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Transnational Integration Strategy Paper

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

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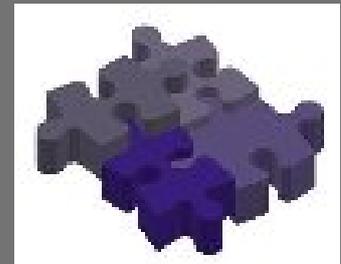
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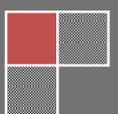
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Introduction: This section introduces the main sections of the report as well as the primary people involved in conducting the report. It provides any information that might be needed by the reader to understand the background to the analysis.

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.

Training needs: This section presents a summary of the national report on training needs, conducted in workpackage 2.

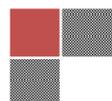
The results of the pilot testing: This section presents a summary of the results of the pilots, conducted in workpackage 4.

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: This section describes a national/regional integration and exploitation strategy per country, which serves as a step-by-step action plan towards the implementation and accreditation of the ABI training programme in the country.

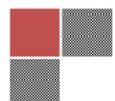
Conclusion: This section gives an overall conclusion of the report and of the ABI project

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



PREAMBULE

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

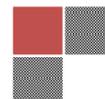
This report outlines the process undertaken within the Consortium of the “ABI” project (Development of a common training programme for ABI caregivers), started in October 2009 and being scheduled for 25 months.

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 attitudes 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,
- Mutualité Française 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

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

In December 2009 a wide training needs analysis was conducted to formally confirm the need for training of staff that provides direct care and assistance to people affected by ABI and to establish a specific training programme around ABI approved by service providers and practitioners.

This analysis resulted in a synthesis report per country and a transnational report. All these reports are available on www.abi-project.eu.

The outcome of the training needs analysis was the development of the ABI Training programme, which contains a set of ABI Basic Learning Outcomes, describing the knowledge that future trainees will undertake and the learning outcomes they must achieve in order to be awarded a certificate. In addition, an ABI Workbook was designed, supporting learners and trainers during the training.

The training programme was pilot tested in the spring of 2011 in Slovenia, France and Hungary.

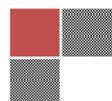
In the Summer of 2010, an extensive research (using the internet, literature and interviews) has taken place in each partner country relating specifically to adult learning, education and training, in order to get a clear overview of the legislation and standards in the 4 countries concerning the implementation and accreditation processes. The main findings are documented in a National Adaptations Report per country and a transnational report, which can be found on www.abi-project.eu.

All reports described above, as well as the process of developing the training programme and the pilot, and some ideas on the future for ABI training in the 4 partner countries, are summarised in this 'Transnational Integration Strategy Paper.

This work has been realised by all project partners jointly.

For more in-depth information, we kindly refer to all country reports, available on www.abi-project.eu.

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.

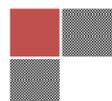
These 'Reports on National Adaptations' gave us a first idea of the way of working in each country, the obstacles which might occur and the national adaptations to the training programme which were needed.

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.

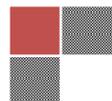
The guidelines consist of a series of questions, which serve only as a basis for the report to be written and should not be seen as an exhaustive list of topics. Each of the partners was given to opportunity to add freely important information specific to their country or region.

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



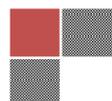
The ultimate goal of this report is the development of a national integration strategy, based on the information collated during the course of the ABI project. In order to help the project partners to develop such a strategy, a set of guidelines was conducted by EASPD. The partners were asked to use 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. TRAINING NEEDS

The training needs survey and analysis among staff working with persons with ABI in different service providers, with or without expertise in ABI, 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 would cover the topics that best address the staff' needs and gaps in knowledge and skills. We also wanted to inform national stakeholders about the development and the implementation of a training programme for staff working in ABI care (in order to improve the visibility of the project) and to identify all settings where individuals with ABI received services.

The staffs training needs survey was conducted by using a common written questionnaire designed by the Contractor (Zavod Zarja) in October 2009. The questions were common to all project ABI participating countries.

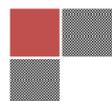
The **ABI Basic Learning Outcomes** were the outcome of this training needs analysis, consisting agreed definitions of the 10 main areas of learning (basic knowledge), that learners should undertake. They define the scope of content to be learned and what needs to be taught and assessed.

The ABI Basic Learning Outcomes led to the designing of the overall format of the ABI Training programme and to the development of the training materials. In order to have theoretical material that meets the ABI Basic Learning Outcomes, the ABI partners designed the **ABI Workbook**. The goal of this educational tool is to support learners and trainers during the 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.

AUSTRIA

The statistical analysis (correlations) shows that in none of the examined fields of knowledge a connection can be noticed between estimated importance and existing knowledge. Therefore, a derivation of a need of advanced training based on the examined variables should be done under reserve only.

The areas with the highest ranking i.e. sensory and motor system, cognition and emotion do not allow to draw the deduction that there is also an interest in advanced training in these areas. The evaluation showed that in case a further examination of the need for training should be realized the interest should be taken into consideration.



However, also those areas that received the lowest importance i.e. health nursing, formal regulations, creativeness and anatomy of brain do not allow the conclusion, that there is no need for advanced training.

The statistical differences between workgroups regarding the estimated importance and knowledge lead to the assumption that the different workgroups present their experiences and knowledge in their specific work area. However, with consideration of an interdisciplinary cooperation between the different professional groups and with regard to the special clients a cross-disciplinary knowledge and know how is required. These points to the necessity for a joint educational programme for different professional groups in order to guarantee a successful process in the different rehabilitation phases.

FRANCE

The questionnaires gave 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 have been 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.

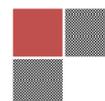
The most important areas of knowledge were identified as **cognition, the emotions and behaviour**. 59% of the respondents placed one of these areas of knowledge in the top three.

The surveys gave also details about the training needs and skills identified by users. Users' answers clearly showed that they expect professionals to be available, attentive and understanding.

In general, users define the roles and obligations of professionals according to their job, and do not have the same expectations for all of them. Consequently, the level of knowledge expected from these professionals differs.

Starting from the detected needs, recommendations were drafted for developing a high-training programme, about aims, participants, methodology, setting, teaching staff, outcomes, topics and target.

For further information we refer to the French national integration paper, on www.abi-project.eu.



SLOVENIA

The questionnaires distributed in Slovenia gave many details about:

- how staff perceived their existing 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 formal regulation and cooperation with the relatives.

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, 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 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 .

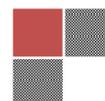
The 3 main areas that have been highlighted by the service users to be of great importance when asked to give examples of good and bad practices in service delivery were:

- 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.

Based on the survey, a set of recommendations were drafted regarding the content outline and the major topics to be addressed.

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.



Further information is available in the Slovenian national integration paper, on www.abi-project.eu.

HUNGARY

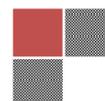
As in Hungary there are not yet trainings for specialists of the brain injured, this training aroused interest.

Participants from a wide sector were involved, including health rehabilitation and employment rehabilitation.

According to the evaluation of Mariann Magyar, head of the RSZFK training department, the elements of the training content can be found in different trainings (nurse, social caregiver and nurse, social worker), so not all the elements of the training were new to some of the participants. But these pieces of information have not yet been organized into a system of tasks related to brain injured people, so the content so far known was put in a new light.

The composition of the survey group was wide, with different fields of professions: social and health rehabilitation, and employment rehabilitation. Trainees of upper qualifications were dominating. As the development of such training is new in Hungary, the managers of institutions first sent their fully qualified workers.

RSZFK intends to accreditate the training so that it can enter the Hungarian education and training system.



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) in a common format from April 2011 to May 2011 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.

AUSTRIA

From the start of the project it was not planned that Austria should realize a pilot. The focus lay on the elaboration of the Manual of the training program. Nevertheless, a pilot will be executed mid of November 2011.

FRANCE

The training programme went according plan, 15 people took part following a very tight schedule. It was therefore difficult to adopt an active teaching/learning approach; the training programme was designed in a relatively academic fashion, which should be reconsidered. It seems that the professionals participating in the programme need more specialised training, concentrating on action plans and strategies rather than on the more general aspects.

The training programme took place in 2 locations so that the participants could see first-hand the different types of setting in which brain-injured people live. This was very much appreciated.

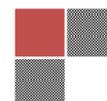
Given the intensive nature of each session, and despite the constant efforts of the trainers to concentrate on the objectives defined, it was difficult to stay on schedule. As a result, the training sessions “ran over” into the time set aside for breaks. Otherwise, the group was very attentive and involved.

It was also decided to offer a number of training sessions run by more than one trainer, in order to reflect the multidisciplinary nature of care.

Overall, the pace of training was fast, which was tiring for the participants. This was clearly noticeable by the end of the week.

The last half-day was devoted to the assessments using a case study examination, found more adapt than multiple choice exercises.

Participants and observers were also asked to evaluate the training programme: the overall impression was good on average. The main suggestions, given during the pilot, were about:



- Methodology (make the course more active and stimulating, more use of practical simulation exercises);
- Timing (slow down the pace of the course; allocate more time for the course and for discussion; split the course into two sessions).
- Contents (more space for “ageing ABI patients”, “role of family members” and including neuropsychological rehabilitation).

Based on the assessments made by the observers and participants of the pilot, the following recommendations can be made:

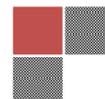
1. Size of the group: We recommend groups of 12 at the most;
2. Length of the training course: The course should be split into two sessions of 3 days. There should be a gap between each session so that the participants have time to assimilate what they have learned, and to reduce the level of fatigue. An extra day would also allow for more simulation exercises;
3. Include a module on working with and for the families of victims;
4. Update the workbook, which is too general in some parts. Make sure that the workbook focuses more on acquired brain injury; bring it into line with national situations, which shape the care strategies adopted;
5. Reconsider the assessment methods used, and make the multiple-choice questionnaire more difficult if the target population consists essentially of new employees in the social and care sector and of community carers;
6. It is very important to increase the amount of practical work (carry out simulation exercises, so that the participants better understand the difficulties and challenges involved in caring for ABI patients);
7. Develop a training strategy focusing on practical work rather than academic knowledge; and
8. Set up multidisciplinary groups, so that all the different skills needed to deliver high-quality care are taken into consideration.

On the whole, the training course was a success. It has encouraged pursuing the adoption of such a programme, which delivers the specialised knowledge needed by professionals and raises the quality of care.

For further information we refer to the French national integration paper on www.abi-project.eu.

SLOVENIA

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.



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 and specific professional experience from daily work with persons with ABI and for their training experience and pedagogical knowledge.

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.

Fifteen trainees/participants were selected out of a multitude of eligible participants, based on their professional and social background, their previous experience in ABI, their willingness, and their ability to benefit from the programme.

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.

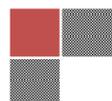
The main instructional methods that were used by the trainers were: lectures and explanations, use of real-life examples to illustrate concepts and principles, briefing about personal experiences, group work/exercises, case studies, vivid discussions, brainstorms, posters to summarize the outcomes, films, co-delivery by ABI service-users.

One week after the training ended, a final examination took place. The final examination consisted of a written part with multiple-choice questions, case studies and an oral part where the 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 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.

An evaluation model was set for the trainees and the observers. 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.

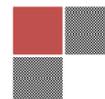
Feedback from the participants and observers was provided via the completion of 2 evaluation forms, one for the participants and one for the observers.

The evaluation findings support the effectiveness of the training. Participant satisfaction 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. Trainer and observer feedback was very supportive for the training too.

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

1. An alternate site (bigger room) should be used for future training sessions or the group size should be smaller (10-12 participants).
2. Some Modules should be readapted and restructured.
3. A 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 overall time allocated for the training should stay the same (5 days/40 hours) because of financial reasons in order 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. 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. The final exam should take place within a week after the end of the 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, to give them increased feedback and to have a positive impact on their 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. Furthermore, it is recommended that some Learning Outcomes are readjusted.

For further information we refer to the Slovenian national integration paper on www.abi-project.eu



HUNGARY

In Hungary, the RSZFK Non-profit Kft./ RSZFK Non-profit Llc. organized the ABI pilot training, addressed to 14 participants.

At the end of the training the participants and observers were asked to evaluate the course environment, the course content, the educational materials, the trainers and the group. By both the overall impression of the training, with an average of 4.7/5, and all the aspects of the training were judged in positive way.

According to the observers, all the modules were important, they were logically built and the material had a strong cohesion. It is essential though to prepare further materials and modules that could be built on the present training and can help to bring knowledge to a higher level.

The overall conclusion was that the training contained a lot of new information, even for the fully qualified trainees. It gave them a new type of access to brain injured people and resulted in new insights on how to treat them and care for them.

Observing experts suggested the following about how to improve the training:

- A module on employment rehabilitation
- International practice with an international trainer
- A module on how to deal with the family of the brain injured person

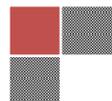
Trainees were also given the opportunity to comment. They gave the following feedback:

- on the content (suggesting to extend the content of the lessons and of training materials. A number of topics were suggested to be included)
- on the methodology (make the course more active and stimulating, with more practical examples)
- on the timetable (more time for the course, add more modules)

Based on the data received in the pilot, the following conclusions can be drawn:

- The average evaluation points were between 4.5-5, which shows that both the participants/trainees and the observers evaluated the training as of high level.
- as in Hungary there such a training doesn't exist yet, it is a long-needed one in the education and training system (despite the fact that certain modules were not unknown to everybody)
- the training comprised a lot of new information even for the highly qualified trainees and gave a new understanding of how to access brain injured people, how to deal with them and care for them.
- there is no need to change anything about the intensity of the training or the number of hours for the modules
- The participants are looking forward to further modules, improving their knowledge.

Suggestions for improvements, made by more than one participant:



- Module on employment rehabilitation
- Module on how to deal with the family of the brain injured person
- Informative matters on how to deal with patients in persistent vegetative state
- International practice with international trainer
- Trainings for caregivers of the brain injured (personality improvement training, communication training, burn-out training, case discussion)

The short-term aim was that the trainees would pass the exam. This aim was reached as all participants gained good results.

The long-term aim was to broaden the knowledge of those working with brain injured people, to make their work of higher level, so that the brain injured people would be able to take advantage of that. The degree of reaching these aims can be measured by the follow-up of the participants of the training, which is planned by the RSZFK.

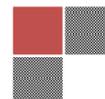
Among the trainees and observers, some other stakeholders joined as well. So the points given in the evaluation show their opinions, as well. They all considered the training useful, necessary and effective. They would not intend to make any changes in the training composition, module content, number of lessons, or intensity.

Small mistakes, resulting from translation, should be corrected in the final version of the guidelines in Hungarian.

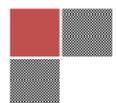
The results of the pilot in Hungary didn't ask, however, for modifications of any entire elements or modules of the training programme.

Trainers' feedback:

- Learning is an active, constructive process, also if the participants of the training are adults. This is well supported by ABI Manual and the literature connected with it.
- The ABI Manual is easy to read and to understand. It stimulates learners to work independently. The ratio and connection between text and illustration is ideal and well serves understanding. Even the titles provoke thinking and arouse readers' interest.
- The training material is coherent, well considered and contains parts of knowledge built one on the other.
- The training programme satisfies all the needs that may have related to a good course book: it presents the wide topic in a concise way, it has good proportions and classifications, it makes a good system of the varied knowledge, it concentrates on the questions possible at the exam, it is based on facts, it serves literature to learners who are interested in details.



For further information we refer to the Hungarian national integration paper on www.abi-project.eu



7. NATIONAL AND REGIONAL ADAPTATIONS

AUSTRIA

The adult education in Austria is organized in a much diversified way: on a national and regional level, in associations as a cooperative system as well as in university and non-university research institutions.

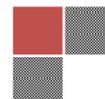
Knowledge is acquired both through unconscious (such as learning by doing) and through active learning processes during school education, vocational training and continuing education. Active learning processes are usually initiated within an institutional framework and success is formally confirmed by examinations.

The implementation of the NQF has still the character of a project and yet requires the establishment of an evaluation unit at the Federal Ministry. The reason for the delay is due to the still going on discussion between the colleges for higher education and the universities regarding categorization in the reference levels. Until now the primary goal of the development is to allocate the qualifications acquired in the formal system. With reference to the ABI programme a fact based study has to be made and all project partners must agree regarding the level categorizations.

The ABI programme must be oriented to learning results. A common understanding of central concepts such as learning results, knowledge and personality related competences must exist. The presentation and definition of learning results has to be determined separately as to knowledge, abilities and competences. This requires a joint language allowing to make comparisons between the learning results. It is necessary to describe the learning results along the NQF descriptors. The better the learning results that are linked to a qualification are documented the easier the allocation to the different levels will be, as they can be applied as basis for the arguments regarding allocation decision.

Until the corresponding evaluation unit for introduction of the NQF in Austria has been implemented at the Federal Ministry, personnel certification programmes according to the criteria of the ISO 17024 (accreditation of the Federal Ministry of Economy) are recommended. The interview partner laid the focus on the personnel qualification (knowledge and personality related aspects and competences).

In the centre of this qualification framework are the learning outcomes. The concept of trainings programmes is not judged according to what contents should be transferred but according to what the learners actually are able to do afterwards. The competencies are restricted not only to factual knowledge. This change in perspectives i.e. from input to outcome orientation represents a big challenge for the implementation of the ABI programme. In this project, therefore, it is absolutely necessary to take the following questions into consideration:



- a. Which are the most important competencies the learners should learn in a lesson of a module? Only by this the relevant contents can be derived.
- b. How can the learners acquire best these competencies? From this the didactics and the type of lesson can be derived.
- c. What is the best way to measure whether the learners have acquired the necessary competencies? From this the appropriate methods, which do not necessarily have to be classical exams, to determine the learning outcomes can be derived.

In order to be successful in the implementation of the ABI programme the distinctiveness and uniqueness of the personnel qualification must be emphasized and defined. A balance between transfer of knowledge (holistic view to competences) as well as the implementation and applicability of the competences is necessary and a separation between teaching contents and verification of learning outcomes is recommended.

With view to the comparability on national and European level a performance credit system that corresponds to the ECTS (European Credit Transfer System) or the ECVET (European Credit Transfer System for Vocational Education and Training) should be considered. The ECVET and the NQF are based on the same concepts and principles and aim at the enhancement of transparency, transmissibility and improvement of lifelong learning.

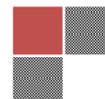
With reference to the ABI programme a fact based study has to be made and all project partners must agree regarding the level categorizations.

Furthermore, a separation between teaching contents and verification of learning outcomes is recommended. For example an accredited unit could be responsible to make written and oral exams to verify the learning outcomes and to evaluate professional competences by means of project reports. For a transparent and uncomplicated allocation and crediting of the competences with reference to the EQF and NQF as well as to enhance the comparability a performance credit system (ECVET) for the ABI programme should be taken into consideration.

At the implementation of the ABI programme the following problems exist and which could not yet be answered by means of the available documents:

- a. On which of the eight levels should the allocation of courses to acquire professional skills start?
- b. Should the classification of partial qualifications be done at the same level as the corresponding previous qualifications?
- c. How to handle the situation that certain professional entitlements can be acquired only by means of obligatory additional educations?
- d. How to handle the interdisciplinary competences and professional experience in general?

For further information we refer to the Austrian national integration paper and the Austrian report on national adaptations on www.abi-project.eu



FRANCE

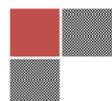
The medico social vocational area depends on the rules established by the ministry in charge, which drafts a list of authorized professions for which jobs are subsidised in the framework of a public service mission passed on to medico social institutions.

There are regional delegates of central administration in the new Regional Health Agencies (ARS), replacing the DRASS, and the list of authorized functions can be accessed. Such functions, since the 2002 social modernisation law, can be achieved by VAE (validation of competences acquired through experience), following a procedure indicated in a decree.

The EQF network testing project, steered by the national commission for vocational accreditations (CNCP), aimed at experimenting the feasibility of matching national accreditation frameworks and the European framework as defined by the April 2008 recommendation. European partners from 8 countries networked together. Like the CNCP, the partners included agencies in charge of listing the national accreditations. These European partners had decided to each work with a national support and follow up group. For France, this group included all the certifying ministries, social partners and the Céreq...

- This report clearly demonstrates the French specificities in terms of accreditation and the difficulty in France to implement mutual recognition at the scale of the EU, but it also highlights the benefits of CEC (European centre for accreditations) and the fact that training and accreditation bodies know very little of it: only government agencies and some experts are aware of its existence so far.
- The “EQF network testing project” interim report places increased emphasis on a national framework for accreditations, which puts a limitation on the approach wanted by our consortium for the development of our training programme. Indeed, in terms of potential mutual basic learning outcomes ABI accreditation approach, we could only use the national framework and would have to comply with a certain number of decrees.

In France the national framework of accreditations is organised by the Jan. 17, 2002 law, which generated the creation of a national repository of vocational accreditations (RNCP), listing all accreditations delivered in France. Besides, the law added an extra requirement to comply with in order to be listed in the RNCP: each accreditation must be achievable through the validation of competencies, acquired by formal or informal training (VAE: validation of competences acquired through experience).



Given the impossibility to obtain national and mutual recognition of accreditations, and given the specific needs that the ABI programme must satisfy, the French partner does not consider to amend the programme or to change the reference document. This system is designed to provide the necessary specialisation in terms of:

- Adapting new employees to their functions in a multidisciplinary approach, which is a key for a good management of persons with ABI.
- Improving employability and professional mobility of the people with the lowest level of qualification of the sector.
- Improving the quality of care, especially trying to improve good treatment.
- Rising awareness of the general population about all players involved.

These orientations meet the objectives that may be pursued by vocational training as defined by Labour law and the social modernisation law, and the ABI system could be integrated into the training schemes of employing companies and disseminated widely through an integration strategy.

Such integration strategy will require to identify on the French territory institutions like Arceau Anjou, which can organise and deliver training and comply with the pilot project.

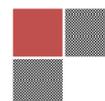
This means a thorough work is necessary on the criteria defining the quality of trainers and the quality of the organising institutions, which will have to have an authorisation as a training centre, on top of their medico social activity.

To date, we can break down France into 5 major regions: Ile de France (Paris region)/north-east/south-east/North-west/south-west, which allow for integration of the project through institutions of reference with a great experience in taking care of persons with ABI and with highly skilled employees.

To date, it is not realistic to connect this programme to an initial training institution, given the required expertise and the great variety of qualifications required for trainers. However, with integration in mind, we could offer specialised institutions and universities the expertise of the ABI programme in order to enhance employability and adaptation of job seekers coming from these curricula.

As a conclusion, for lack of a real accreditation capacity, we would like to increase the integration of the pilot project, in order to meet the needs in additional training expressed by employers, employees, and users (see results of WP 2).

For further information we refer to the French national integration paper and the French report on national adaptations on www.abi-project.eu



SLOVENIA

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 a classification system of education and training (Klasius), which is one of the formal bases for building a Slovenian qualification framework.

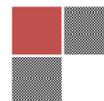
The National Vocational Qualifications Act of 2000 introduced in Slovenia a system of testing and certifying NVQ's, based on learning outcomes irrespective of how the knowledge, skills and capacities were obtained. Testing and certifying NVQ's is meant for adults and takes place on the basis of direct 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 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 (Centre 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.

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).

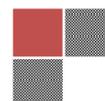
In the medical/health care sector 5 standards of National Vocational Qualifications (NVQ) have been implemented:

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

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;
- 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;
- other institutions and organisations, whose main activity is not education and training;
- In-service training: organised by companies and provided in accordance with the requirements of the work of the organisation.

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.

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. 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.

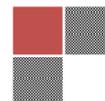
The EQF / the NQF

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. 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.

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.

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?

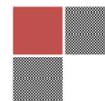
The ABI Basic Learning Outcomes are the basis for obtaining an entry certificate providing evidence that the holder has the basic knowledge and understanding of working with people affected by ABI.

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...

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 have to be considered, 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.

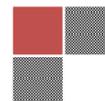
Furthermore long-term rehabilitation, care and support is quite new for Slovenia, and very specific, and therefore only a limited number of people have acquired knowledge in that field enabling them to carry out assessment and certification of national vocational qualifications (NVQ). The number of appropriate 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 cannot 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.

For further information we refer to the Slovenian national integration paper and the Slovenian report on national adaptations on www.abi-project.eu

HUNGARY

The Law on Adult education of 2001 (2001/C1) is a frame-like legal regulation, which did not abrogate the earlier legal statutes (on public education, professional education, employment). An institution shall have the right to deploy adult education activities (training and/or services supplementing adult education) if the institution is listed in the national register of adult education institutions. The petition shall be submitted to the labour centre that is regionally competent and the register is valid for 4 years.

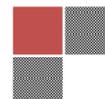
Quality insurance

The adult education realised in public education institutions is subject to the elements of the public education quality insurance system and regulations (the qualification requirements of teachers, the mechanism of elaborating the curriculum, the learner contract in the professional education, the examination committees and the quality insurance programmes of public education).

The quality insurance in adult education is served by the institution accreditation and the programme accreditation introduced in 2002. Accreditation is not compulsory but only education institutions that have the accreditation shall be entitled to state grants.

The Adult Education Accreditation Body (Hungarian abbreviation: FAT) realises the accreditation of the education service providers and education programmes present at the market based on the opinion of committees of experts. The institution accreditation is valid for 4 years and the programmes can be accredited for 2 to 5 years. The institution accreditation examines the regulated manner of the institution in addition to the education and related service providing activities and validates the institution from the aspect of quality. Accreditation insures a quality insurance system based on self-evaluation. When programmes are accredited, it is examined whether the programme meets the education objectives and requirements and feasibility and the compliance of methods are examined. Pursuant to legal statutes, FAT, by involving external experts, shall be entitled to realise audits in the institutions in question after the granting the accreditation.

RSZFK Nonprofit Kft. has been an adult education institution accredited by FAT since 2003. In its activities, it has participated in the development, testing and propagation of several accredited education programmes.



Accreditation of training and education programmes

The system of adult education in Hungary

The adult education of Hungary has been developed considerably during the previous years. The system of its legal conditions and institutional background have been created.

The areas of adult education:

- a. **School-system adult education**, which is aimed at acquiring primary, secondary or higher education and/or professional qualification, their legal regulations are provided for by the acts on public education and higher education.
- b. **Education outside the school-system**, the largest area of which is the education, training at the labour market. Its legal regulations are provided basically by the act on adult education, the act on professional qualification and the act on employment. The professional training courses outside the school system mean the largest area of adult education, regarding both the number of professional training courses and participants and the choice of professional qualifications that can be acquired.

The institutional system of the adult education outside the school system

1. **education enterprises operating in the form of economic companies;**
2. **institutions financed of the central budget** (e.g. regional labour force developing and training centres);
3. **non-profit organisations;**

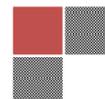
The main orientations of adult education:

- It is necessary to widen the career orientation education of the adult, in order that they can learn job search techniques and that the choice of other supplementary courses should be widened.
- It is appropriate to build the network-type system of institutions on the basis of the existing adult education institutions, mainly in order that the adult that are in a disadvantageous position from the aspect of professional education can learn easier.
- The education, re-training of pedagogues working in adult education and the continuous updating of the methods should be solved.

EQF / NQF

The National Qualifications Framework

The National Qualifications Framework (OKKR) does not work yet in Hungary.



The ministerial meeting of the Ministry of Education held on the 11th April 2006 approved the information given on the international conference in Budapest provided on the European Qualifications Framework. Based on the information, the participants of the meeting brought a decision on „the identification of the domestic tasks related to the European Qualifications Framework, built on national consulting and the experiences of the conference and a concept on the National Qualifications Framework”.

The elaboration principles and structure of the National Qualifications Framework (OKKR) are compatible with the European Qualifications Framework (EKKR), typically the characteristic output learning results serve as the basis of comparison on four areas (knowledge, skills and abilities, viewpoints and attitudes, autonomy and responsibility).

How is the European Qualification Framework (EQF) and the National Qualification Framework (NQF) implemented in your country/region?

As everywhere the realisation of the qualifications framework is connected to the support of important social objectives. The two most important economic and social political objectives serving as the basis of the Hungarian educational system are the strengthening of the competitive ability of our country and that of social cohesion. Such objectives can be served efficiently with the tools of education if the systems serving life-long learning are built.

The **most important hindrances** of the realisation of the ABI training programme are the difficulties and the unforeseeable changes of the financing system.

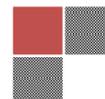
The economic organisations shall pay the education of their own employees if the education is not initiated by the employee. In this field, it is an encouraging tool of the government that the companies may spend one third of the compulsory professional education contribution (one third of the 1.5% of the costs of wages) and the small and micro-enterprises may spend 60% of that tax on the education of their own employees.

Compared to the average wages, the costs of re-training courses are high in Hungary. However, the employers feel the need for training courses, there is only a reserved financial reserve for that, the level of which is low.

The time frame planned for training courses is among the expected hindrances. The ABI training programme cannot be inserted into the Hungarian professional qualification system, it can be inserted into the social and child protection re-training system. This allows for maximum 60 lessons as a re-training programme schedule, which shows the intention that the learners should receive supplementary, special knowledge based on the basic knowledge level of the learners.

What national/regional specifications must be taken into consideration?

Professional politics and regulation environment



The Law on Adult education of 2001 (2001/C1) is a frame-like legal regulation, which did not abrogate the earlier legal statutes (on public education, professional education, employment.). It regulates training organised in an adult age, outside the school system and furthermore the services connected to education and the support system. The scope of the Law on Adult Education shall be applicable to each Hungarian citizen that has fulfilled their study liabilities (that lasts until the 18 years of age as the school leaving age).

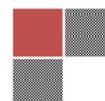
Secondary-school studies may be followed after the age of 23 only within the framework of the adult education programme.

An institution shall have the right to deploy adult education activities (training and/or services supplementing adult education) if the institution is listed in the national register of adult education institutions. The recording into the register (registration) takes place upon a petition. Its condition is that the organisation providing the education can prove the firm establishment. In the case of organising language examinations or professional examinations, the right to organise the examination shall be proven and the necessary procedural fee shall be paid.

The petition must be submitted to the labour centre that is regionally competent and the register is valid for 4 years. Pursuant to the provisions of the 2001-year-law on adult education the institution realising the education shall conclude a contract with the participants of the education. The contract shall include the qualification and competences that can be acquired via the education, training course, the place, the length, the schedule of the education, the price of the education and the examinations and the method of performance control and evaluation.

If the employer obliges the employee to participate in education or concludes a study contract with the employee then a law (Law XXII of year 1992 on the Labour Code) provides for the length of holiday that can be taken with the aim of learning and the method of its taking.

The government took its position in several strategic documents that **In Hungary the system of evaluation and counting-in of previous knowledge.** In addition, pursuant to Paragraph 17 of the 2001-Act on Adult Education” The education programme shall be adapted to the previous different qualifications and abilities of adults participating in the education. The adult applying to the education shall be entitled to request the preliminary survey of his/her knowledge level, which the adult education institution shall be obliged to evaluate and take into consideration.” The rule does not include any details on the method, financing of the measurement and the method of counting in therefore the practice of the education institutions vary greatly. There is no data on the number of adults using the service. Within the framework of the second National Development Plan (2007-2013) an independent project was also planned, which is the elaboration of the model of recognising preliminary knowledge and to be established in higher education, the so-called validation model.



8. INTEGRATION STRATEGY

AUSTRIA

In Austria a detailed procedure is not defined for vocational education at the moment. There are different working-groups in that context, coordinated by “ÖAD – Österreichischer Austauschdienst” (as a service for the Federal Ministry).

When trying to implement the ABI training programme into the education system, the main obstacle to overcome is the existence of other similar training activities and training providers on the same subject. I.E. there are contacts and agreements with a provider of education e.g. “Neurologisches Bildungsinstitut” as well as with the “Assista” who executed until now employee trainings within our institute (as a result it was agreed to realize a pilot together with this partner).

Representatives of our institute will get in touch with this coordinating body, trying to collaborate for the implementing in their regular education programmes, the training tools developed in ABI training.

FRANCE

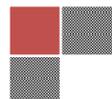
As explained in the reports on the various steps of the project, the French team had to acknowledge a certain number of constraints which were not in favour of the implementation of the programme.

However, given:

- the existing and growing number of institutions working with ABI persons and the therefore growing need for training of professionals,
- the needs expressed by employers, users and professionals,
- the success of the pilot training session and the requests we have received since it was delivered,
- our organization, which comprises a training center approved by the Ministry of Health, Employment and Vocational training,
- our experience in disseminating training programmes resulting from European programmes.....
- the amendments made to the first programme, enabling it to exist side by side with the university and specialized trainings (DIUTC),
- the ability of our training teams to face the volume of requests for training,

We have decided to deliver the ABI training programme twice a year.

Two sessions have already been scheduled, and will be closely monitored in order to bring any required modification. Indeed, the session starting Nov.7, 2011 was designed on the basis of recommendations coming from the pilot programmes carried out in last April.



Some modifications have been made, and we still have to assess them.

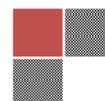
- A slightly smaller group (ideally 12)
- More emphasis on practical situations in order to develop intervention strategies, and therefore a longer training (40hours)
- Organizing the programme in two separate periods, in order to allow the outcomes and skills to mature (especially on the part about medical and neuropsychological training/module 1 mostly)
- More information about the work to users' families.

Besides, we still think that we miss a specific training about the ageing of disabled ABI persons, and we may add some input about this in the future, with the approval of the leader Zavod Zarja and of the partners.

This is why, during the first year of integration of the project (Nov. 2011- June 2012), we would like to invite our coordinator Mrs. Danielle Jagodic to participate in one of our sessions in order to work jointly on continuous improvement and to continue with the transfer and exchange of skills between France and Slovenia.

The current steps of the programme integration:

Month	Objectives	Activities
Sept. 11	<p><i>Finalize all the French versions of the supporting documents for the ABI training</i></p> <p><i>Review the educational material</i></p> <p><i>Develop new methodologies for the practical part of the training</i></p> <p><i>Finalize the administrative and financial conditions of access to the training</i></p>	<ul style="list-style-type: none"> • Translation and proof-reading • Fine-tuning of the educational material • Draft conventions
Oct. 11	<p><i>Make sure that the trainers have integrated the ABI guidelines as defined by the consortium</i></p> <p><i>Hire new trainers meeting the defined criteria</i></p> <p><i>Draft the training conventions</i></p> <p><i>Prepare the November training session</i></p>	<ul style="list-style-type: none"> • Train the ABI trainers on Oct. 7, 2011 • Recruit an ergonomist trainer specialized in job preservation and adaptation of the working environment for ABI persons. • Develop the administrative and financial supports in cooperation with the training center.
	<p><i>Ensure the ongoing improvement and the compliance of the project</i></p>	<ul style="list-style-type: none"> • General coordination and management of the project
	<p><i>Gradually publicize the training offer</i></p>	<ul style="list-style-type: none"> • Disseminate the training offer to the identified partners.



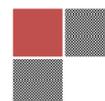
Nov. 2011	<i>Ensure good quality training</i>	<ul style="list-style-type: none"> • First ABI session outside of the project (Nov. 7, 8, 9 and 23, 24 , 25)
	<i>Validate the improvements identified during the final phase of development.</i>	<ul style="list-style-type: none"> • Set up an internal and external steering committee (ABI project team + a specialized doctor) • Report to the contractor on the basis of the evaluation documents defined by the consortium (see WP4 report)
Dec 2011	<i>Disseminate and valorize the programme</i>	<ul style="list-style-type: none"> • Update of the website • Dissemination to the target audience at country level, and not only local. • Conference to the Pays de la Loire Region brain injury network.

The purpose of this first period will therefore be:

- To keep the dynamics of the first two years of the project,
- To test the improvements decided during the last transnational meetings.
- To start a continuous improvement approach
- To train 12 more people and thus contribute to the dissemination of the project locally.

SLOVENIA

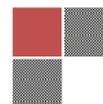
An Integration Strategy was developed by the Slovenian project partners, outlining the future of the ABI Training Programme in Slovenia. This strategy sets the direction for beyond the end of the ABI project and communicates to ABI project partners the framework for clarification of the commercial use of the ABI training programme after the end of the project's official lifecycle. The 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.



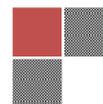
PLAN OF ACTIVITIES FOR THE IMPLEMENTATION OF THE ABI TRAINING PROGRAMME IN SLOVENIA

Specific strategic goals	Activities proposed	Responsible entity	Timeline
Coordination, administration and management of training activities	Outline roles and responsibilities	All	Start 2011 – ongoing
	Ensure and support the overall organisation of training, of training activities, the coordination of the partners and the resources.	All	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

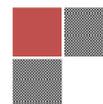
* Priority



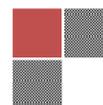
Specific strategic goals	Activities proposed	Responsible entity	Timeline
Dissemination to: - Direct beneficiaries - Potential end-users - Stakeholders	Establish appropriate, accessible and timely mechanisms of dissemination	All	Start 2011 – ongoing
	Identify most suitable key actors and stakeholders 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



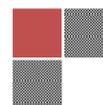
Specific strategic goals	Activities proposed	Responsible entity	Timeline
	Distribute of ABI leaflet at events, etc...	All	Ongoing
	Up-date the ABI website with news		
	Link to the ABI website on partner's websites	All	2011 – Ongoing
	Networking, attending national and international events	All	Ongoing
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



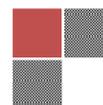
Specific strategic goals	Activities proposed	Responsible entity	Timeline
Logistical Planning	Planning and scheduling	All	Prior to training
	“Train-the-trainer” course delivery	Zavod Zarja	According to needs
	Course material production	All	Prior to training
	Venue and catering	All	Prior to training
	Registration 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



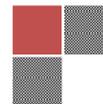
Specific strategic goals	Activities proposed	Responsible entity	Timeline
Quality assurance	Adherence to commonly predefined criteria	All	Constantly
	Quality coordination	Zavod Zarja	Regularly
	Define quality indicators (qualitative and quantitative)	Zavod Zarja	End of 2011
	Evaluate the training programme 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



Specific strategic goals	Activities proposed	Responsible entity	Timeline
	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
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**



HUNGARY

Institution and programme accreditation

The European requirements urge mainly the quality improvement of adult education. Educational institutions are necessary for that, which have been “certified”.

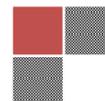
Institution accreditation

In the framework of institution accreditation it is examined whether the regulations of the education activities deployed in the adult education institution (curriculum development, education/training evaluation) and the adult education service providing activities and institution management and decision-making processes is compliant to the system of requirements. The accredited institution shall have the quality insurance system approved by its Professional Consulting Body which defines the processes that meet the expectations of the participants in the education, defines the sequence and interactions of the flows, the activities, which are necessary for achieving the planned results, includes the tools and methods which are suitable for objective evaluation. The self-evaluation shall cover the capabilities of the educational institution, human resource management, the analysis of the educational activity and the presentation of the opinion of the education participants. The institution applying for the accreditation shall provide adult education services as well in relation to the education. Such as for example:

- a. Surveying, evaluating and taking into consideration of the already acquired competence,
- b. Surveying the education needs of the individual and education consulting,
- c. Employment consulting,
- d. Individual or group job seeking consulting.

Programme accreditation

The objective of programme accreditation is to certify that the education programme is compliant to the education objective, the criteria of feasibility and the pedagogic and androgenic requirements. The programme should include the human and objective conditions necessary for the realisation as well. An education programme can be accredited if the sequence and build-up and contexts of the content elements improve the achievement of the education objective that the participant of the education can learn the knowledge, can have the experiences, skills the acquirement of which have been set as targets by the programme. The new legal statutes provide the opportunity to have the already accredited programmes accredited. In such a case the usage right of the programme should be acquired from the owner and the human and objective conditions shall be insured that are necessary for the realisation. Based on the records of FAT there are more than one thousand



accredited organisations in Hungary that deal with adult education, while the number of accredited programmes is approx. 700. Most of the programmes are language, information technology (mainly ECDL training courses), and various courses of economic character. The instructors dealing with language and information technology courses constitute around 70% and the proportion of motor vehicle driving schools is important. Therefore the most essential objective of accreditation is the protection of the participants of the education and the certification that the accredited institution provides the adult education and the services connected to it in compliance with the requirements defined in the legal statutes in order that the participants can receive appropriate information. It should be certified that the institution has all the conditions that are necessary for the regular deployment of the activity and that the participants of the programme can have the opportunity to acquire the knowledge and the practice, skills and abilities which are defined as the objective of the education programme.

Decision-preparation, recording

NSZFI shall be liable to prepare the decisions relating to accreditation and keep records. The petition, announcement shall be submitted in the specified forms together with the stipulated annexes.

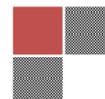
NSZFI shall keep records on the institutions and programmes accredited by the FAT. The list of institutions and programmes registered in the records are published by the ministry on its website and official journal.

Decision-making, control, legal remedy

In matters relating to accreditation FAT fulfils decision-making and control tasks. The accreditation procedure may be started upon the petition and announcement of the institution deploying adult education activities and the necessary petition, announcement and the necessary documents shall be submitted to NSZFI. The adult-education institution shall pay a procedure fee for the accreditation procedure. The level of the fee is four hundred thousand Hungarian forints for institution accreditation and the fee for programme accreditation is between seventy and one hundred and fifty thousand Hungarian forints depending on the number of lessons.

During the procedure FAT - in special cases, the chairperson of FAT – shall bring a decision and at the same time they shall issue an institution or programme accreditation certificate respectively. In the accreditation procedure initiated upon an announcement it is unnecessary to have the proving procedure before decision-making and the issue of the certificate. There are different rules applicable to the institution and the programme accreditation procedures – in addition to the above general provisions.

The control right of FAT covers whether the institutions have fulfilled their liabilities connected to the accreditation, the examination of the existence of the conditions



they serve as the basis of institution accreditation and the conditions necessary for the realisation of the accredited programme. If FAT states during its control after the allowance of the institution and programme accreditation that the institution and/or the programme does not fulfil the requirements serving as the basis of accreditation, FAT will withdraw the accreditation.

The compulsory re-training system of the workers working in social and child protection sectors was introduced with the effective date of 1st January 2001. The persons obliged to participate in the re-training programme can select of five different re-training courses – training course, personality development, conference, study trip, professional workshop - of which the participation in one **training course** is compulsory.

The ABI training programme is inserted by RSZFK into the social and child protection re-training system (RSZFK has the right to do that) and into the accredited adult training system as well.

The insertion into the NQF can be mentioned only after 2013.

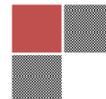
The present stage of this process is: the accreditation sheet to be presented to the FAT has been made, and the Resource Centre have applied for the ABI training program's accreditation.

As the next step: we will adjust the ABI training program to the social and children welfare system ,which is also based on an accreditation sheet but examines the accreditation application from a totally different aspect. FAT accreditation mainly focuses on the training material from quality management aspect, but in the social and children welfare retraining system, meeting the requirements is checked from a content aspect.

EASPD

EASPD as a European association will use its contacts across Europe to further promote the ABI training material. In doing so, the three C's Approach is used:

- **Creating awareness** by informing all stakeholders in a user oriented way. It is very important to raise awareness amongst the stakeholders on the necessity of a training programme for long-term ABI Caregivers. This has been done by EASPD during the last two years and will continue in the future, through talking with stakeholders across Europe about the ABI project and its outcomes, and through showing the project material during EASPD meetings and conferences. The project website as well as the ABI page on the EASPD website are useful platforms as well of retrieving practical information about the project objectives and project outcomes.
- **Convincing** by showing models of good practice. The project could be a starting idea of further developing the ABI material aimed at improving the lives of persons with acquired brain injuries and bridging the gap of exclusion. EASPD will show success stories of other project partners to stakeholders in other countries, trying to inspire them. The idea will be used to demonstrate that the ABI training programme that have been (and will be) used by the



project partners could be successfully implemented in other countries as well. This project could demonstrate a good practice for other organisations that are working with persons with ABI.

- **Consolidating** by generating commitment from the different stakeholders in order to implement the ABI outcomes. The ABI project is a great chance to prove that the ABI training programme could be aimed at improving the long-term service provision for persons with acquired brain injuries.

EASPD aims at reaching the following target group:

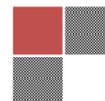
- First line workers in the ABI sector and other end-users of the ABI material: managers, trainers and support workers.
- Staff working in the social care sector in general. Thanks to the ABI project, knowhow is being brought to staff working in the social sector.
- Civil servants and decision makers at all levels (national, regional and EU representatives), responsible for the relevant policy fields.. The needs of the persons ABI should be addressed and their rights should be protected.
- Specialised media. The project will use the media tools, such as facebook, to spread the information about the projects objectives and outcomes.
- Representation/lobby groups for persons with disabilities. The rights of persons with disabilities are strongly advocated by representation and lobby groups that aim at better participation of persons with disabilities in the society.
- Training centres providing training to first line workers: managers, trainers, support workers.

Concretely, the following communication channels will be used:

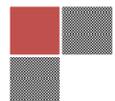
- EASPD's website www.easpd.eu containing information on the project.
→ At least 5000 hits per year.
- Dissemination of the project PR documents at different international conferences, seminars, meetings, provider forums, visits to organisations working in the disability field.
- Dissemination of the project materials and outcomes through EASPD's newsflashes to all members (Single agencies and umbrella organisations).
→ Around 2000 recipients.
- Dissemination through EASPD's Annual report.
→ Around 300 recipients.
- Dissemination of the final press release by email to all EASPD's members (UMOs & SAMOs).
→ Around 200 direct recipients, close to 9000 organisations reached in the end.

During the next 5 years, EASPD will take the following ongoing actions to promote the ABI project:

- Promotion of the project through:
 - further dissemination of the promotional material on the websites of various members.



- promotion through EASPD's newsletters and newsflashes.
- promotion through newsletters of EASPD's member organisations.
- further dissemination through contacts with European authorities.
- Ensuring availability of the website to a wide audience through promoting it in brochures/newsletters of partner organisations.
- Dissemination of the project at seminars, provider forums and events organised regularly by EASPD.



9. CONCLUSION

This report described the process undertaken within the lifetime of the 'ABI' project. After 25 months of hard work, the consortium can proudly conclude that the project aim of developing a common training programme for long-term ABI caregivers, has been reached.

The project's main outcomes will help building better lives for people with ABI and their relatives by improving the quality of care and support given to them:

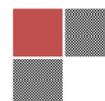
- **The ABI training programme:**
a full-time, comprehensive course (40 hours in total), which is followed by a final assessment and ABI certificate. The certificate demonstrates that candidates have acquired the necessary skills, key components of knowledge and display the appropriate attitudes necessary to work with brain injured people.
- **The ABI Manual:**
The Manual has been developed in 5 languages (English, French, Slovenian, German and Hungarian) and will serve as a resource to assist trainees at training.
- **The ABI Trainer Guidelines:**
The ABI Trainer Guidelines were published on 100 USB sticks (20 copies per language). They will serve as a resource for trainers to prepare and inform themselves so that they can run an effective training course.

The ownership of these project outcomes belongs to the ABI consortium. In particular:

- The Slovenian version belongs to Zavod Zarja, Zavod Korak, Zavod Naprej and VDC Nova Gorica
- The French version belongs to Arceau-Anjou and EASPD
- The German version belongs to BBRZ
- The Hungarian version belongs to RSZFK
- The English version belongs to entire partnership: Zavod Zarja, Zavod Korak, Zavod Naprej, VDC Nova Gorica, Arceau-Anjou, EASPD, BBRZ and RSZFK.

The ABI project has come to an end. For the project outcomes, however, it is only the beginning. As outlined in Chapter 8, a strategy has been developed in each partner country to ensure the exploitation of the products. In several countries, concrete plans are ready to organise the training course on a yearly basis. Furthermore, a follow-up project team has been established, monitoring the progress and long-term impact of the project for at least 5 years. The follow-up team shall be constituted of a core team (consisting of Zavod Zarja, Arceau-Anjou, RSZFK and BBRZ) and of an advisory team (consisting of the other project partners). Its aims are:

- To maintain quality assurance procedures in order to protect the ABI reputation;



- To ensure the further development and spreading of the ABI Basic Learning Outcomes and of the training programme in the current partner countries and in new countries;
- To further explore of possible links to the NQFs and the EQF;
- To issue the ABI certificates and keep a register of issued certificates.

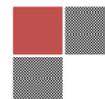
The project partners agreed to report on their project related activities to the contractor and the follow-up team once per year. If follow-up projects are initiated, the project partners will keep each other informed on an annual basis as well.

Finally, the ABI project website shall be continued as main communication channel towards the wide public. It shall be regularly updated for at least 5 years after the project's ending with new information on the main achievements that will take place. The partners agreed to send updated and translated content to the contractor who will be responsible for the data uploading.

All these action lines will ensure that the project spirit won't die after the funding period. The project partners are proud of the work done and believe in the further exploitation of the products. They are exploring the possibility of setting up a follow-up project and to get the training programme accredited in each partner country.

Regarding this aspect, however, the consortium is facing some challenges. Very often the National qualification frameworks are still in a developmental phase and getting the ABI training programme accredited at national as well as European level is a very complex, long and expensive procedure. It will be very difficult to finance these and other future activities after the funding period of the project.

The project partners truly hope that these challenges can be overcome and that the ABI training programme can help building better lives for people with ABI and their relatives in the years to follow. Especially in times of crisis where big cuts in social spending are daily practice in many European countries, it is crucial to stress the importance of a high quality service provision through sufficient staff training.



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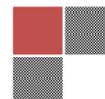
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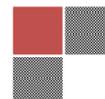
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