effectiveness of adult education provision to learners with health-related conditions*. This research is part of an Erasmus+ project INDUCATE (https://ec.europa.eu/programmes/erasmus-plus/projects/eplus-project-details/#project/2019-1-AT01-KA204-051520) co funded by EU. Research results will be used to develop an on line tool to enable adult education providers to successfully address the needs of persons with health related issues.

Who should participate?

· Trainers/practitioners in adult education

· Representatives from bodies with regulatory function in adult education

· Executives in adult education organisations

· Academics and researchers in adult education

· Field experts

· Adult learners with health related conditions

How long does it take?

Approximately 10 minutes.

Thank you very much in advance for your participation and valuable contribution!

All participants can subscribe to the project's mainlining list and gain early access to INDUCATE results!

* According to the European Health and Social Integration Survey (EHSIS), a longstanding health problem is an illness, disease, injury or other health condition that has lasted or is likely to last for at least 6 months. The main characteristic of a longstanding health problem is that it is permanent and is expected to require a long period of monitoring, observation or care. Typical examples of longstanding health problems include asthma, arthritis, diabetes, cancer, musculoskeletal disorders etc.

A. EDUCATORS AND COURSE DELIVERY

1. To your knowledge, what is the share of adult educators in your country who have received specialized training to deal with adult learners with health-related conditions?

o 0-5%

o 6-10%

o 11-15%

o 16-30%

o 31-50%

o Over 50%

o Do not know / do not want to answer

2. How can adults with health-related problems in your country learn (get informed) about available course offerings addressing their needs? (Select all that apply)

☐ Health/Medical centres, Health professionals

☐ Working environment (employers, co-workers)

☐ Family, relatives, friends

☐ Learners' communities

☐ Web, social media

☐ Other, please specify_____

3. To your knowledge, which teaching methods for individuals with health-related conditions are mostly employed by trainers/practitioners? (Select all that apply)

☐ Digital recording for lectures, notes

☐ Use of online tools/platforms for distant learning (e.g. online classrooms, MOOCs)

☐ Provision of a list of recommended reading resources

☐ Flexible delivery of teaching materials via email

☐ One to one support/tutoring

☐ Other, please specify_____

☐ Do not know

4. To your knowledge, which methods for assessing the (learning) progress of adult learners with health-related conditions are mostly employed by trainers/practitioners? (Select all that apply)

☐ Oral examinations

☐ Take home examinations

☐ Work assignments

☐Extra time in examinations/ extensions on assignment deadlines

☐Supervised rest breaks during exams

☐Other, please specify_____

☐Do not know

B. CHALLENGES AND ENABLERS

5. What are the challenges faced by adult educators in the delivery of training to individuals with long standing health-related conditions? Please rate the following factors on a scale from 1 to 5, with 1 being not challenging at all and 5 very challenging.

	1 = Not challenging at all	2 = Slightly challenging	3 = Somewhat challenging	4 = Moderately challenging	5 = Very challenging
1. Learners' health deterioration	☐	☐	☐	☐	☐
2. Learners' times of absence	☐	☐	☐	☐	☐
3. Learners' actual mental and physical capabilities	☐	☐	☐	☐	☐
4. Learners' educational background	☐	☐	☐	☐	☐

5. Training delivery (teaching) methods	☐	☐	☐	☐	☐
6. Methods for assessing learners' progress	☐	☐	☐	☐	☐
7. Equipment	☐	☐	☐	☐	☐
8. Availability of trained staff	☐	☐	☐	☐	☐
9. Lack of institutional, community support	☐	☐	☐	☐	☐
10. Funding	☐	☐	☐	☐	☐
11. Educational systems adaptability to changing conditions	☐	☐	☐	☐	☐

6. To your experience, what other challenges (other than those discussed above) are faced by adult educators in the delivery of training to individuals with long standing health-related conditions?

7. How important are the following factors for effective adult education provision to individuals with long standing health-related issues?

	1 = Not important	2 = Slightly important	3 = Moderately important	4 = Important	5 = Very important
1. Community and state support systems	□	□	□	□	□
2. Support from family	□	□	□	□	□
3. Support from work	□	□	□	□	□
4. Learner's intrinsic motivation	□	□	□	□	□
5. Variety of learning program options	□	□	□	□	□
6. Flexible course schedule	□	□	□	□	□
7. Trained educators	□	□	□	□	□
8. Equipment	□	□	□	□	□
9. Variety of teaching and assessment methods	□	□	□	□	□

8. To your experience, what other factors (other than those discussed above) can increase the effectiveness of adult education addressed to learners with health-related conditions?

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9. Could you please provide 3 examples from your experience of effective adult education provision to individuals with health-related conditions? Please provide relevant reference links, if available.

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C. PARTICIPATION IN LIFELONG LEARNING

10. What is the share of adult individuals with longstanding health-related conditions attending a lifelong learning course in your country? Please provide an estimate.

- o 0-5%
- o 6-10%
- o 11-15%

o 16-30%

o 31-50%

o Over 50%

o Do not know / do not want to answer

11. What is the average participation rate in lifelong learning for each of the following groups of adult learners with health-related conditions in your country? Please provide an estimate.

	0-5%	6-10%	11-15%	16-30%	31-50%	Over 50%	Do not know
1. Learners with mental health issues	☐	☐	☐	☐	☐	☐	☐
2. Learners with physical impairments	☐	☐	☐	☐	☐	☐	☐
3. Learners with learning difficulties	☐	☐	☐	☐	☐	☐	☐
4. Learners with intellectual disabilities	☐	☐	☐	☐	☐	☐	☐

12. To your experience as an adult educator or field expert, please rate on a scale of 1 to 5 the likelihood for an individual from the following groups of learners to drop out of a lifelong learning course.

	1 = Rare	2 = Unlikely	3 = Possible	4 = Likely	5 = Almost certain
1. Learners with mental health issues	☐	☐	☐	☐	☐
2. Learners with physical impairments	☐	☐	☐	☐	☐
3. Learners with learning difficulties	☐	☐	☐	☐	☐
4. Learners with intellectual disabilities	☐	☐	☐	☐	☐
5. Other learners with longstanding health conditions	☐	☐	☐	☐	☐

D. PARTICIPANT'S PROFILE *

13. Country

14. Email (*Optional, provide in case you want to have early access to INDUCATE results, deliverables*)

15. Which of the following describes you best?

- o Trainer/Practitioner in adult education

- o Representative from body with regulatory function in adult education

- o Executive in an adult education organization

- o Academic / Researcher in adult education

- o Field expert

- o Adult learner with health related conditions

- o Other, please specify_____

* Personal data collected during the online survey is for analysis purposes only and will be used in aggregated form.

Thank you for your time.

ANNEX B: INTERVIEW TO THE OFFICER OF THE GREEK MINISTRY OF EDUCATION

Hand written notes taken from phone interview conducted on the 28th of May 2020 with Officer from the Greek Ministry of Education. The duration of the interview was 25' and the research methodology discussion guide was used.

Q1. How do you make people aware that there are educational programs inclusive for people with health related conditions so that they can reach adult education?

A1. Regarding the public sector there aren't educational programs especially designed for those adults. However, they can reach long distance educational programs of their interest. We have repeatedly stated that due to island landscape characteristics of Greece and now due to coronavirus, we need more than ever long distance and online education for adults

Q2. How do you ensure that personal or social circumstances do not stop adult learners from achieving their academic potential?

A1. First, we have to consider that it is difficult to call/invite/ find adult learners to participate in public funded educational programs. The solution here is to form a network of cooperation and functional schemes among bodies/ organizations of the civil society, local/regional authorities, social & employment services. Officers can detect who is in need of further education and training and steer them to the right direction. In my dpt we have developed a similar project called "Basic" funded from EaSI addressed to low skilled adults who need to upgrade their basic skills. It is in the pilot phase now.

Q3. Which is your plan to help learners with health conditions to prevent from drop out?

A3. The key person in such a problem is the instructor. It's up to him/her to keep the learners on track and avoid drop out.

Question 3a: Are instructors trained to handle such situations? Is this included in the curriculum of their training?

Answer 3a: Not really but it is expected to be suspected to deal with drop outs.

Q4. Which is your policy regarding educational materials and/ or assessment schemes to use in adult education especially for learners with health related conditions?

A4. Methods of teaching and assessment should be tailor made to their needs. For instance we know how to deal with learners who are dyslexic, so it should be according their needs.

Q5. Could you please give me examples of how you (or your educational institution) offer equal rights and opportunities to learners with health related conditions as others to learn and fulfil academic attainment?

A5. The only example that I can give you is the platform of our program which includes mapping of the adult education for low skilled learners, review of European assessment tools. http://basic.web2social.gr/