

## TEMPLATE FOR THE GOOD PRACTICE

### What is a good practice?

A good practice is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it.

Please follow the instructions included to fill in the template. You can replace the guiding questions for each element with your description.

Mandatory fields are defined by \*

Element	Description
<b>Title*</b>	Inclusive, strengths-based guidance through competence self-assessment and tailored learning pathways
<b>Name of the VET Provider</b>	<i>FORMA.Azione</i>
<b>Thematic domain</b>	<p>What is the thematic domain covered by this good practice? More than one domain can be indicated</p> <ul style="list-style-type: none"> <li>• Innovation</li> <li>• Digital</li> <li>• Green</li> <li>• Inclusion</li> <li>• Entrepreneurial</li> <li>• <b>Career guidance</b></li> <li>• <b>Lifelong learning</b></li> <li>• Creating partnerships/skills ecosystems</li> </ul>
<b>Introduction*</b>	<p><i>What is the context (initial situation) and challenge being addressed? Provide a short description of the problem/challenge being addressed and specify the period during which the practice has been carried out.</i></p> <p>The challenge is related to biased guidance practices, which are not always properly assessing and valuing skills and capacities acquired, practiced and developed through non-formal and informal learning opportunities, including family responsibilities, community participation, migration experiences, volunteering and other life experiences.</p>

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Many guidance, recruitment and adult-learning services still rely heavily on formal qualifications, previous job titles and standardised assessment methods. Consequently, they may overlook competences acquired through non-formal and informal learning, lacking appropriate connections with those more transversal and mainly related to Personal, Social and Learning to learn skills, to be considered instead of high relevance for the labour market and the society.

This creates significant barriers for people who have been outside the labour market or formal education for a long period, as people with low or outdated qualifications, mothers returning to employment, migrants and neurodivergent adults. These groups may also have experienced discriminatory guidance practices shaped by stereotypes and standardised methods, which can lead professionals to focus on perceived gaps and limitations rather than on individuals' existing capacities, interests and potential, through the lens of uniqueness of each individual.

The good practice consists of a facilitated, strengths-based guidance pathway that supports adults to:

- recall and analyse significant life experiences through guided storytelling and biographical reflection, valuing each own personal journey in life;
- identify **Personal, Social and Learning to Learn competence**<sup>1</sup> and other transversal skills developed in formal, non-formal and informal contexts;
- recognise these competences as relevant to learning, employment and career development;
- identify areas for further development;
- translate the results into tailored learning, validation and career-development actions.

The practice has been progressively developed through three European initiatives:

**MASTER – Measures for Adults to Support Transition to further Education and Re-skilling opportunities**, implemented from November 2019 to May 2022, developed and tested the initial self-assessment methodology and tailored “bridge” learning programme for adults with low qualifications and disadvantaged backgrounds.

**MOVE-UP – Motherhood Valorisation and Empowerment for Professional Development – Upskilling Pathways**, implemented from January 2023 to December 2025, adapted and extended the approach to unemployed and inactive mothers. It explicitly recognised motherhood as a learning experience

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<sup>1</sup> PSL refers to *Personal, Social and Learning to Learn competence*, recognised as a key competence for lifelong learning by the **Council Recommendation of 22 May 2018 on key competences for lifelong learning (2018/C 189/01)**. It includes the ability to reflect on oneself, manage time and information, work constructively with others, remain resilient, manage one's own learning and career, cope with uncertainty and complexity, support personal well-being, empathise and manage conflict.

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through which Personal, Social and Learning to Learn competences may be acquired and reinforced.

**CAN – Counselling and Career Guidance for Adults to Value Neurodiversity**, which started in March 2026 and is ongoing, and is further developing the practice through a neuroinclusive, Universal Design and intersectional perspective. CAN focuses on neurodivergent adults and adults with neurodivergent experiences, while seeking to improve mainstream guidance services for a wider adult population.

The three projects demonstrate an evolution from inclusive guidance for adults with low qualifications, to gender-responsive guidance for mothers, and finally to neuroinclusive guidance and broader systemic change.

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## **Stakeholders and Partners**

*Who are the beneficiaries or the target group of the good practice? Who are the users of the good practice? Who are the institutions, partners, implementing agencies, and donors involved in the good practice, and what is the nature of their involvement?*

### **Beneficiaries and target groups**

The primary beneficiaries across the three projects are adults who risk being discriminated by conventional guidance and assessment processes. MASTER primarily addressed adults with low qualifications and disadvantaged backgrounds who needed support to re-engage in education, training or employment.

MOVE-UP addressed unemployed and inactive mothers with low or outdated qualifications, including mothers with migrant backgrounds and limited proficiency in the language of the host country.

CAN primarily addresses neurodivergent adults and adults with neurodivergent experience, including people who may be undiagnosed or may choose not to disclose a diagnosis. The model is also relevant to other adults who experience barriers in accessing education, training, employment and career-development opportunities.

### **Users of the practice**

The direct users are guidance counsellors, adult educators, trainers, employment-service professionals, career coaches and other practitioners supporting adults' learning and labour-market transitions.

Additional users include:

- adult learning and VET providers;
- Public Employment Services and social services;
- HR managers, recruiters and SME representatives;
- validation and recognition bodies;
- universities and research organisations;
- civil-society organisations and organisations representing the target groups;
- local, regional, national and European policymakers.

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## **Institutions and nature of their involvement**

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FORMA.Azione coordinated the three initiatives, contributing with specific expertise in adult learning, inclusive guidance, quality assurance, gender equality, neurodiversity and the validation of non-formal and informal learning.

The MASTER partnership included Roma Tre University, the European Association for the Education of Adults, Scottish Wider Access Programme West, Kerigma and DOREA Educational Institute. Partners developed and tested the self-assessment toolkit, tailored learning modules, impact-assessment methodology and recommendations for practitioners and policymakers.

MOVE-UP was implemented in Italy, Austria, Greece and Portugal with partners including FORMA.Azione, EAEA, die Berater, AKEP, APEFA/Aprendências and RIDAP. Adult-education centres, municipalities, women’s associations, civil-society organisations and other local stakeholders supported outreach, piloting and adaptation of the tools.

The CAN consortium brings together FORMA.Azione, Roma Tre University, Gi Group, die Berater, Pro Arbeit, CATRO Bulgaria, EAEA and the European Dyslexia Association. The partnership combines adult education, university research, recruitment and HR services, Public Employment Services, neurodiversity advocacy, employer engagement and European policy networking. Neurodivergent adults, counsellors, trainers, HR professionals and SMEs will participate as co-designers and testers rather than only as final beneficiaries.

Across the three projects, **dedicated multi-stakeholder structures** have been established or are being developed: National Stakeholder Committees in MASTER, national and transnational Alliances in MOVE-UP, and national and European Stakeholder Coalitions in CAN. These structures bring together adult learning and VET providers, public authorities, employment and social services, universities, civil-society organisations, social partners, employers, guidance and HR professionals, policymakers and representatives of the target groups. Despite their different names and configurations, they share a common purpose: to ensure continuous dialogue between the projects and the wider education, employment and inclusion ecosystems. Stakeholders contribute to reviewing, co-designing and validating project methodologies and tools, identifying emerging needs, supporting participant outreach, sharing practices, disseminating results and assessing their relevance and transferability in different contexts. They also strengthen cooperation among organisations, promote shared ownership of project outcomes and support policy dialogue, mainstreaming, sustainability and the wider adoption of inclusive guidance practices.

All three initiatives have been supported through the **Erasmus+ programme of the European Union**.

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## Impact\*

*What has been the impact (positive or negative) of this good practice on the beneficiaries'? Has there been social impact? Has the CoVE impact environmentally, financially, and/or economically the region where it is based (and if applicable, become more resilient), and if yes how? What evidence does show this impact?*

**MASTER** tested its tailored self-assessment and learning approach with more than 180 adults. Its impact-assessment process examined changes at three levels: participants' self-perceived development of Personal, Social and Learning to Learn competence; achievement of defined learning outcomes; and progression towards further education, training or employment. The testing showed that the tailored guidance and learning activities supported the development of Personal, Social and Learning to Learn competences and increased participants' motivation to re-engage in education and training. The experience also strengthened the capacity of adult-learning practitioners to conduct competence self-assessment and to design individualised learning activities.

At organisational level, elements of the MASTER methodology were systematised into other adult-learning, VET and higher-education activities. Partners reported continued use of the tools in publicly funded training courses, higher-education access programmes and competence-assessment services.

**MOVE-UP** tested its self-assessment and evaluation process with 160 mothers. Participants reported that the self-assessment process helped them recognise previously "hidden" skills, increased their confidence and strengthened their sense of control over their learning and professional development. Participants particularly valued the opportunity to reconsider motherhood as a source of competences such as problem-solving, adaptability, emotional regulation, organisation, negotiation and time management.

The process also created supportive peer environments in which mothers could share experiences without judgement. During the learning pilots, participants demonstrated increased confidence and readiness to approach the labour market. Practical activities, including CV development, role play and simulated interviews, helped translate reflection into concrete career-management actions.

The evidence includes participant evaluations, practitioner reports, interviews with trained mothers, stakeholder interviews, quality-assurance data and an external impact-assessment process. The partner capacity-building exercise also indicated improvements in the design of tailored outreach, guidance and upskilling pathways and in cooperation with stakeholders.

The experience nevertheless confirmed that individual empowerment alone cannot remove structural barriers. Participants continued to encounter gender stereotypes, care responsibilities, limited support services and employers' insufficient recognition of competences developed through parenthood.

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**CAN** has only recently started so its current contribution is at the level of project design, stakeholder mobilisation and the planned adaptation of the accumulated MASTER and MOVE-UP experience. Its impact will be assessed against baseline and target indicators, including:

- participation of neurodivergent adults in tailored guidance and upskilling pathways;
- completion and perceived accessibility of self-assessment tools;
- increased competence of counsellors, trainers and HR professionals;
- evidence of changes in inclusive communication and guidance behaviour;
- alignment between individuals' aspirations and the learning or career opportunities proposed;
- user satisfaction with the relevance, clarity and accessibility of the model;
- issuance of accessible micro-credentials;
- iterative improvement based on feedback from neurodivergent participants and practitioners.

In general, the principal demonstrated impact is related to inclusion and empowerment, so at social level: greater self-awareness, agency and participation among adults at risk of exclusion, together with more inclusive professional practice among education and guidance providers.

The potential economic impact is indirect. More accurate identification and development of competences can support participation in training, improve the match between people and opportunities, reduce the underuse of existing talent and help employers and SMEs retain a more diverse workforce.

However, regional financial or economic effects have not been quantified.

No specific environmental impact was measured. Digital and blended delivery may reduce some travel requirements, but this has not been subject to a formal environmental assessment.

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### **Innovation and Success Factors \***

*In what way has the good practice contributed to innovation? What are the conditions (institutional, economic, social, and environmental) that need to be in place for the good practice to be successfully replicated (in a similar context)?*

The main innovation is the shift from a deficit-based assessment of what an adult lack to a **strengths-based exploration** of what the person already knows and can do.

The practice uses **guided storytelling** and **biographical reflection** to make competences acquired in everyday life visible. Personal, Social and Learning to Learn competence is treated as a foundation for reactivation, career management and continued participation in learning rather than as a secondary set of "soft skills".

Further innovative elements include:

**Self-assessment as empowerment.** The person is an active interpreter of their own experience rather than the passive subject of an assessment.

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**Connection between reflection and action.** Self-assessment is linked to a personalised learning offer, career-planning steps and, where possible, recognition or validation.

**Targeted design with mainstream relevance.** The practice was designed around specific groups—adults with low qualifications, mothers and neurodivergent adults—but, considering also intersectionality, the resulting methods can improve guidance for a much broader population.

**Participatory adaptation.** Learners, practitioners and stakeholders provide feedback during development and piloting, allowing tools and procedures to be progressively revised and better tailored.

**Universal Design and intersectionality.** In CAN, accessibility is embedded in processes and deliverables from the beginning, while recognising that neurodivergence intersects with other individual characteristics, such as gender, age, ethnicity, socio-economic status and other personal circumstances.

**Multi-stakeholder cooperation.** Adult-learning providers work with employment services, social services, civil-society organisations, employers, universities and policymakers in view of a common adoption of tools and methodologies.

The key conditions for successful implementation are the following.

**At the institutional levels,** successful replication requires a clear commitment to inclusive, strengths-based guidance and its integration into relevant policy agendas on lifelong learning, skills development, social inclusion, equal opportunities and the validation of non-formal and informal learning. Public authorities and organisations should recognise inclusive guidance as a core component of VET and adult-learning systems, allocate appropriate responsibilities and resources, and embed the practice in organisational procedures, quality-assurance frameworks and staff-development plans. Effective cooperation among guidance services, adult-learning and VET providers, employment services, validation bodies, social services, employers and organisations representing the target groups is also essential to connect self-assessment with concrete learning, validation and employment opportunities.

**At economical level,** adequate and stable resources are needed to cover staff time, practitioner training, translation, accessibility adaptations, digital or printed materials, outreach activities and follow-up support. The practice should be integrated into existing guidance, VET or adult-learning services wherever possible, so that its continuation does not depend exclusively on short-term project funding.

**At social level,** replication depends on trust, non-discriminatory communication and the meaningful participation of the target groups in the design, testing and evaluation of the process. Local organisations that already have trusted relationships with learners can play an important role in outreach and engagement. Practitioners and institutions must also be willing

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to challenge stereotypes and recognise competences acquired through non-formal and informal learning.

**At environmental and logistical level**, delivery arrangements should be accessible and flexible in time and space, including suitable physical spaces, online or blended options, adaptable schedules and reduced travel requirements where appropriate. Digital delivery can support wider access, but alternatives should remain available for participants with limited digital access or competence.

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### Constraints\*

*What are the challenges encountered in applying the good practice? How have they been addressed?*

One of the main challenges has been the **complexity of some assessment tools**. Participants with limited literacy, language proficiency or digital competence sometimes found questions, terminology and online platforms difficult to understand.

This was addressed by simplifying language, translating materials, using visual tools, administering tools in small groups, offering paper and digital formats and providing continuous support from facilitators.

Some participants experienced **anxiety, fatigue or concern** that the process was a test of their performance. Practitioners addressed this by clearly explaining the purpose of self-assessment, creating a non-judgemental environment, introducing icebreakers and allowing participants to work at their own pace.

**Recruitment and sustained participation** were challenging, particularly where participants faced care responsibilities, unstable employment, transport difficulties or limited trust in institutions. Cooperation with community organisations, adult-learning centres, municipalities, associations and social services proved essential for outreach and logistical support.

Another constraint is that **self-awareness does not automatically lead to employment or education**. Opportunities may remain inaccessible, and employers or institutions may not recognise the identified competences. For this reason, the practice needs to be accompanied by **tailored learning, validation mechanisms, employer engagement and policy action**.

Engaging policymakers and producing systemic change proved slower and more difficult than generating change among participants and practitioners. Cultural assumptions about low-qualified adults, motherhood and neurodivergence remain deeply embedded.

For CAN, particular attention will also be needed to avoid treating neurodivergent people as a homogeneous group, making diagnostic disclosure a condition for support, or reproducing bias through digital and AI-

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supported tools. Data protection, informed consent, accessibility and human oversight must be ensured throughout implementation.

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### Lessons learned \*

*What are the key messages and lessons learned from the good practice experience?*

**Inclusive guidance** is a core quality requirement in VET and adult learning, rather than an additional support measure. It enables learners to identify and value competences acquired across work, family, volunteering and other life experiences, including those that remain invisible in conventional assessment processes. By strengthening self-awareness, confidence and motivation, inclusive guidance helps adults define realistic learning and career goals and make informed decisions about their future. It therefore supports not only access to education and training, but also learners' continued participation, successful transitions and ability to manage their own lifelong learning and career pathways.

**Self-assessment is most effective when it is facilitated.** A questionnaire or digital tool alone does not create empowerment; preparation, dialogue, interpretation of results and follow-up are essential.

**Trust is a methodological requirement.** Participants need to understand why information is being collected, how it will be used and that the process is not designed to judge or diagnose them.

**The approach must be adaptable.** Language, duration, format and examples should respond to the target group and local context, while preserving the core principles of strengths-based, participatory and person-centred holistic guidance.

**Small-group activities** can create belonging and peer support, but **individual sessions** are also necessary for sensitive experiences and personalised planning.

**Recognition of competences must be connected to real opportunities.** The process should end with an agreed action plan covering learning, validation, job-search support, workplace adjustments or other relevant steps and effectively implemented in the different services.

**Practitioners' professionalism includes inclusive skills as a key competence need opportunities to examine their own assumptions and biases.** Effectiveness of inclusive tools and practices starts from removing discriminatory professional behaviour or inaccessible institutional procedures.

**Empowerment is an ongoing process rather than the outcome of a single workshop.** Follow-up counselling, feedback loops and repeated opportunities for reflection help participants maintain motivation and respond to new challenges.

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Finally, **impact assessment should be incorporated from the beginning.** Baselines, participant feedback, practitioner observation and follow-up data are necessary to distinguish immediate satisfaction from sustainable change.

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### **Replicability and/or up-scaling**

*What are the possibilities of extending the good practice more widely? What are the conditions that should be met/respected to ensure that the good practice is replicated, but adapted to the new context?*

*The aim is to go further than the section "Innovations / critical success factors" in specifying the requirements for replication of the practice on a larger scale (national, regional, international).*

The practice has strong potential for replication in adult learning, VET, Public Employment Services, higher education, company-based career development and community services. Its progressive adaptation from low-qualified adults to mothers and then to neurodivergent adults already demonstrates its transferability.

Replication should preserve the following core elements:

1. A strengths-based and non-discriminatory understanding of competence.
2. Guided reflection on formal, non-formal and informal learning.
3. Active participation of the adult in interpreting the results and relating them to their own experiences, needs and goals.
4. A combination of self-assessment, professional dialogue and feedback.
5. A personalised action plan linked to structured official learning, employment or validation services.
6. Accessible communication and reasonable adaptations.
7. Monitoring of outcomes and continuous improvement.

Before transfer, each organisation should analyse the local target group, guidance and validation systems, available learning opportunities, professional capacity and relevant cultural or institutional barriers.

Practitioners should receive training not only in administering tools but also in active listening, facilitation, inclusive communication, bias awareness, accessibility and referral to specialised services where required.

Large-scale replication requires the definition of ad-hoc policy framework, including institutional agreements between education providers, employment services, social services, validation bodies and employers. Without such connections, the process risks identifying competences and create expectations without providing a credible route for their further development or use.

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Tools should be available in accessible, multilingual and editable formats. Organisations should be able to adapt examples, language and delivery methods while documenting the changes made and testing them with the intended users.

National and regional scaling also requires:

- recognition of guidance and follow-up time in practitioners' workloads;
- sustainable funding rather than reliance exclusively on short-term projects;
- integration into existing adult-learning, employment and inclusion programmes;
- common quality standards and data-protection procedures;
- indicators covering participation, accessibility, learning, empowerment and progression;
- involvement of target groups in governance, evaluation and revision;
- policy support for validation of non-formal and informal learning;
- employer awareness and incentives for inclusive recruitment and career development.

At European level, open educational resources, communities of practice, peer-learning activities, micro-credentials and cooperation among European networks can support transfer across countries.

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**Contact details**

*What is the address of the people or the project to contact if more information on the good practice are needed?*

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**URL of the practice**

*Can the good practice be found on the Internet?*

MASTER project: [www.master-project.it/en](http://www.master-project.it/en)  
 MOVE-UP project: [www.motherhoodskills.eu](http://www.motherhoodskills.eu)  
 CAN project: [www.valuingneurodiversity.eu](http://www.valuingneurodiversity.eu)

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**Related resources that have been developed**

*What training manuals, guidelines, technical fact sheets, posters, pictures, video and audio documents, and/or Web sites have been created and developed as a result of identifying the good practice? How can them be accessed?*

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**MASTER** developed five principal resources that can be used together as a complete guidance and upskilling model or separately:

1. **MASTER Outreach Strategy** – a methodological framework containing community-based approaches, communication methods and tools for reaching and engaging adults with low qualifications and disadvantaged backgrounds.
2. **MASTER Self-Assessment Toolkit** – a manual for adult-learning and guidance professionals. It includes a mapping of competence self-assessment practices, six selected tools, guidance on their pedagogical adaptation and administration, testing results, evaluation instruments and practical recommendations. The toolkit focuses on Personal, Social and Learning to Learn competence acquired through non-formal and informal learning.
3. **MASTER Plan** – a bridge-training programme and curriculum for developing or reinforcing Personal, Social and Learning to Learn competence. It includes expected learning outcomes, modular learning activities, non-formal learning methodologies, examples of learning scenarios, monitoring and assessment instruments, and recommendations concerning inclusion and gender equality.
4. **MASTER Impact Assessment Methodology** – a set of indicators, questionnaires, interviews, practical exercises and follow-up procedures for measuring changes in competence, motivation, access to education and employability.
5. **MASTER Guidelines** – practical recommendations for adult-learning providers, counsellors and policymakers on implementing, transferring and sustaining strengths-based bridge programmes for adults with low qualifications.

The resources are freely downloadable in English, Italian, Portuguese and Greek through the [MASTER Achievements page](#). The project website also provides the project leaflet, news, activities and contact information.

**MOVE-UP** adapted and extended the MASTER model to the experiences and needs of unemployed and inactive mothers. Its principal resources include:

1. **MOVE-UP Outreach Strategy** – a collection of approaches and good practices for reaching, engaging and supporting mothers wishing to return to education, training and employment.
2. **Self-Assessment and Evaluation Toolkit** – guidelines, methodologies and practical tools for recognising Personal, Social and Learning to Learn competence developed through motherhood and for assessing literacy, numeracy, digital and financial learning needs.

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3. **MOVE-UP Plan** – a flexible and tailored learning pathway for strengthening Personal, Social and Learning to Learn competence, basic skills, career-management capacity and readiness to participate in further learning and employment.
  4. **Transnational Report on the MOVE-UP Experience** – documentation of implementation and piloting in Italy, Austria, Greece and Portugal, including practitioner and participant feedback, challenges, adaptations and lessons learned.
  5. **Impact Report** – analysis of changes experienced by participating women, practitioners, partner organisations and stakeholder networks.
  6. **MOVE-UP Alliances Activity Report** – documentation of national and European stakeholder cooperation, peer-learning activities and policy dialogue.

A Final Brief summarising the project and its principal results is also available. The materials can be accessed through the [MOVE-UP platform](#).

As CAN is in its initial implementation phase, no completed CAN training manuals, impact reports or tested guidance tools should yet be presented as achieved results

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