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# National Integration Strategy Paper – [SLOVENIA]

Project: Development of a Common Training  
Programme for ABI Caregivers (ABI)

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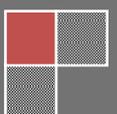


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9/30/2011



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**Introduction:** This section introduces the main sections of the report as well as the primary people involved in conducting the report. It provides any information that might be needed by the reader to understand the background to the analysis.

**Aims and objectives:** This section describes the purpose(s) of the analysis.

**Methodology:** This section describes the analysis techniques used and provides step-by-step descriptions of the work carried out.

**The training needs in [please insert your country]:** This section presents a summary of the national report on training needs, conducted in workpackage 2.

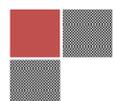
**The results of the pilot testing:** This section presents a summary of the results of the pilots, conducted in workpackage 4.

**National and Regional Adaptations:** This section presents the summary of the report on the national adaptations, conducted at a previous stage of workpackage 5.

**An Integration Strategy for [please insert your country]:** This section describes a national/regional integration and exploitation strategy, which serves as a step-by-step action plan towards the implementation and accreditation of the ABI training programme in the country.

**References:** This last section lists the sources reviewed or consulted during the analysis.

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## PREAMBLE

Acquired brain injuries (ABI) are an epidemic of modern society and one of the biggest medico-social problems in the western countries. High quality care is usually available in the domains of acute medicine and surgery. In the later stages as difficulties arise, all too often little is done for the long-term, often permanent problems victims and their families are facing after an ABI. The consequences of ABI are often extensive and wide ranging and can cause distress and concern for staff working directly with persons with ABI, especially new employed, low experienced staff and staff in pre-existing community service models (for persons with developmental disabilities, mental illnesses, nursing homes..) . Long-term care poses different questions and problems than acute care. The growing number of people with ABI in the community, the increased interest in ABI, the growing number of people working in the field, and the belief that ABI present problems that are not well understood or treated, have created a genuine need for specialized, formalized " how to do". A questionnaire survey report of staff working directly with persons with ABI in different institutions and organizations in Slovenia in 2008 concluded that 95% of staff needed specialized training, 80% agreed that the training curriculum should include some specific topics like cognitive, psychological and social consequences of ABI, and behavioural approach for managing challenging behaviours and promoting positive skills.

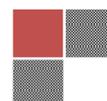
## 1. EXECUTIVE SUMMARY

This report outlines the process undertaken within the Consortium of the "ABI" project (Development of a common training programme for ABI caregivers), started in October 2009 and being scheduled for 25 months.

The aim of the ABI project is, by introducing knowledge and experience from different countries, to develop a common training programme for long-term ABI caregivers/providers as a uniform formal approach in staff training at a European level. The ABI project will ensure them the acquisition of necessary knowledge, skills and attitude needed to provide quality services. It will also provide recognition of competency level and potential and improve the appeal of working in services for long-term care and support for ABI.

The ABI project partnership includes the following 8 partners:

- Zavod Zarja / Slovenia (applicant organisation, coordinator),
- Zavod Korak / Slovenia,
- Zavod Naprej /Slovenia,



- VDC Nova Gorica / Slovenia,
- Regionalis Szolialis Forraskozpont Kht. / Hungary,
- Mutualite Francaise Anjou-Moyenne-Arceau-Anjou / France,
- Berufsforderungsinstitut Oberosterreich / Austria,
- European Association of Service providers for persons with disabilities (EASPD) / Belgium.

The ultimate goal of workpackage 5 is to integrate the training programme in each of the partner countries. Therefore, this report provides all information collated during the lifetime of the project. Based on these data, a clear exploitation/integration strategy will be developed per country in order to implement the training programme at national or regional level and keep it alive after the funding period.

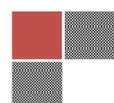
## 2. INTRODUCTION

ABI is a field in Slovenia with very poor traditions as regards training, quality assurance, political awareness and networking. The ABI project partners were aware of the training needs of staff who provide direct care and assistance to people affected by ABI.

In December 2009 a training needs analysis was conducted to formally confirm the need for training and to establish a specific training programme around ABI that service providers and practitioners within Slovenia felt would be most beneficial. The training needs analysis elicited an enthusiastic response and findings of this are documented in a report (Synthesis report Slovenia, available on [www.abi-project.eu](http://www.abi-project.eu)).

The outcome of the training needs analysis was the development of the ABI Training programme. The main content of the ABI Training programme are the ABI Basic Learning Outcomes which describe the knowledge future trainees will undertake and the learning outcomes they must achieve in order to be awarded a certificate. With the aim to have theoretical material that met the ABI Basic Learning Outcomes the ABI partners designed the ABI Workbook. The goal of this educational tool is to support learners and trainers at training. The training programme was pilot tested from May 9th to May 13th 2011.

A desk review of relevant documents relating specifically to Adult Learning, Education and Training in Slovenia as well as 2 selected interviews with relevant stakeholders on the matter were conducted in order to get a clear overview of the legislation and standards in Slovenia concerning the implementation and accreditation processes. The main findings are documented in a report (Report on National adaptations Slovenia, available on [www.abi-project.eu](http://www.abi-project.eu)).



This report will detail the process of developing the training programme, the pilot itself, feedback and what is the future for ABI training in Slovenia.

### **3. AIMS AND OBJECTIVES**

The main aim of workpackage 5, is to bring the training programme in line with national and European standards and regulations, and to conduct a clear exploitation/integration strategy in order to get the training programme implemented at national or regional level and to keep it alive after the funding period.

As a first step, an analysis was made in each of the partner countries on the legislation and standards concerning this topic and the implementation and accreditation processes needed at national/regional level.

These 'Reports on National Adaptations' gave us a first idea of the way of working in each country, the obstacles which might occur and the national adaptations to the training programme which were needed.

Approaching the end of the project, we now have all needed information to develop an extensive integration strategy on the steps to be taken in the final stage of the project and after the projects' lifetime. This is the goal of this report.

More in detail, following information will be brought together in this National Integration Strategy Paper:

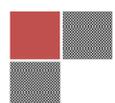
- The national report on training needs, conducted in workpackage 2;
- The results of the pilots, conducted in workpackage 4;
- The report on the national adaptations, conducted at a previous stage of workpackage 5.

Based on this information, an extensive integration and exploitation strategy is developed per country, containing a timeline and a number of detailed recommendations towards the implementation of the ABI training programme at national/regional level.

### **4. METHODOLOGY**

#### **The synthesis of all data collated during the projects' lifetime**

As for the 'Reports on National Adaptations', a set of guidelines was conducted by EASPD, giving the project partners the opportunity to write their report in a structured and parallel way. All partners were asked to use these guidelines as a basis for their national report, which would help EASPD compiling the 'Transnational Report on integration' at the end of the project.



The guidelines consist of a series of questions, which serve only as a basis for the report to be written and should not be seen as an exhaustive list of topics. Each of the partners was given to opportunity to add freely important information specific to their country or region.

The questions to be answered by the project partners in this section of the national report, were:

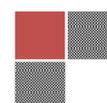
1. What are the training needs of persons working in the ABI sector, in your country/region?
2. How far are these needs met in the training programme as it is conducted now?
3. Please give an overview of the results of the pilot testing in your country/region? Which feedback was given by the different stakeholders?
4. How is the education and training system organised in your country/region (the formal vocational training system as well as the boarder lifelong learning field)?
5. How is the EQF/NQF implemented in this system?
6. Which bodies are responsible for the accreditation of training and education programmes in the formal vocational training system, as well as in the broader lifelong learning field?
7. What are the obstacles which we would need to overcome when implementing the ABI training programme in your country/region?
8. Which national/regional adaptations of the ABI training programme are needed in order to get it implemented in your country/region?
9. What chances of success do you think we have?

The answers to these questions can all be found in the previous reports written during the projects' lifetime.

### **The development of an integration strategy**

The ultimate goal of this report is the development of a national integration strategy, based on the information collated during the course of the ABI project. In order to help the project partners to develop such a strategy, a set of guidelines was conducted by EASPD. The partners were asked to use these guidelines as a basis for their national report, which would help EASPD compiling the 'Transnational Report on integration' at the end of the project.

The guidelines consist of a series of questions, which serve only as a basis for the report to be written and should not be seen as an exhaustive list of topics. Each of the partners was given to opportunity to add freely important information specific to their country or region.



The questions to be answered by the project partners in this section of the national report, were:

1. Which concrete steps need to be taken to implement the ABI training programme into the education system of your country/region and into your NQF, taking into account:
  - the obstacles to overcome;
  - the adaptations to be made;
  - the measures to be taken (at European, national and regional level) in order to improve the chances of success.
2. What more would we have to do to get it an EQF reference?
3. What would be the timeline to achieve these steps, during and after the projects' lifetime?
4. Who would actually do it, during and after the projects' lifetime?
5. Which stakeholders could be involved in the implementation process?
6. Give some concrete ideas on how to keep the project outcomes alive after the projects' lifetime.

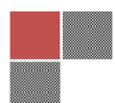
The answers to these questions are synthesised in a step-by-step action plan, which can be found further down in this report.

## 5. THE TRAINING NEEDS IN SLOVENIA

A training needs survey and analysis among staff working with persons with ABI in different service providers, with or without expertise in ABI, in Slovenia was conducted in December 2009 to formally confirm the need for training.

The main aims of the training needs survey were to identify possible issues and staff training needs in order to deliver care and support to persons with ABI and to ensure that the training content to be developed along the ABI project covers topics that best address staff needs and gaps in knowledge and skills. Other goals were also to inform national stakeholders about the development and the implementation of a training programme for staff working in ABI care (to improve the visibility of the project) and to identify all the settings (not necessarily all knowledgeable regarding ABI) where individuals with ABI received services.

The staff training needs survey was conducted by using a common written questionnaire which had been designed by the Contractor (Zavod Zarja) in October 2009. The questions were common to all project ABI participating countries. The questionnaire comprised different questions referring to individual training needs and self-assessment of own knowledge. Personal characteristics such as age, gender, education level, scope of work and organization were also asked for.



At the beginning of December 2009 the questionnaire was distributed via e-mailing to a large number of service providers and individuals at the local and national level, using the database/list accessible on the website of the Ministry of labour, family and social affairs of Slovenia. Staff employed in project partner organizations were also asked to respond to the questionnaire.

The questionnaires were returned to the ABI Contractor (Zavod Zarja) by the end of December 2009 mostly by e-mail, some by post. A total number of 134 questionnaires were returned. Respondents included the full spectrum of positions within the health and social care system and came from 21 different service-providers across Slovenia.

What the questionnaires told us?

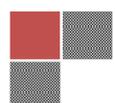
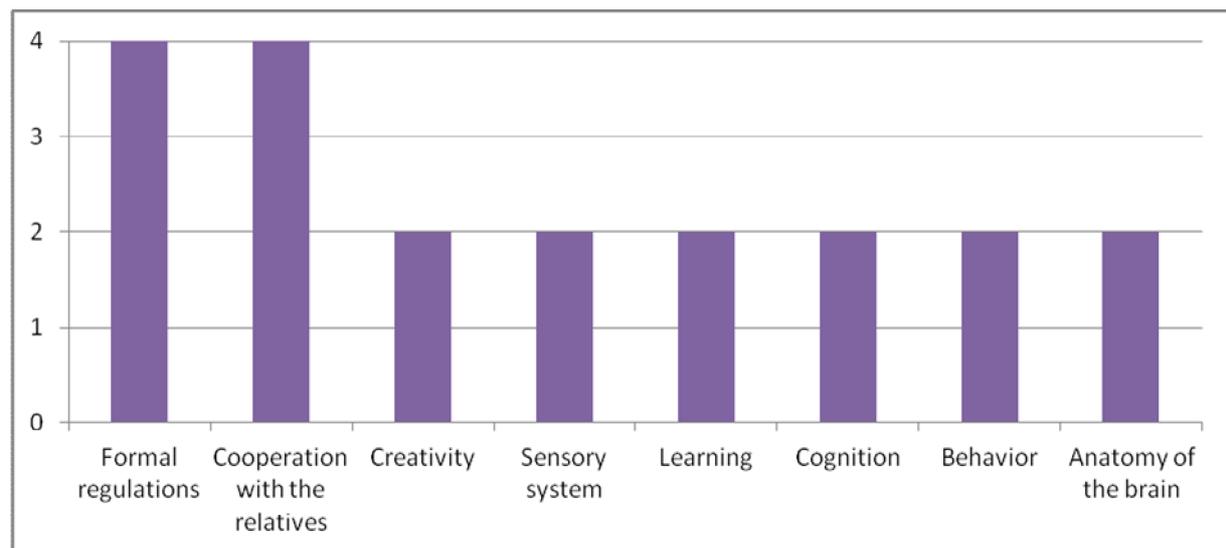
The questionnaires gave us a wealth of details about:

- how staff perceived their existing own knowledge and skills regarding ABI,
- the gaps between staff's actual knowledge and the required/needed knowledge and skills in order to deliver quality care and support,
- the training needs identified by staff.

Knowledge and skills gaps were declared by staff in all the 12 areas surveyed: Anatomy of the Brain, The Sensory system, The Motor system, Cognition, Emotions, Behaviour, Learning, Integration, Motivation, Creativeness, Cooperation with relatives, Regulations, Health nursing.

The main training needs identified by staff were in those topics/areas where more staff indicated a lack of knowledge and that they needed training.

#### MAIN TOPICS WHERE TRAINING NEEDS HAVE BEEN DECLARED BY STAFF (n=134)



The respondents also appeared to support the idea that expertise is a process during which theoretical and practical elements are integrated into a coherent whole. While knowledge of theory is essential, it was expressed by staff that practical demonstration and information that can be applied in practice would be the best approach to take in designing the training programme.

In relation to the goal of the project - to improve the quality of services for persons with ABI- the project partners also conducted a tailored survey which relied on semi-structured interviews with service-users participating in focus groups. The goal of the focus groups was to consult with service users to share what they expect and need from staff.

The focus groups were conducted in Zavod Zarja, Zavod Korak, Zavod Naprej and VDC Nova Gorica. The total number of service-users in each focus group was 37:

- Zavod Zarja (8 service users),
- Zavod Korak (6 service users),
- Zavod Naprej (8 service users),
- VDC Nova Gorica (15 service users).

The following items were analysed: :

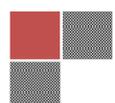
- the knowledge staff need to better serve persons with ABI,
- the skills staff need to better serve persons with ABI,
- the values staff need to better serve persons with ABI .

The 3 main areas that have been highlighted by the service users to be of great importance when asked to give examples of good and bad practices in service delivery were:

- Staff communication skills,
- Understanding the needs of the service user and managing to meet these needs,
- Acceptance and respect.

Service users expressed a strong and shared view that they appreciated more the positive personal characteristics of staff delivering services to them, like understanding, patience, motivation, flexibility, acceptance, honesty, fairness, accessibility and respect, than the formal level of education of staff.

With regard to the findings /conclusions of both surveys and the analysis of 3 models of “good training practices” from the USA (**The traumatic brain injury in Michigan, USA** ([www.mitbitraining.org](http://www.mitbitraining.org))), Australia (**Introduction to traumatic brain injury- A training kit, Australia** ([www.tbistafftraining.info](http://www.tbistafftraining.info)) and Europe (BESCLO European Care Certificate, [www.eccertificate.eu](http://www.eccertificate.eu)), the participants at the National Meeting in Vrtojba on February 9th 2010 suggested that the best way to design the training programme would be in a flexible, modular format, allowing it to be implemented in a way that meets local needs in each country. The training programme would comprise 10 individual modules/learning units, starting with module 1 as the Basic module, which aim would be to develop basic knowledge of ABI, and 9 specific modules.



The recommendations regarding the content outline and the major topics to be addressed were:

**BASIC MODUL 1:** general information on ABI, clarification of terminology , required personal characteristics of staff ( values, ethical conduct, responsibilities...), overall positive approach to care and support and to service users.

**MODUL 2:** *INTRODUCTION TO THE BRAIN, TO ABI AND ITS IMPACT AND TO REHABILITATION- including service delivery pathways and continuum*

**MODUL 3:** *COGNITIVE CONSEQUENCES/IMPAIRMENTS AND PRACTICAL STRATEGIES.*

**MODUL 4:** *BEHAVIORAL CONSEQUENCES, PERSONALITY DISORDERS AND SENSORY IMPAIRMENTS AND PRACTICAL STRATEGIES-* including relationships, the issues and strategies of sexuality and psychiatric disorders after ABI.

**MODUL 5:** *SENSORY-MOTOR PROBLEMS, THE CONSEQUENCES AND STRATEGIES*

**MODUL 6:** *COMMUNITY INCLUSION AND INTEGRATION AND SOCIAL SKILLS TRAINING*

**MODUL 7:** *MEDICAL COMPLICATIONS AND MEASURES AND HEALTH AND MEDICAL MANAGEMENT*

**MODUL 8:** *PERSONAL CHARACTERISTICS, SKILLS AND VALUES OF STAFF DELIVERING SERVICES TO PERSONS WITH ABI*

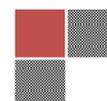
**MODUL 9:** *INTERVENTIONS/WORKING WITH FAMILIES AND RELATIVES AND EMPOWERING PERSONS WITH ABI*

**MODUL 10:** *LEGAL AND ETHICAL ISSUES-* including documentation skills, reporting, vocational considerations, return to school...

The duration of each module would be of 16 pedagogical hours (2 days) according to the participants at the meeting. There would be a minimum time of 1 month between each module, meaning that the overall length of the training programme would be approx. 10-12 months,

Attendance at Module 1 would be mandatory and would target:

- All staff of all levels of education, professions and disciplines working in settings specialized in ABI care and support (new employed),
- All staff of all levels of education, professions and disciplines working in settings not specialized in ABI care and support but delivering services to persons with ABI,
- People that encounter individuals with ABI but are less likely to have access to training or support that may assist them:
  - Families and relatives,
  - Volunteers,
  - Family doctors,
  - Social workers in social services,
  - Future employers,
  - Teachers,
  - Lawyers, judges,



- Police officers,
- Sales women and men....

At the end of the Basic module participants would receive a certificate of attendance.

Attendance at modules 2 to 10 would be optional and would target staff of any profession and discipline with a higher level of education. No exemptions from undergoing ANY module would be considered in order to earn a credential. At the end of the last module candidates would pass a written certification examination.

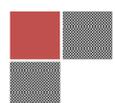
Participants at the national meeting stressed the importance of conducting one special »Train the trainer module«, prior to training, which aim would be to prepare trainers to deliver the modules by providing them the content of the modules and developing presentation skills.

The outcome of the training needs analysis in four project ABI partner countries was the development of the common ABI Basic Learning Outcomes, which are the agreed definitions of the 10 main areas of learning /basic knowledge/ learners will undertake. The ABI Basic Learning Outcomes define the scope of content to be learned and what needs to be taught and assessed. The ABI Basic Learning Outcomes are the main content of the ABI Training programme and they explicitly define all aspects of contemporary ABI practice and were used to plan and will be used to deliver all aspects of the ABI Training programme (including its content, teaching, learning and examination tools). They ensure a comparable base for knowledge but with allowing each partner to create, choose and specify its appropriate own training methods considering the standards and requirements for professional practice in his country.

Modules in the ABI Training programme

**Module 1: Introduction to ABI**  
**Module 2: Rehabilitation and care process**  
**Module 3: Understand their role in the care process**  
**Module 4: The values of social care**  
**Module 5: Promote a positive and supportive approach**  
**Module 6: Risk management**  
**Module 7: Safety at work**  
**Module 8: Communicating positively**  
**Module 9: Promote skills for independence**  
**Module 10: Develop as a worker**

The ABI Basic Learning Outcomes led to the designing of the overall format of the ABI Training programme and to the development of training materials. With the aim to have theoretical material that met the ABI Basic Learning Outcomes the ABI partners designed the ABI Workbook. The goal of this educational tool is to support



learners and trainers at training and to increase knowledge regarding ABI, to outline skills that are useful in working with persons with ABI, to highlight resources that may be of use to persons with ABI and their family members and to assist learners to feel more comfortable and confident in their interactions with persons with ABI.

Developing the ABI Workbook took thought, effort, and time (5 months). After having determined the Workbook's audience, scope, and contents, the writing tasks were divided. ABI partners from Slovenia wrote 6 Modules out of total 10: Zavod Zarja (Modules 2 and 5), Zavod Korak (Modules 6 and 7), VDC Nova Gorica (Module 8) and Zavod Naprej (Module 10).

The ABI Workbook was developed according to the Guidelines adopted by the ABI Partnership. The first version was written in English.

After the first draft of the entire Workbook was generated and edited, partners translated it from English to Slovenian and reviewed it. The review was done by appropriate co workers and by certain outside reviewers selected. These reviewers pointed out the problems that related closely to content covered in all the Modules and to national context, wording that was not clear and places where information was missing or in error, and suggested corrections.

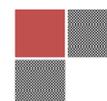
## 6. THE RESULTS OF THE PILOT TESTING

At the 3rd ABI project meeting in Hungary in November 2010 it was agreed by the ABI partners that the pilot tests of the training programme would run in 3 countries (Slovenia, France and Hungary) from April 2011 to May 2011 but with allowing each partner to create, choose and specify its appropriate own format of delivery and training methods considering the standards and requirements for professional practice in his country.

The central focus of the pilot in Slovenia was on charting the experiences of the participant trainees, trainers and observers and on the improvement of the training for future use.

Several activities occurred prior to training pilot: curriculum development, development and adaptation of the ABI Workbook, trainer selection, participant selection, pre-pilot meeting, organisation of training of (venue, invitations, training site, ...) and scheduling.

The ABI training curriculum development is a process that started well in advance, in December 2010, and lasted until April 2011. The process included the determination and structuring of the training content based on the ABI Basic Learning Outcomes and the national/local context, the selection of resources (training setting, trainers, participants), the selection of training methods, the preparation of supporting training materials, the development of an examination test, and the organisation of the training.



Overview of the training content:

<u>09.05.2011</u>	<u>10.05.2011</u>	<u>11.05.2011</u>	<u>12.05.2011</u>	<u>13.05.2011</u>
<p><b>Module 1</b> <i>Introduction to ABI</i> <b>8units</b></p>	<p><b>Module 2</b> <i>Rehabilitation and care process</i> <b>2units</b></p> <p><b>Module 3</b> <i>Understand their role in the care process</i> <b>3units</b></p> <p><b>Module 4</b> <i>The values of social care</i> <b>3units</b></p>	<p><b>Module 5</b> <i>Promote a positive and supportive approach</i> <b>4units</b></p> <p><b>Module 8</b> <i>Communicating positively</i> <b>4units</b></p>	<p><b>Module 7</b> <i>Safety at work</i> <b>6units</b></p> <p><b>Module 6</b> <i>Risk management</i> <b>2units</b></p>	<p><b>Module 9</b> <i>Promote skills for independence</i> <b>6units</b></p> <p><b>Module 10</b> <i>Develop as a worker</i> <b>2units</b></p>

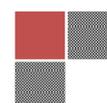
1 unit = 45 minuts (1 pedagogical hour)

The five trainers recruited for the pilot were chosen for their professional background and specialisation related to the topic they were expected to present, their long-term experience from the area they were expected to present, their specific professional experience from daily work with persons with ABI (4 trainers had more than 10 years of practice in ABI, one trainer had 6 years) and for their training experience and pedagogical knowledge. Two of the very important selection criteria were also the common criteria for the selection of trainers adopted by the ABI Partnership and the availability of the trainers for developing the training materials and conducting training. The trainers came from 2 project ABI partners (Center Zarja and Center Korak) and from the University Rehabilitation Institut of Slovenia.

In accordance with the decision of the project partners 2 observers were recruited to participate in the pilot with the aim to monitor the pilot and to provide transparent and independent feedback.

A pre-pilot meeting (2h) for the trainers and observers was held on Friday April 15<sup>th</sup> 2011. The aims of the meeting were to prepare the trainers to deliver the training, to give them specific instructions about the key knowledge that is covered in the training (ABI Basic Learning Outcomes), including guidelines on training methods and a brief coverage of the ABI Workbook, and to introduce them technical information. Trainers were left the choice of the methods to prepare for effective training.

The pre-pilot meeting helped the observers to understand their important role to play a neutral role and report objective findings, the reason for having observers and their responsibilities to review each Module of the Workbook and propose needed revisions.



The educational materials used at the training included 14 power-point presentations with over 400 slides. All the power-point presentations have been posted on the ABI website ([www.abi-project.eu](http://www.abi-project.eu)), upon prior consent of the authors, in a private section under the Slovenian menu, under Gradiva. A user-name password is required to login. All trainers and participants at the pilot have been provided a password. Several other training materials were also prepared by the trainers (pictures, films,...).

Fifteen trainees/participants were selected from among eligible participants based on the variety of backgrounds they came from, their professional background, their previous experience in ABI, their preparedness, and their ability to benefit from the program.

Those participating in the training held a representative cross section of positions within the health and social care service provider system. They included the full spectrum of health and social care providers:

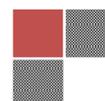
- Doctor: 1
- Physical therapist: 1
- Occupational therapist: 1
- Psychologist: 2
- Social worker: 1
- Social pedagogue: 1
- Nurse: 1
- Support staff: 1
- Work instructor: 2
- Driver: 1
- Cleaning staff: 1
- Administrative staff: 1
- Project manager: 1.

Trainees came from 4 ABI project partners (Zavod Zarja, Zavod Korak, Zavod Naprej, VDC Nova Gorica) and one trainee from the University Rehabilitation Institut of Slovenia.

The training pilot was offered as a full-time 40-hour course and was held during regular working hours, from Monday May 9th through Friday May 13th 2011 at Zavod Zarja Zalog in Ljubljana. All the participants were provided a hard copy of the ABI Workbook and other educational materials at the beginning of the training.

The main instructional methods that were used by the trainers were:

- Lectures and explanations,
- Use of real-life examples to illustrate concepts and principles,
- Briefing about personal experiences,
- Group work/exercises,
- Case studies,
- Vivid discussions,
- Brainstorms,



- Posters to summarize the outcomes,
- Films,
- Co-delivery by ABI service-users.

The pilot was conducted according to the following schedule:

	09.05.2011	10.05.2011	11.05.2011	12.05.2011	13.05.2011
8.00 – 9.30	Modul 1	Modul 2	Modul 5	Modul 7	Modul 9
9.30 – 10.00	Break	Break	Break	Break	Break
10.00 – 11.30	Modul 1	Modul 3	Modul 5	Modul 7	Modul 9
11.30 – 12.30	Lunch	Lunch	Lunch	Lunch	Lunch
12.30 – 14.00	Modul 1	Modul 3 / Modul 4	Modul 8	Modul 7	Modul 9
14.00 – 14.30	Break	Break	Break	Break	Break
14.30 – 16.00	Modul 1	Modul 4	Modul 8	Modul 6	Modul 10

One week after the training ended, on Thursday May 19th 2011, a final examination took place. The final examination consisted of a written and an oral part:

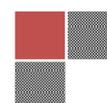
- The written exam included 19 multiple-choice questions, 2 questions per Module, except for Module 9 (1 question). Each question had 4 possible answers (*a b c d*) where only one answer was the correct answer; the remaining answers were incorrect. Question N°20 was a short- list question from Module 9 that required the participants to list 5 short responses. The questions were selected from a bank of 44 questions.

The last part of the written exam was a case study including a scenario and then a list of questions at the end. It was designed to enable participants to show how they can apply their knowledge and understanding of ABI in a real life scenario.

The case study was selected out of 10 case studies.

The written part lasted about 30 minutes. The participants had to answer at least 50% (10) of questions correctly to pass.

- In the oral part of the exam participants were asked to discuss together with each other and the examiners and give their opinion and/or conclusions



regarding the answers of the questionnaire and the case study. The oral part lasted 45 minutes.

The questions and the case studies had undergone revisions and readjustments prior to the exam because the partners in Slovenia felt that the initial examination test featured out-of-context questions. Some questions and a couple of case studies were actually difficult to understand. The readjusted exam provided questions and case studies that better reflected the local context and better distinguished the knowledge of the exam taker.

All participants passed the exam and were awarded with a certificate of successful completion of training of 2,5 credit points according to the Social Chamber of Slovenia.

An evaluation model was set for the trainees and the observers. It was agreed to use identical evaluation materials at each pilot site to compare findings in each setting. In order to address nation specific issues, pilot coordinators were invited to add additional evaluation questions.

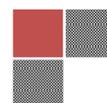
Data collected in association with the conduct of the training included:

- numbers of attendees at the pilot,
- age and gender of the participants,
- positions held by participants,
- educational background of the participants,
- the trainers,
- the training objectives,
- the training/ instructional materials,
- the training methods,
- the timing and sequencing of topics,
- the venue for the training activity,
- the physical facilities and training equipment,
- the administrative arrangements.

Feedback from the participants and observers was provided via the completion of 2 evaluation forms, one for the participants and the other for the observers. All participants and both observers completed the forms.

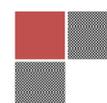
The evaluation findings support the effectiveness of the training. Participant satisfactions levels were very high; overall, the findings suggested that the participants benefited from the training and appreciated the value of the training presented to them; and trainer and observer feedback was very supportive of the training too.

1. The training process was well thought out. Participants, trainers and observers were generally satisfied with the training facility. They all addressed concerns about the training room as being uncomfortable and cramped and had to



endure a room temperature to hot for comfort. One participant felt that the coffee breaks were too long and suggested shorter breaks (15 minutes instead of ½ hour). All participants were very satisfied with the services/food.

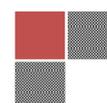
2. The curriculum was well designed, being comprehensive and appropriate to learning objectives. It adequately covered all the relevant key topics of ABI, with the exception of :
  - Understanding and managing behaviour changes following ABI,
  - Sexuality after ABI, issues and strategies,
  - Depression after ABI,
  - Management strategies of cognitive changes,
  - Management strategies for communication problems,
  - Epilepsy.
3. Participants, trainers and observers noticed that some Modules in the ABI Workbook were too broad and too accurate, whereas others needed additional content. Following Modules needed to be expanded:
  - Module 1,
  - Module 4,
  - Module 8,
  - Module 9.
4. The content in the presented Modules sometimes overlapped:
  - Compensation strategies in both Modules 1 and 9
  - Medical aids and devices in both Modules 1 and 9
  - Risk assessment in both Modules 6 and 9
  - Impairments of speech and language in both Modules 1 and 8
  - ICF: in both Modules 5 and 9
  - Individual care/support project and goal setting in both Modules 3 and 5
  - Feedback in both Modules 8 and 9.
5. Some differences between the content of the training and that of the ABI Workbook were indicated: the ABI Workbook needs some adaptation and restructuration, some of the content needs to be increased.
6. All present at training agreed that the content of both the ABI Workbook and the training was current and accurate and well adapted to slovenian context.
7. Most felt that sufficient time was allotted for the training, but that a reflection on the time-scale for individual modules needed to be considered.
8. The methods and materials used by the trainers worked well. Trainers should incorporate even more group work, exercises and practical management strategies into the training.



9. The trainer is the element most critical to the success of the training. The majority performed very well. Some of the training language used was overly “sophisticated/medical” for the full audience (Module 1).
10. The heterogeneous composition of the group proved to be very effective and is according to all present the ideal group composition. Participants especially valued the exchange of knowledge, ideas, views, opinions and experiences among themselves. However most participants thought the group of 15 trainees was too large for effective group work.
11. The format of the final test should be restructured. Many of the multiple choice questions were too easy, the case study were too Module specific.

A number of recommendations resulted from the evaluation of the training:

1. That either an alternate site (bigger room) be used for future training or the group size is smaller (10-12 participants).
2. That some Modules be readapted and restructured.
3. Listing of additional readings at the end of each Module is suggested.
4. To improve instructor mastery of the training curriculum, 1-day "train the trainer" seminars with more detailed instructions for the trainers, are recommended.
5. The decision was that the overall time allotted for the training will stay the same (5 days/40 hours), because of financial reasons, to allow as many staff as possible to participate, but the time-scale for individual modules should be reconsidered and rearranged and the training programme should have increased flexibility in order of the Modules (apart from those Modules deemed to require specific timing, such as the introductory module).
6. It was decided to continue to utilize heterogeneous groups of participants. However the max. number of participants shouldn't be bigger than 12, the optimum being 10-12.
7. It was agreed that the final exam should take place within a week after the end of training and will consist of a written part and an oral part. The exam should include 20 multiple choice questions (2 per Module) and 1 case study. 2 examiners should be present during the test.
8. The questions in the exam should be reviewed and revised accordingly to ensure that the examination is appropriate. The questions should become



more complex to best distinguish the skills of the test taker and to give increased feedback to trainees and have a positive impact on learning.

9. The case studies in the exam should be less Module specific and should encompass a larger span of aspects of ABI.
10. A formal evaluation model specifically for the trainers should be set.
11. Continued training and reinforcement of specific areas of work (development of specific Modules) is recommended. It is recommended that some Learning Outcomes be readjusted.

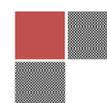
## **CHANGES AND ADAPTATIONS OF THE ABI TRAINING PROGRAMME**

Information gathered during the 3 pilots was used by the project partners to develop a set of recommendations for changes and adaptations to the ABI Training programme. A draft of the recommendations for modifications was developed at the 4<sup>th</sup> trans-national ABI project meeting in Linz in May 2011.

Following the meeting, the ABI partners collated the proposed recommendations and these underwent several rounds of feedback and amendments to produce the agreed and approved changes and adjustments.

## **CHANGES AND ADAPTATIONS TO THE ABI TRAINING PROGRAMME**

1. Readjustment of some Learning outcomes.
2. Modifications of the content of the ABI Workbook
3. Merger of 2 Modules, 6 (Safety at work) and 7 (Risk management) into one Module (Module 6: Risk assessment and how to work safely)
4. Development of a new Module 7: Management of behavioural problems
5. Creation of the ABI Guidelines for trainers including the ABI Basic Learning Outcomes, instructions for the trainers about suggested training methods, a database of multiple choice questions and case studies for the trainers to view, edit and print and a course evaluation form to be handed out to participants and trainers at the conclusion of training.



New training content:

<p><b>Module 1</b></p> <p><i>Introduction to ABI</i></p>	<p><b>Module 2</b> <i>Rehabilitation and care process</i></p> <p><b>Module 3</b> <i>Understand their role in the care process</i></p> <p><b>Module 4</b> <i>The values of social care</i></p>	<p><b>Module 5</b> <i>Promote a positive and supportive approach</i></p> <p><b>Module 6</b> <i>Risk assessment and How to work safely</i></p>	<p><b>Module 7</b> <i>Management of Behavioural problems</i></p> <p><b>Module 8</b> <i>Communicating positively</i></p>	<p><b>Module 9</b> <i>Promote skills for independence</i></p> <p><b>Module 10</b> <i>Develop as a worker</i></p>
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The changes and amendments are described in more detail in the pilot report from Slovenia (available on [www.abi-project.eu](http://www.abi-project.eu))

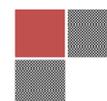
## 7. NATIONAL AND REGIONAL ADAPTATIONS

### The VET system in Slovenia

The Slovenian system of qualifications consists of three sub-systems:

- qualifications obtained through educational programmes at the formal education levels, which end with the gaining of a certificate, diploma or other evidence of publicly recognised education;
- a certification system of national vocational qualifications (NVQ), which is defined as a work related vocational or professional capacity required to perform an occupation at a certain level of complexity and which enables the gaining of working vocational or professional training and recognition of non-formal knowledge with a publicly recognised document;
- further and supplementary training, by which an individual deepens knowledge and develops competences for life, work, mobility and career promotion and by which she or he obtains certification which may be a condition for employment or for continuing to perform work, but it does not represent a qualification for the entry into higher levels of education.

In April 2006, the Slovenian government adopted a decree on the introduction and use of classification system of education and training (Klasius), which is one of the formal bases for building a Slovenian qualification framework. It is based on eight levels, in which are placed all three of the above enumerated groups of qualifications, from primary school to doctoral, in relation to learning outcomes. Conceptual bases are in preparation and a working group has been appointed for the construction of



the national qualifications framework. Preparation of the national qualifications framework will require fresh consideration of the placing of individual fields and levels of education, e.g., vocational and technical education and training (VET).

The National Vocational Qualifications Act of 2000 introduced in Slovenia a system of testing and certifying NVQ's, which is based on learning outcomes irrespective of how the knowledge, skills and capacities were obtained. Testing and certifying NVQ's is meant for adults and takes place on the basis of direct demonstration of knowledge, skills and capacities or on the basis of documents and other evidence collected in the individual's portfolio. They thus become visible results of non-formal and informal learning. The aims of the certification system are: to provide a quicker and more flexible response to needs of the labour market, to increase economic effectiveness, to improve the adaptability of the economy, and to address social inclusion and reduce the unemployment rate.

An NVQ is shown by a public document – a certificate whose form and content are defined by the Minister of Labour, Family and Social affairs.

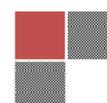
The certificate system consists of many cooperating institutions:

- Ministry of Labour, Family and Social Affairs;
- Council of the Republic of Slovenia for Vocational and Professional Education;
- National Examinations Centre;
- National Institute for Vocational Education and Training;
- Slovenian Institute for Adult Education;
- providers of procedure for NVQ assessment and certification/accredited assessing bodies;
- Employment Service of Slovenia;
- Chambers and responsible ministries.

The objectives of the system of certification:

- gives public validity to non-formal and informal education, training and learning;
- substitutes for low adaptability in the formal system of education;
- enhances lifelong learning through the public recognition of knowledge;
- enables swifter response to the demands of the labour market for individuals who have acquired a certificate.

The national vocational qualification is a publicly recognised qualification which is necessary to pursue a specific part of an occupation, and therefore is based on the appropriate vocational standard. The occupational standard represents a connecting link between the vocational education system and the certification system of national occupational qualifications. Occupational standards are drafted following the initiative put forward by the interested legal entities. The initiative for the new occupational



standard may be given by anybody to the CPI (Center for Vocational Education), starting the preparation of the proposal. They must meet the following requirements: stability, long-lasting, widespread, appearance in different work situations, employability of significant number of people, comparability with occupations on foreign labour markets.

The occupational standard is a document containing the following elements:

- occupation name and code,
- complexity level,
- occupational competences and the description of the occupational standard, including working area, core tasks, knowledge and skills.

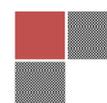
Qualification standards are prepared for the following levels: Lower vocational qualification/education (ISCED level 3C) / Middle vocational qualification/education (ISCED level 3C) / Middle technical qualification/education (ISCED level 3B) / Higher non-university technical qualification/education (ISCED level 5B).

The knowledge and skills required for acquiring NVQ are determined by a catalogue of standards for professional knowledge and skills. These catalogues, are needed for certification of NVQ, and are developed on the basis of the occupational standard. The proposal for a catalogue is developed by the responsible chamber (or ministry for activities for which the chambers are not organised) or by Center for Vocational Education and Training in close cooperation with professional and vocational associations and trade unions. The initiative for the adaptation of catalogue of professional knowledge and skills may be proposed by anyone to the Center for Vocational Education and Training, who decides on the relevance of the initiative. Expert board, nominated by the National Council of Experts of the Republic of Slovenia for Vocational Education and Trainings, is responsible for coordination of the proposed catalogue in line with the established needs for vocational qualification, international comparability and compliance with the Slovene legal system and EU regulations. The proposed catalogue is then determined and published by the Ministry of Labour, Family and Social Affairs.

In Slovenia, an NVQ can be acquired:

- by completing vocational or professional educational programmes or by completing modules as part of educational programmes;
- by assessment and accreditation of prior learning.

After successfully accomplishing the assessment, the candidates are awarded a certificate. The obtained certificates are nationally valid and recognised on the labour market.



Two standards of National Vocational Qualifications (NVQ), i.e. certification of non-formal and informal learning valid at the national level have been developed and implemented so far in the welfare/social care sector:

- Social home carer (socialni oskrbovalec na domu/socialna oskrbovalka na domu) – the initiation started in 2000. The first certificates were issued in 2003 after a 2-years preparation phase.
- Work instructor (delovni inštruktor/delovna inštruktorica).

In the medical/health care sector 5 standards of National Vocational Qualifications (NVQ) have been implemented:

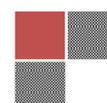
- orthopedic technologist (ortopedski tehnolog/ortopedska tehnologinja),
- lifeguard (zdravstveni reševalec/ zdravstvena reševalka),
- dental assistant (zobozdravstveni asistent/zobozdravstvena asistenka),
- chiropodist (pediker/pedikerka),
- masseur/masseuse (maser/maserka).

The largest share of adult and continuing vocational education and training is provided in non-formal programmes or courses and training and learning activities. Non-formal education and training is intended for those who simply wish to acquire new skills, or who wish to refresh, expand, update or broaden their skills. Such skills are not certified, nevertheless, the legislation on vocational education and tertiary education does include principles and mechanisms to facilitate recognition, certification and accreditation of knowledge and skills acquired in non-formal education. In addition, the legislation requires that schools and higher education institutions provide programmes of non-formal education (supplementary training) as part of their regular activities. The non-formal section of education is an important part of the adult education strategy and lifelong learning policy in Slovenia.

Most of the non formal education is implemented in non accredited education and training programmes (76% of all participants in non formal education) designed by providers as a response to individual and labour market demand. More than 80% of non formal CVET cover work related training and the rest of learning is in line with personal interests and needs.

Providers of non-formal education are:

- Institutions specially organised for delivering Adult learning and education. Examples of such institutions are Peoples'and Workers'universities (ljudske univerze). They are carrying out the education of adults as their basic activity. This comprises basic adult education, foreign language courses, ICT courses, courses for the improvement of knowledge and skills of employees in legal, financial and managerial fields. Some ljudske univerze provide also public programmes, which give nationally recognised secondary vocational or technical qualifications. In co-operation with the higher vocational colleges and



higher education institutions they also provide a learning environment for part-time tertiary education.

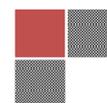
Educational centres developed within companies or established by various chambers (for example, school for flight controllers, centre for training military staff, and so on) nowadays operate more or less independently. Their mission is to deliver highly professional and specialized education and training;

- schools and higher education institutions which provide supplementary education programmes, refresher courses and the like;
- private schools specialised in a certain field of training which operate on a commercial basis, for example, foreign language schools, riding schools, and schools of rhetoric;
- other institutions and organisations, whose main activity is not education and training (examples of these associations and societies include the Association of Accountants and Financial Workers of Slovenia, municipal, regional and national societies of human resource managers; Firemen Association of Slovenia, , Association of Engineers and Technicians of Slovenia, professional organisations; social welfare organisations; organisations for the disabled; organisations for helping families, parents and consorts;).
- In-service training: in-service training is organised by companies and provided in accordance with the requirements of the work of the organisation. Large companies organise training for their employees within their own premises and using their own staff for teaching purposes. Often companies within the same industry jointly establish training centres for their own training needs, which are then broadly recognized for their quality and as such they can apply for registration as educational institutions.

The data for Slovenia show that also in non formal learning, like in formal education, the most privileged group – employed with ISCED 5-6 can best take advantage of educational and training provision. The share of their participation in non formal learning is the highest, 5 times higher than the one with ISCED 0-2, while the gap is much lower when it comes to the employed with ISCED 3-4.

When discussing professional qualifications of the most typical health care /medical and welfare/social care professions, such as doctors, qualified nurses, physical therapists, occupational therapists, social pedagogues, special educators, social workers... etc.,, it has to be said that qualifications pertaining to these professions in Slovenia are closely linked to formal higher education educational programmes. We cannot even begin to talk about recognition of non- and in-formal learning in these programmes. It can be established that professional qualifications in Slovenia are mostly always founded on a prior completion of a higher education programme ,while it is impossible to obtain education on the basis of practical experience. Entry to such regulated professions depends on possession of a certified (formal) qualification.

The recognition of non-formal and informal learning outcomes in health and social care is specifically intended for workers to be placed and promoted in employment. Some professional chambers thus require constant participation in various forms of



non- and in-formal learning in order to obtain and keep a licence for practicing the profession. An example is the Social Chamber of Slovenia, which organises, plans and promotes continuous professional training for professional workers and associates in the sector of welfare/social care. It executes the verification procedure for social welfare training programmes and awarding of credit points for continuous postgraduate training. The organiser of a professional education and training programme aimed for professionals and staff in social welfare care can apply for programme verification independently or in conjunction with awarding of credit points. The verification process includes assessment of the compliance with the rules on verification of:

- The content of the training programme,
- The objectives of the training and possible examination,
- The duration of training,
- The expected theoretical and/or practical benefits to the participants,
- The references of the organizational and professional personnel that will implement the professional training.

The rules for granting a licence to the organizer of a professional training and awarding credit points in other professional chambers, such as the Medical Chamber for doctors, the Nurses and Midwives Association of Slovenia, etc are similar than mentioned above. The organiser is however expected to pay the costs of the process of awarding credit points.

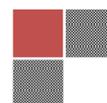
### **The EQF / the NQF**

The Slovenian overarching National Qualifications Framework (hereafter SQF) is currently being developed. The development takes into account outcomes of several conferences organised in 2005 and 2006 on the implementation of EU Qualification framework and a broad support of all relevant stakeholder.

In January 2010, a National Steering Committee for referencing NQF levels to the EQF was nominated by the Government. It is composed of representatives of the Ministry of Education and Sport (chair), the Ministry of Higher Education, Science and Technology, Ministry of Labour, Family and Social Affairs, the Statistical office, the National Institute for Vocational Education and Training and social partners. The National Steering Committee has formal decision making powers when it comes to the development of the Slovenian Qualifications Framework (hereafter SQF). Administrative support is provided by the National Institute for Vocational Education and Training.

The National Steering Committee nominated an expert group for the preparation of descriptors in the SQF. They prepared the proposal of the SQF. The proposal is now in public debate.

The proposal attempts to take into consideration national characteristics of the Slovenian education system and labour market, both in the number of levels set up



as in the basic logic behind descriptors allowing for gradation. It is also in conformity with the EQF, which serves as the basic reference framework for the EU Member States. The referencing process is planned to be finished in 2012. In the light of expected labour market trends, the expert group also included the National Vocational Qualifications in the framework as they might prove to be an important complement to formal learning paths in the following period. The draft proposal proposed 10 levels for the SQF. Two main criteria were observed when determining the number of levels: every level has specific rights to employment and every level enjoys specific rights to further education.

In the current draft proposal the level descriptors for the SQF are defined in terms of outcome criteria - knowledge, skills and competences:

- **Knowledge** is the result of learning and acquisition of concepts, principles, theories and practices. It is obtained in different settings: in educational process, at work and in the context of private and social life,
- **Skills** are in the context of the Slovenian Qualifications Framework described as cognitive (e.g. use of logical, intuitive and creative thinking) and/or practical (e.g. manual skills and the use of materials, tools and instruments).
- **Competences** pertain to the ability to use and integrate knowledge and skills in educational, work, personal and/or professional situations. Competences vary in the light of their complexity, independence and responsibility for action. We distinguish between generic and vocationally specific competences.

In the draft proposal of SQF levels 3 to 6 are open to VET, while levels 7 to 10 are designed for higher education.

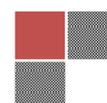
Currently, there are no official Sectoral qualifications frameworks in Slovenia. It is necessary to prepare and implement the Slovenian Qualifications Frameworks first, only then we will be able to start with the preparation of Sectoral qualifications frameworks.

### **Recognition of the ABI Training programme in Slovenia. How to move on?**

The ABI Basic Learning Outcomes are the basis for obtaining an entry certificate providing evidence that the holder has the basic knowledge and understanding of working with people affected by ABI.

It seems hardly possible at the moment to implement the ABI certificate in the NVQ in Slovenia.

Since the ABI certificate relates both to health care and social care, it is intended to provide basic knowledge to work with persons with ABI in both sectors. In Slovenia there is a big difference between the health sector and the welfare/social care sector. Each is represented by its respective ministry: the Ministry of Labour, Family and Social affairs for the social sector and the Ministry of Health for the health sector.



Furthermore the ABI certificate is linked to a wide range of professions from both the health and welfare/social sector. The development of an occupational standard would in this case represent a very demanding and expensive project, which would call for the cooperation of numerous partners: employers and employees in various service providers of rehabilitation, care and support for persons with ABI, different professional chambers, competent ministries, trade unions .... One needs to bear in mind national and sectorial development documents, the data collected by the Employment Service of Slovenia and the Statistical Office of the Republic of Slovenia, as well as examples from the EU countries, because the initiative would have to meet the following requirements: stability, long-lasting, widespread, appearance in different work situations, employability of significant number of people, comparability with occupations on foreign labour markets. Each initiative has to be based on anticipation of labour market needs according to long-term economic development at regional or national levels.

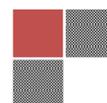
A common level of complexity of the occupational standard would be very difficult to determine. The ABI Basic Learning Outcomes would have to be further developed for staff/professionals with higher qualifications whose job demands more experience and responsibility. The occupational standard would have to have different complexity levels depending on the formal education level of the candidate and his job demands. An individualized manner of assessment of candidates would also have to be determined in the Catalogue of Standards of Professional Knowledge and Skills.

Furthermore long-term rehabilitation, care and support is quite new for Slovenia, and very specific, and therefore only a limited number of people have acquired knowledge in that field enabling them to carry out assessment and certification of national vocational qualifications (NVQ). The number of appropriate providers (assessment bodies) of assessment and certification is limited too.

A suggestion by The Center for Vocational Education (CPI – *Center RS za poklicno izobraževanje*) which is responsible for advisory and expert work in the development of NVQ standards and in the formation of catalogues of professional knowledge and Skills, was to include the ABI specific part of the ABI Basic Learning Outcomes in an occupational standard that has already been initiated to be developed: “The Social Assistant. Slovenian projects ABI partners believe that the ABI Basic Learning Outcome would lose their primary aim by doing so.

The ABI training programme could at the moment be »officially« recognised in Slovenia only as further and supplementary training, by which an individual deepens knowledge and develops competences for life, work, career promotion and licence keeping and by which she or he obtains valid certification which **may be** a condition for working with persons with ABI. However the certificate can not be a substitute for any formal qualification or training requirements which already exist for performing a job in health or social care.

The organiser of the training programme would have to apply for the verification and

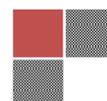


awarding of credit points for continuous postgraduate training to different professional chambers from the health and the social sector with regard to their specific requirements. There is no automatic validation and no official regulation. It means that a professional chamber could also refuse to validate the training programme and award credit points.

As mentioned above, Slovenia is still in the process of introducing a new National Qualification Framework which must be referenced to the European Qualification Framework. It is necessary to prepare and implement the SQF first, only then we will be able to start with the integration of the ABI Training programme into it. The referencing process is planned to be finished in 2012. We hope then to get the ABI Training programme formally recognised, placed on the SQF and referenced to one of the eight levels of qualifications in the EQF.

## **8. AN INTEGRATION STRATEGY FOR SLOVENIA**

This Integration Strategy outlines the future of the ABI Training Programme in Slovenia and sets the direction for beyond the end of the ABI project. This document communicates to ABI project partners the framework for clarification of the commercial use of the ABI training programme after the end of the project's official lifecycle. This strategy also proposes a number of other actions that can support training implementation, flexibility and broad dissemination to the diverse audiences and large number of groups who require ABI training.

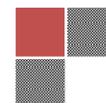


## PLAN OF ACTIVITIES FOR THE IMPLEMENTATION OF THE ABI TRAINING PROGRAMME IN SLOVENIA

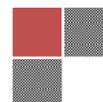
Specific strategic goals	Activities proposed	Responsible entity	Timeline
Coordination, administration and management of training activities	Outline roles and responsibilities	All	Start 2011
	Ensure and support the overall organisation of training, of training activities, the coordination of the partners and the resources.	Zavod Zarja	Start 2011-ongoing
	Recruit appropriate trainers /experts	All	Start 2011-ongoing
	Secure funding for training delivery	All	Start 2011-ongoing
	Research funding opportunities within the state, develop fundraising plan, make proposals to potential funders *	Zavod Zarja	Start 2011-ongoing
	Set-up, maintain and update a training database with trainer information, trainee information, course information, training location information, issued certificates	Zavod Zarja	Start 2011-ongoing
	Establish and maintain contacts/link with users, other stakeholders and funders	All Zavod Zarja	Start 2011-ongoing
	Continue in the further development of the training strategy	All	Ongoing
Coordinate of the overall training strategy development	Zavod Zarja	Ongoing	

**\*PRIORITY**

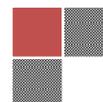
Specific strategic goals	Activities proposed	Responsible entity	Timeline
Dissemination to: - Direct beneficiaries - Potential end-users - Stakeholders	Establish appropriate, accessible and timely mechanisms of dissemination	All	Start 2011-ongoing
	Identify most suitable key actors and stakeholders to be addressed	All	Ongoing
	Establish of key contacts for dissemination	Zavod Zarja	Ongoing
	Strengthen the relationship with the users; involve the target group	All	Ongoing
	Expand the target group	Zavod Zarja	Regularly
	Coordinate and support of dissemination activities, sharing of performed dissemination activities and ideas	Zavod Zarja All	Periodically
	Involve policy-makers, regular contacts with relevant stakeholder and funding entities, lobbying activities	Zavod Zarja	Regularly
	Involve the NA (CMEPIUS)	Zavod Zarja	Regularly
	Create relationships/partnerships with the University, hospitals, University rehabilitation centre, etc...	Zavod Zarja	Ongoing
Distribute of ABI leaflet at events, etc...	All	Ongoing	



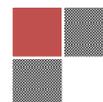
Specific strategic goals	Activities proposed	Responsible entity	Timeline
	Up-date the ABI website with news	Zavod Zarja	Constantly, for 5 years
	Link to the ABI website on partner s websites Networking, attending national and international events, ,	All All	2011- ongoing Ongoing
Marketing	Research and develop marketing strategy	All	End of 2011
	Agreement on how costs and incomes of commercialization will be shared, contracting	All	End of 2011
	Coordinate marketing activities	Zavod Zarja	Regularly
	Develop marketing materials (e-mails, brochure, etc..)	All	Regularly
	Promote training courses	All	Regularly
	Expand marketing strategy according to needs	All	Regularly
Logistical planning	Planning and scheduling	All	Prior to training
	“Train-the-trainer” course delivery	Zavod Zarja	According to needs



Specific strategic goals	Activities proposed	Responsible entity	Timeline
	Course material production	All	Prior to training
	Venue and catering	All	Prior to training
	Registration coordination and fee collection	All	Prior to training
	Trainer costs (training preparation, training delivery, travel costs), contract support	All	Prior to training
Delivery of training (full-time 40-hour course, 10-12 trainees)	Incorporate the ABI training programme into partner organization's staff training process, conduct training for own staff	All	Start in 2012 2X/year or according to staff needs
	Conduct training to staff and organizations outside the partnership	Zavod Zarja + selected trainers	Start in 2012 2X/year or according to staff 'needs
	Issue certificates to trainees (100-110 certificates/year)	All	After course completion
	Record of issued certificates	Zavod Zarja	Regularly
Quality assurance	Adherence to commonly predefined criteria	All	Constantly
	Quality coordination	Zavod Zarja	Regularly
	Define quality indicators (qualitative and quantitative)	Zavod Zarja	End of 2011

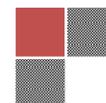


Specific strategic goals	Activities proposed	Responsible entity	Timeline
	Evaluate the training programme and the training approach	All	After each training course
	Analyse the evaluation results	All	Within 1 month after the completion of training
	Identify strengths and weaknesses	All	Within 1 month after the completion of training
	Overall analysis of training activity	Zavod Zarja	Yearly, by end of November
	Report to the coordinator	Zavod Korak Zavod Naprej VDC NG	Yearly, by the end of October
	Assess training needs	Zavod Zarja	Yearly
	Report to the Advisory Board	Zavod Zarja	Yearly, by the end of December
	Document and keep record of training activities	All	Ongoing
	Re-design, update and upgrade the training programme to ensure its efficiency and success	All	According to needs
	Ensure the ABI training programme stays current and contemporary in both content and training method	All	Ongoing



Specific strategic goals	Activities proposed	Responsible entity	Timeline
Formal recognition of the ABI training programme	Verify and certify the training programme at the Social Chamber of Slovenia	Zavod Zarja	Every 2 years-next in 2013
	Report to the Social Chamber of Slovenia about the training activity	Zavod Zarja	In 2013
	Establish and maintain contacts with other professional Chambers in order to verify and certify the training programme *	Zavod Zarja	Start in ½ of 2012-ongoing
	Establish and maintain contacts with the National Institute for VET to monitor the development of the NQF (SQF)	Zavod Zarja	Start in 2011-regularly
	Implement the ABI training programme on the SQF + referencing to the EQF, conduct work to ensure ongoing alignment of the training programme with the accreditation and certification processes	Zavod Zarja	After the finishing of the referencing process

**\*PRIORITY**



## 9. REFERENCES

Jagodici D. (2011). ABI pilot training report Slovenia. <http://www.abi-project.eu>

Jagodici D. (2010). National Synthesis report on training needs Slovenia. <http://www.abi-project.eu>

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Marentič U. (2011). National report: Status of implementation of the National Qualifications Frameworks and sectoral frameworks in Slovenia. Center of the Republic of Slovenia for vocational education and training