



Study visit group report

Group No	231
Title of the visit	Where Does Our Brain Drive
Topic	Equal Opportunities for Disadvantaged Groups
City, country	Ljubljana, Slovenia
Type of visit	Training to promote social inclusion
Dates of visit	11-16/03/2012
Group reporter	Ohr Barak, UK

Dear participants,

The purpose of a study visit is to generate an exchange of experience and good practice between the country you visit and the countries you all come from. Thus, participating in a study visit can be an exciting experience and an important learning tool for you.

During the visit you are invited to prepare a group report summarising your discussions and learning. This will help Cedefop disseminate what you have learnt to others, who share your interest but did not participate in this particular study visit.

On the first day of the visit, you are to select a reporter who will be responsible for preparing the final report and submitting it to Cedefop. Everybody should contribute to the report by sharing their views, knowledge, and practices in their respective countries. Please start working on the report from the first day of the visit.

You will, of course, be taking your own notes during presentations and field visits; but the group report should highlight the result of the group's reflections on what was seen and learnt during the entire visit and the different perspectives brought by the different countries and participants. The report should **NOT** read as a travel diary, describing every day and every session or visit.

Cedefop will publish extracts of your reports on its website and make them available to experts in education and vocational training. When writing the report, please keep this readership in mind: make your report clear, interesting, and detailed enough to be useful to colleagues throughout Europe.

By attaching any photos to the report, you agree to Cedefop's right to use them in its publications on study visits and on its website.

Please prepare the report in the working language of the group.
Please do not include the programme or list of participants.

**The reporter should submit the report to Cedefop
(studyvisits@cedefop.europa.eu) within ONE month of the visit.**

I FINDINGS

This section summarises the findings of the group while visiting host institutions, discussing issues with the hosts and within the group. You will be reflecting on what you learnt every day. But to put them together and give an overall picture, you need to devote a special session to prepare the final report on the last day of the visit.

In this section, it is important that you describe not only things you learnt about the host country but also what you learnt about the countries represented by group members.

1. One of the objectives of the study visits programme is to exchange examples of good practice among hosts and participants. Cedefop will select well-described projects/programmes/initiatives and disseminate them to former participants and a wider public, including potential partners for future projects. Therefore it is important that you identify and describe all aspects that, in your view, make these projects/programmes/initiatives successful and worth exploring.

Describe each of the good practices you learnt about during the visit (both from the hosts and from one another) indicating the following:

title of the project/programme /initiative	country	name of the institution that implements it (if possible, provide a website)	contact person (if possible) who presented the programme to the group	whom the project/ programme/ initiative addresses	what features of the project/programme/initiative make it an example of good practice
Flexibility of day programme	Slovenia	Zarja www.center-zarja.si	Melita Oven	Adult ABI service users	Day programme individually tailored to needs of ABI service users, and allows participation according to ability, rather than a set pattern.
Personalised programme for service users	Slovenia	Zarja www.center-zarja.si	Melita Oven	Adult ABI service users	Similar to above. No set programme but individualised according to wishes and abilities. Particularly appropriate as part of long term care for service users.
ABI training manual	Slovenia	Zarja www.center-zarja.si	Danielle Jagodic	Staff working with ABI service users	A mandatory training manual for all new staff commencing work with people with ABI. This ensures a uniform level of education and presents set criteria for various European countries.
Community spirit in residential centres and also in outer projects	Slovenia	Zarja www.center-zarja.si	Irena Rebersak	Staff working with ABI service users	Staff commitment to their work was evident in Zarja centres, beyond mandatory requirements. This permeates to service users who seem happy in where they stay.
Exchange of Information	The Netherlands	Emiliusschool www.emilliuschool.nl	John Dijen Van	Schools in other countries	Comenius projects in which schools exchange good practice and develop good practice.
Rehabilitation for life	Slovenia	Zarja www.center-zarja.si	Irena Rebersak	Adult ABI service users	Slovenian government allows financing for life for people with ABI. They are financed to remain within the rehabilitation centre for as long as they like and need. This is worth noting as good practice, as fits the chronic problems evident in this disability.

** You can describe as many good practices as you find necessary. You can add rows to the table.*

2. The study visits programme aims to promote and support policy development and cooperation in lifelong learning. That is why it is important to know what you learnt about such policies and their implementation during your visit. You are invited to describe your findings concerning the following:

2.1 APPROACHES TAKEN BY PARTICIPATING COUNTRIES (BOTH HOST AND PARTICIPANTS') REGARDING THE THEME OF THE VISIT. ARE THERE ANY SIMILAR APPROACHES/MEASURES IN PARTICIPATING COUNTRIES? WHAT ASPECTS ARE SIMILAR AND WHY? WHAT ASPECTS ARE DIFFERENT AND WHY?

- Centre for safe driving (AMZS, Slovenia) - Each new driver is required to complete a safe driving course by the first two years since obtaining their license. This allows young drivers a chance to experiment with challenging driving conditions (such as driving in wet or snow conditions) under safe guidance of experienced guides. This improves young drivers' coping skills, as well as promotes better awareness and acts as an active prevention measure. We discussed a similar approach in the UK, whereby young drivers can take the Pass Plus scheme offered by the government and reduce their insurance rates. However it was the mandatory aspect that is enforced in Slovenia which we found to be particularly effective as a preventive measure from injuries and death. In the Netherlands there is the points system, whereby young drivers can lose their points. If they lose their point, then the driving license will be revoked. In Switzerland the license is a probe one for the initial 3 years, and incurring a road accident will result in the loss of the license.
- Soca University Rehabilitation Institute - a post-acute medical facility that admits people with ABI following medical stability. What the group found helpful was that although this is a medical facility, it was clearly utilising the psycho-social model rather than the medical one. This was evident in tools such as pets for therapy or particular awareness to the role of family in the rehabilitation process and education groups to family members. This was felt to be a relevant approach given the clinical presentations. It also allowed staff members to demonstrate a variety of skills beyond their medical model roles (for example, a physiotherapist utilising the Snoezelen). However, it was commented that family involvement could be more intensive.

2.2 CHALLENGES FACED BY PARTICIPATING COUNTRIES (INCLUDING HOST) IN THEIR EFFORTS TO IMPLEMENT POLICIES RELATED TO THE THEME OF THE VISIT. WHAT ARE THE CHALLENGES? ARE THEY COMMON CHALLENGES? IF SO, WHY? IF NOT, WHY NOT?

- In the hospital setting as well as in the rehabilitation unit setting, a problem that came up was the difficulty in supporting people without active family involvement, as well as people with alcohol and drug addictions. This was felt to be comparable in all countries, where socio-economic and life habits can at times taint the person's ability to benefit from the rehabilitation set-up.
- Following the stay at the rehabilitation hospital, there seems to be a lack of appropriate community facilities that could admit people. This

was evident in Slovenia, where there are a few organisations, and a waiting list can mean people wait for months before a place is available. This can occur in other countries.

- Assessments for (compensatory) driving skills - in Slovenia assessments take a considerable amount of time (2-3 months), which was felt to be too long to obtain results for this purpose. This was contrasted with The Netherlands, where there is a pressure to shorten assessments; this tendency would make a 3 month assessment unlikely in the current economic climate. It was also added that in Slovakia due to the recession there is a tendency to re-asses people and consequentially remove previously granted benefits. For example, people who were allowed car modifications before and reach retirement age are forced to have a re-assessment and then made to give up state funded modified vehicle benefits, with the claim that beyond work age there is no need to drive a car.
- The issue of state versus private finance of car modifications was discussed. In Slovenia, previously the private individual was held responsible for finance, and this resulted in assessment institutes recommending minor modifications, to make recommendations attainable.

2.3 NAME AND DESCRIBE EFFECTIVE AND INNOVATIVE SOLUTIONS YOU HAVE IDENTIFIED THAT PARTICIPATING COUNTRIES (BOTH HOST AND PARTICIPANTS) APPLY TO ADDRESS THE CHALLENGES MENTIONED IN QUESTION 2.2. PLEASE MENTION SPECIFIC COUNTRY EXAMPLES.

- Lack of appropriate community facilities - In the UK the government (via the NHS) allows to finance clients both in the public and the private sector. This allows for a greater variety of community residential support as a step-down pathway following a hospital discharge.
- Finance of car modifications - Recently a change was approved whereby the Slovenian state will pay 85% of all expenses, which will allow for more modern (and expensive) modifications to be implemented. This was compared with Portugal where 100% government funding is now in existence (if it supports the person's re-entry into the vocational market).

2.4 ASSESSMENT OF THE TRANSFERABILITY OF POLICIES AND PRACTICES. COULD ANY EXAMPLES OF GOOD PRACTICE PRESENTED IN THIS REPORT BE APPLIED AND TRANSFERRED TO OTHER COUNTRIES? IF SO, WHY? IF NOT, WHY NOT?

- The driving simulator is a non-linguistic assessment tool that can easily be transferred between countries, and a unified European legislation can be applied to that field. The same is true for the Centre for safe driving (AMZS, Slovenia) described in 2.1
- Snoezelen is a Dutch invention (so the group learned from our Dutch representative) which can be implemented in many countries. It can be used in the original formulation offered by the inventor, to induce taking in of information during a relaxed state of being. However, as shown in the Soca University Rehabilitation Institute, it can also be used for other rehabilitation purposes, such as physiotherapy training.

3. Creating networks of experts, building partnerships for future projects is another important objective of the study visit programme.

Please state whether and which ideas for future cooperation have evolved during meetings and discussions.

- The ABI training manual which has been presented to the group by the Slovenian hosts is a tool which is regarded as highly important for future cooperation and development of a pan-European standard of staff education. Several participants expressed an interest in transferring of that manual into their own language and culture, including Portugal and Italy.

TO SUM UP

4. What is the most interesting/useful information that the group believes should be communicated to others? To whom, do you think, this information will be of most interest?

- Involving service users’ wishes as a basic value for the organisation, as was witnessed in the work of Zarja. This was evident via elements such as a formalised individual contract signed with the service users, but in particular through the concept of participation in the programme which is not time bound (ie, dictated by budget or funder considerations), but is rather dependent primarily on service user’s wish to continue their stay at the Centre.
- Active involvement of service users during the visit was an indication of excellent practice by Zarja. This results in good motivation from service users, who are evidently content with their day time environment.

II Organisation of the visit

This part of the report will not be published but it will be made available to the organiser and will be used by national agencies and Cedefop to monitor and improve implementation of the study visits programme.

We recognise the value of ongoing feedback as a way of ensuring that the programme is at all times a responsive and dynamic initiative, meeting the needs of its various participants and target audiences. In this section you are invited to give us your feedback on several factors that, in our opinion, contribute to an effective visit.

1. Discuss within the group and check if you agree or disagree with the following statements. Please mark only one box (☑) that expresses most closely the opinion of the entire group. Please use Question 2 of this section to elaborate on your responses, if needed.

		All agree	Most agree	Most disagree	All disagree	Not applicable
e.g.	The size of the group was good.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.	The programme of the visit followed the description in the catalogue.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.	There was a balance between theoretical and practical sessions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3.	Presentations and field visits were linked in a coherent and complementary manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.	The topic was presented from the perspectives of the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		All agree	Most agree	Most disagree	All disagree	Not applicable
	following actors of the education and training system in the host country:					
1.4.1.	government and policy-makers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.2.	social partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.3.	heads of institutions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.4.	teachers and trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.5.	students/trainees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4.6.	users of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5.	There was enough time allocated to participants' presentations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6.	The background documentation on the theme provided before the visit helped to prepare for the visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7.	Most of the group received a programme well in advance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8.	The information provided before the visit about transportation and accommodation was useful.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9.	The organiser accompanied the group during the entire programme.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10.	The size of the group was appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11.	The group comprised a good mixture of participants with diverse professional backgrounds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12.	There were enough opportunities for interaction with representatives of the host organisations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13.	There was enough time allocated for discussion within the group.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14.	The Cedefop study visits website provided information that helped to prepare for the visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you have any comments on the items 1.1. - 1.14 above, please write them in the box below.

THE CATALOGUE DIDN'T CLARIFY ENOUGH THE MAIN TOPIC OF THE VISIT, SO THAT SOME OF THE PARTICIPANTS FEEL THEY WERE NOT FULLY PREPARED TO ADDRESS THIS. HOWEVER, PARTICIPANTS INDICATED THAT THE TOPIC WAS AN INTERESTING ONE, THAT DID PROVIDE AN EDUCATIONAL VISIT.

III Summary

1. Having summarised all your reflections and impressions, please indicate how satisfied you are with your participation in the study visit. Indicate the number of participants for each category, e.g.

Very satisfied

Very satisfied Satisfied Somewhat satisfied Not satisfied Neither satisfied nor dissatisfied

2. What elements and aspects of the study visits do you think could be changed or improved?

- The catalogue being unclear, as was mentioned before.
- As many of the participants are psychologists, it would have been beneficial to include more presentations by psychologists.
- It would have been helpful to receive presentation handouts prior to the presentations, for improved learning.
- The presentations could have included more procedures that demonstrate clinicians involvement in the rehabilitation process, in addition to statistical data on number of clinicians, etc.

3. If there is anything else you would like to write about that is not included in the above questions, please feel free to write below or attach a separate sheet.

We were impressed with the high quality of staff we met in various places. Most seemed highly motivated intrinsically for their work, and this permeates to the general atmosphere in the rehabilitation environment. It is unclear how this can be replicated, but the group thought this was well worthy of noting.

THANK YOU!

Please submit the report to Cedefop (studyvisits@cedefop.europa.eu) **within one month** of the visit.