



Mobile training for home and health caregiver for people with disabilities and older people



## **FINAL EXTERNAL EVALUATION REPORT**

**Prepared by AIP Ltd.**



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**Plovdiv, BULGARIA**

## FINAL EXTERNAL EVALUATION REPORT

TABLE OF CONTENT	
EXECUTIVE SUMMARY .....	3
1. INTRODUCTION.....	8
1.1. Project Background, Aims & Specific Objectives .....	8
1.2. Partnership networking .....	9
2. PART ONE - EVALUATION TERMS OF REFERENCE.....	14
2.1 Scope of Final Evaluation .....	14
2.2 Process Evaluation Methodology & Tools .....	14
2.3. Objectives .....	16
3. PART TWO - EVALUATION FINDINGS .....	18
3.1 Evaluation against WP and contractual deliverables.....	19
3.2. Meeting the project aims and objectives .....	20
3.3 Management.....	22
General remarks: .....	24
3.4. Needs analysis.....	26
3.5. Curriculum Development.....	28
3.6. Piloting .....	34
3.7. Quality and Evaluation.....	37
3.8. Dissemination .....	40
3.9. Exploitation .....	44
4. ADDED VALUE AND IMPACT .....	47
5. GENERAL CONCLUSIONS AND RECOMENDATIONS .....	50
5.1 Some key findings .....	52
Annex 1 .....	54

## Executive summary

This is the Final External Evaluation Report for project “Mobile training for home and health caregiver for people with disabilities and older people” – M-CARE which is a European project funded with support from the European Commission Leonardo da Vinci programme. The project officially began in January 2014 and was completed by the end of December 2015.

M-CARE project aimed to elaborate curriculum and innovative training materials that embrace(s) the use of a range of ICT supported tools (Web 2.0) for VET centres so that they can offer appropriate training on Personal Care Giving for PwDs and older people. The project intended to incorporate mobile learning applications for the learners as well. *The outcomes were targeted towards:*

- Low qualifies/qualified workers or jobseekers employed as PCGs
- People with disabilities and older people
- VET centers and employment centers

The starting point of the project was to ensure that the processes and systems involved when developing the innovative content and online mobile platform were effectively enhanced to meet the specific needs of PCGs, VET providers and the target PwDs and older people in each of the partner states.

*The project M-CARE* was performed by partnership organizations representing Turkey (2), Bulgaria (1), Greece (1), Belgium (1) and Germany (1). The partners are government institutions, universities, private research companies, as well as a European Umbrella Organisation of VET Centers. All of them are deeply involved in the social issues of people with disabilities, mobile and e learning, quality assurance and providing guidance and information on LLP.<sup>1</sup> With an excellent command in English and professional experience each partner was invaluable in the project development.

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<sup>1</sup> All partner summaries are sourced from the M-CARE project application form.

The M-CARE project activities were planned to be realized and implemented following seven Work Packages. The Work packages were the tasks that can be easily assigned to one partner, with clear accountability and responsibility for completing the assignment. The time estimates, cost and resource estimates were determined at the work packages' level.

The main project outputs were:

- *A dedicated PCG curriculum and relevant training material (a trainer handbook) for different disabilities (including those associated with aging) applicable in every country in the EU and ECVET.*
- *An innovative online and mobile training platform with gaming component.*
- *An M-CARE portal that brought together relevant information and services on PA, as well as hosted a community for PCG trainers, learners and beneficiaries.*

*As well as further outcomes:*

- *New job opportunity for low skilled people by introduction the PCG curriculum to local VET centres and employment centres as well as the end user organisations of PwDs;*
- *Increase employability of low skilled people by teaching them new skills for new jobs(PCG) while pre and post assessing their suitability and competences;*

The outputs were tested through a pilot phase in most of the partners' countries. The main task of UoA (GR) was to develop application part of mobile learning. All documentation was tailored to individual needs and translated into the respective countries' languages.

The project was very well managed and delivered and it met its outcomes to a reasonable standard (level). It contributed very successfully to the development of transnational partnership and supported the process of raising awareness for the necessity of training for PCGs in Central and Eastern Europe through mobile learning.

The project was particularly innovative in the development of a complete training material that encompassed in the end over 1200 slides in 6 languages

(EN, NL, DE, BG, TR, EL) which have been/were tailored effectively to the user groups needs by creating an individual learning pathway.

The partnership showed a resilience and commitment to succeed with a clear focus on the individuality and needs of the user groups it supported through the project.

The project was innovative in its focus on VET and clear linkages with the world of PCGs work. It has brought you the training at the moment you need it, in a portable mobile modular format, addressing a wide range of topics directly connected with the daily work of a caretaker who is supporting older people and people with disabilities.

With a strong and committed transnational partnership, the project has facilitated new learning and sharing of good practice. The breadth and cultural diversity of the consortium has brought differing perspectives to bear on improving VET programmes for PCGs to better meet requirements of people with disabilities and has provided a unique opportunity to test the efficacy of the product in a real world environment.

### General Conclusions and Recommendations

1. The M-CARE project was well managed and delivered and met its outcomes to an excellent standard (level). It contributed successfully to the development of transnational partnership and supported the process of raising awareness for the necessity of training for PCGs in Central and Eastern Europe through mobile learning.
2. The M-CARE project completed all the activities set out in the work plan and has achieved its aims and objectives, and the deliverables planned have all been completed. The second period focused principally on the pilot and dissemination and exploitation activity and the updating; after the pilots finished and conclusions of the methodological guidelines could be drawn. In the final period of the project the focus was on dissemination and exploitation, though these activities were initiated earlier in the project period.
3. One of the main topics of M-CARE project approach was to bring the training at the moment you need it in a portable mobile modular format, addressing a wide range of topics directly connected with the daily work of a caregiver who is supporting older people and people with disabilities. The experience can be

described as a "landing" process for all involved (consortium, trainers, learners and institutions) and as a result of the many things that have been learned, the partners now have a much clearer idea of how the M-CARE approach functions in real training contexts. There is clear evidence of changes in attitudes, a broadening of perspectives, and of improvements in learning skills among the participants. This is a positive outcome.

4. The M-CARE consortium, by all accounts, has worked well together and significantly has taken great advantage of a variety of dissemination opportunities, including publications, exhibitions, conferences, TV broadcasts and of course the efforts made to recruit piloting participants succeeded in further disseminating the results and products. The project succeeded in the development of a complete set of training materials that encompassed in the end over 1200 slides in 6 languages (EN, NL, DE, BG, TR, EL) which have been tailored effectively to the user groups needs by creating an individual learning pathway.

5. The completeness of M-CARE curriculum and training content forms the perfect basis for a PA training, as confirmed also by the received feedback from PCGs and user experts. In addition, the mobile training and learning approach is absolutely novel, especially also because the learning content can be dynamically adjusted in all languages by the administrators, using a WordPress based online CMS. These both facts were highly appreciated by all experts/trainers involved and allow for the mobile application to have a long lifespan and extensive usability, while highly customizable.

6. The M-Care project implements ECVET for transparency and recognition of learning outcomes and qualifications. The activities that M-CARE project planned to do are clearly supported the development of personal care givers qualification by incorporating ECVET, according to the Recommendation of the European Parliament and of the Council establishing the ECVET system. As a result M-CARE project designs and applies qualification of PCGs in learning outcomes based modules with allocation of ECVET points, based on the ECVET technical specifications. The developed modules and the units of learning outcomes are based on typical professional tasks of PCGs and cover minimal requirements. They are regarded as an efficient means to structure the thematic content of different training pathways. The project describes common 'competence area' as a coherent set of knowledge, skills and competences.

7. The evaluation process carried out in the last months of the project indicated that the overall view of the partners of the work done in the project was highly

positive. There is a shared sense of having achieved, to a large extent, the objectives, and that the M-CARE approach is innovative and effective. They felt that the pilots had produced useful results and the approach had achieved, in most of the contexts where it was piloted, the original objectives of the project. Furthermore, in the most successful pilots the approach was seen as empowering for learners particularly, and those involved had positive views of the experience.

8. All the recommendations which have been made during the interim evaluation were taken into account and the length of the modules has been revised as well the content overlapping was avoided. All the modules are structured in a similar systematic way and follow the logical framework.

## 1. INTRODUCTION

The author of this evaluation report was approached by the promoter University of Gazi, Ankara, Turkey and was asked to review the project as an external evaluator. The agreement was made with the organisation “Alternative for inclusive progress” Ltd. (AIP), officially registered in Bulgaria. Now at the end of the second year, the project undertook extensive research into the needs of PCGs and made very good progress on the development of the curriculum, training modules and mobile learning platform. Briefly, the role of the external evaluator was to provide a critical evaluation of the project overall and in particular the extent to which, now that it is completed, it has achieved its aims and objectives as defined in the contract. The external evaluator has ensured that the project /has the benefit, throughout its lifetime, of an ongoing critical evaluation and review of its processes and outcomes.

### 1.1. Project Background, Aims & Specific Objectives

The M-CARE project is addressing the statements for the need of training for care providers and effective personal assistance for people with disabilities<sup>2</sup> as well as for the older people.

The M-CARE is a development project for using the potential of modern ICT and promotion of mobile training through development of dedicated training materials and special platform for PCGs with leading Partner from Turkey, University of Gazi, Ankara.

The project aimed to elaborate curriculum and training materials that used of a range of ICT supported tools (Web 2.0) for VET centres so that they can offer appropriate training on Personal Care Giving for PwDs. The project incorporated mobile learning applications for the learners, while providing tools for pre- and post-assessment of PCG candidates’ suitability and competences to ensure PCGs to meet the needed requirements.

*The main outputs*<sup>3</sup> planned to be developed during the two-year M-CARE project period were:

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<sup>2</sup> World Report on Disability, 2011 published by the World Health Organization and the World Bank

- a *dedicated PCG curriculum and relevant training material (curriculum handbook)* for different disabilities, provided under a creative commons license and in accordance with transparency of qualifications and competences and ECVET;
- an innovative *online and mobile training platform* with gaming component that allows for an interactive learning experience anytime anywhere (PC, smartphone and tablet PC – both Android based online learning application) multilingual and following the Open Source approach;. It incorporates the online version of the PCG curriculum and training material (14 modules) (accessible via the online eLearning platform), pre-, self- and post-assessment questionnaires (registration required) and a community area for PCG trainers and learners (registration required) to exchange experiences with the beneficiaries. Available in Turkish, English, Greek, German, Bulgarian and Dutch via Google Play;
- an *M-CARE portal* that brings together relevant information and services on PA, as well as hosts a community for PCG trainers, learners and beneficiaries;

*The outcomes are mainly targeted towards:*

- Low qualified workers or jobseekers employed as PCGs
- People with disabilities and older people
- VET centers and employment centers

The M-CARE project activities were planned to be realized and implemented following seven Work Packages. These Work packages were the tasks that were easily assigned to one partner, with clear accountability and responsibility for completing the assignment.

## 1.2. Partnership networking

*The M-CARE project* has been performed by partnership organizations representing Turkey, Bulgaria, Greece, Belgium and Germany. These partners

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<sup>3</sup> M-CARE Application Form

are government institutions, universities, private research companies, as well as a European Umbrella Organisation of VET Centres. All of them are deeply involved in the social issues of people with disabilities, mobile and e learning, quality assurance and providing guidance and information on LLP. <sup>4</sup> With an excellent command in English and professional experience each partner was invaluable in the project development.

*P1- Lead Partner (applicant coordinator) Gazi University* is a designated university in Turkey. It is one of the major education centres of the country with 20 faculties, 1 conservatoire, 5 /academies, 11 vocational colleges, 45 research centres and 7 institutes. Based upon modern science understanding and the basic principles of the Republic since its foundation, Gazi University is an institution where experience is synthesized with dynamism in cultural and intellectual dimensions.

The role of Applicant Co-ordinator is fundamental to the successful delivery of an EU Lifelong Learning project. It is important to highlight that the University is very experienced project manager of educational and vocational training programmes with an international dimension. Within this project Gazi University have overall responsibility for ensuring that the aims and objectives as set out in the project application and funding contract are achieved through an effective and productive partnership.

*P2- Phoenix KM (Belgium)* is a private company with extensive expertise in the fields of accessibility consultancy. It is focused towards the integration of people with disabilities in every aspect of daily life, and achieves its goal by aggregating knowledge, expertise and experience in the field of education, training, and employment, and making it available to the targeted user groups through well-defined consultancy services, as well as private and publicly funded projects by its dedicated experts.

*P3- Disability Now from Greece* is supportive organization (NGO) with an established European profile, mostly managed by and for people with disabilities. Due to administrative problems the partner withdrew at an early stage of the project and was replaced with a new partner Interprojects Ltd

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<sup>4</sup> All partner summaries are sourced from the M-CARE project application form.

(Bulgaria) by common partners consent and on the base of written approval from the Managing Authority, EACEA.

*P3-Interprojects (Bulgaria)* is experienced in management and coordination of a variety of projects dealing with people with disabilities, labour market, vocational education and training, development of assessment tools. The company has a respected track of record of participating and leading EU funded VET programmers.

*P4- Ministry of Family and Social Affairs (Turkey)*

The Ministry of Family and Social Policy, General Directorate of Services for Elderly Persons and Persons with Disabilities in Istanbul, Turkey acts with the understanding of a social state and offers a wide range of services that encompass families, women, men, young, elderly, young and Persons with Disabilities. The mission of the General Directorate of Services for Elderly Persons and Persons with Disabilities is to coordinate the policy and strategy making activities regarding the elderly and people with disabilities at national level with the purpose of ensuring full participation of them into social life by fully enjoying human rights and without facing any discriminatory actions; to establish principles, procedures and standards to be taken into consideration in the provision of social services to elderly persons and persons with disabilities; and to build coordination and cooperation between related public institutions and voluntary agencies.

*P5- University of Athens (Greece)*, Faculty of Communication and Mass Media Studies was established in 1989 providing around 1000 courses at undergraduate and post graduate level. The Faculty of Communication and Mass Media Studies is at the cutting edge of communication theory and media practice. The University founded the New Technologies Laboratory (UoANTLab) in 1996 in order to serve education and the research needs of the department in areas of new technologies and products.

*P6 - EVBB (Europäischer Verband Beruflicher Bildungsträger)* is a European umbrella association of free and non-profit educational providers. The objective work done by the EVBB is the qualitative improvement of vocational education and training in European countries and an increase in the efforts being carried out in education at a European level.<sup>5</sup>

The partnership has been well balanced. All partners made a balanced contribution to the project and each WP according to the aims and objectives and their expertise. Most of them respond effectively and promptly to partner queries and communications.

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<sup>5</sup> EVBB, <http://www.evbb.de/ueberUns/unsIntro.php>

The project work was organized in seven work packages. The partners and their respective leading role were distributed as follows:

WP1 Project Management – Leading partner P1

WP2 Research and analysis - Leading partner P5

WP3 Development of M-CARE curriculum preparation of training courses and production of training materials - Leading partner P6

WP4 Piloting – Leading partner P3

WP5 Quality Assurance and Evaluation – Leading partner P2

WP6 Dissemination, promotion and awareness raising – Leading partner P3

WP7 Exploitation of results- Leading partner P4

The work-packages were well designed and appropriate lead organisations were selected for each based on their expertise and experience. From the very beginning of the project activities each work-package had significant input from all partners. Year one of the project execution focused mainly on stable partnership establishing and understanding the needs of PCGs to enable better and bespoke design of training materials and ensure a curriculum and content that was relevant across the different countries and users groups.

Year two focused on refining the training materials based on the research and piloting process as well dissemination and exploitation activities.

At each stage of the process user groups were engaged in “National advisory” boards which were set up in each of the countries involved. The National Advisory boards acted as additional expertise to inform the project and product developments.

Deliverables:

The key deliverables within the project are:

- PCG Curriculum: A dedicated PCG curriculum, consisting of 14 modules, taking into account different types of disabilities and their individual needs. Available in Turkish, English, Greek, German, Bulgarian and Dutch and accessible both via the M-CARE online elearning platform and the mobile application, as well as in textual format downloadable from the project website.

- Handbook for Trainers: The trainer's handbook accompanies the PCG curriculum.
- M-Care Platform: A multilingual, freely accessible M-CARE platform ([www.pcgcare.eu](http://www.pcgcare.eu)) has been launched that will bring together relevant information and services. It incorporates the online version of the PCG curriculum and training material (14 modules) (accessible via the online elearning platform), pre-, self- and post-assessment questionnaires (registration required) and a community area for PCG trainers and learners (registration required) to exchange experiences with the beneficiaries. Available in Turkish, English, Greek, German, Bulgarian and Dutch.
- Mobile Application: A mobile (Android-based) application, linked to the M-CARE platform services, where users can access relevant educational materials that are suitable for their individual needs. The application incorporates gamification elements throughout all 14 modules, which work both as an assessment tool and as a motivator for users to learn more about a certain topic. Available in Turkish, English, Greek, German, Bulgarian and Dutch via [Google Play](#).

Other outcomes of M-CARE are:

- Comparative analysis of findings obtained on the base of State of art analysis on PCGs in partner countries (BE, TR, DE and BG)
- Local Pilot findings in partner countries,
- A new job opportunity for low skilled people,
- Increasing employability of low skilled people by teaching them new skills for new jobs (PCG), while pre- and post-assessing their suitability and competences,

## 2. PART ONE - EVALUATION TERMS OF REFERENCE

### 2.1 Scope of Final Evaluation

The scope of Final Evaluation focused on four main areas:

*Leadership/Planning/Strategy* - the way how project management, coordination and supervision lead through the Project.

*Project outcomes/results* – what and how the project completed in regard to project aims and activities.

*Satisfaction of partners*– attention to partners (or target groups as well as staff) needs and level of satisfaction of them.

*Impact & sustainability* – impact of project activities and outcomes on beneficiaries and sustainability of further project results exploitation.

### 2.2 Process Evaluation Methodology & Tools

Tools and methods for evaluating project's efficiency were:

- Document study; assessment of studies, reports, documents, recommendations, action plans, toolkits, website, promotion material, minutes of meetings, dissemination materials, evaluation reports , etc.
- Meetings with project partners
- Partners' meeting attendance
- Meeting evaluation tool; each meeting will be evaluated at the end using a tailor made meeting evaluation questionnaire
- Periodic process evaluation reports (after each meeting)

Information was gathered through observation of project activities, interviews, Case Studies and analysis of various Project Reports. Impact Assessment will include analysis of measures of success, the results and the outcomes.

Three basic evaluation questions have been raised. The investigation framework for answering those questions is introduced in the table No 1 below.

Table No 1

Evaluation questions	Evaluation areas	Data sources
a) How successful has the project been in achieving results?	Leadership/Planning and strategy Project processes/ outcomes/results Satisfaction of beneficiaries Impact & sustainability	Reports on Piloting Case Studies Self-assessment of trainees and partners Interview with partners
b) What difficulties were encountered? How were they overcome?	Project processes Satisfaction of beneficiaries Partner's meeting reports	Reports on Piloting Interview with VET trainers and partners
c) What lessons were learnt, what best practice and added value could be identified?	Satisfaction of beneficiaries Impact & sustainability	Interview with VET trainers and partners Case Studies

Data sources for interpretations were used: The external evaluation involved collecting data in two stages. The first stage involved the analysis of project data that was collected throughout the life of the project, internal evaluation of work packages and dissemination, progress reports and minutes of meetings. The second stage entailed an in-depth evaluation and analysis of the views of partners and the project management team, through semi-structured in-depth interviews and a Partner Evaluation Questionnaire was also utilised to generate qualitative information from a wider range of partners. This final evaluation was based on observation and relied mainly on the information and results provided in this well documented and updated collaborative environment.

The overall working atmosphere between partners and evaluator was open, friendly and professional. Different points of view were discussed and various approaches and perspectives led to intensive discussions and debates.

### 2.3. Objectives

- To carry out an evaluation of the M-CARE project partnership as a transnational collaboration and activities over the two years, providing an interim report (project management, leadership, cross-cultural understanding, sharing of activities, effectiveness of communication, meeting deadlines, partners' contributions, outcomes) and final report.
- To work with the project partners to adjust strategy in light of unanticipated occurrences
- To evaluate the effectiveness and impact of provided dissemination activities
- To capture and portray process as well as the quality of products developed during the first interim stage as well as the final stage
- To consider budgetary inputs, matched funding and value-for-money
- To review the quality of partnership working and contributions

To analyse adherence to the aims and objectives of the project, the external evaluator specified the evaluation process in the following areas:

- Understanding aims and objectives of the project; Availability of the contractual results developed during the project activities;
- The quality of main outcomes and the languages in which these are available internally and on the website
- Project Management and the implementation of activities and the relationship with updated schedule and new milestones; project meetings activities and outcomes
- Impact & Sustainability
- Quality Plan and the internal evaluation QA procedures and results
- Partnership collaboration, the communications between the project's members ·
- Communication relating to dissemination and exploitation, the brochure the leaflets and posters· The use of the M-Care website and of the social spaces created Facebook, the dedicated blog

Sufficient information and data of M-Care project was collected in order to evaluate it according to scientific standards and requirements as well according to the agreed with the partners adopted evaluation strategy. Most of the evaluations were of summative nature based on observations, desk research, questioning in written, oral questioning, primary/secondary analyses, self-analyses and expert talks.

The M-CARE partners have produced the following documents which have been observed and reviewed as part of summative assessment, which collectively provide a detailed account of project purpose, design, partner roles, progress and deliverables:

Action plans

Meeting agendas and minutes

WP presentations

Progress reports

Project management and monitoring data

Dissemination and publicity materials

Website and social media

Intranet portal/ document store

Surveys and research findings

Frameworks and strategies relating to deliverables.

Internal communications

Handbook

Curriculum documents/training modules

ICT based learning resource (application)

Pilot study plan

Pilot study evaluation

Exploitation strategy

### 3. PART TWO - EVALUATION FINDINGS

The M-CARE as an innovative project contributes to:

- Raising awareness of mobile learning through implementation of modern ICT technologies in daily working life of PCGs;
- Facilitation of mobility learning in the EU both for the PCGs and the direct beneficiaries (elderly people and people with disabilities).
- Curriculum development with associated training materials for PCGs who are directly supporting the daily well-being of people with disabilities/older people.
- Development of innovative training methods (Web 2.0 driven, online & also mobile with a gaming component) for improvement and extension of the existing training practices, in a way that the learner to be better prepared for the actual PCG work. The methods are mainly instructional videos, PwD testimonials, audio support, and training material in various formats.
- Supporting the working process of the learner through mobile learning application, directly connected with M-CARE learning platform), focusing on learning outcomes to ensure transparency and compliance with ECVET
- The creation of new profile for the PCGs
- Development of digital literacy
- Improving self-advancement opportunities for PCGs through better knowledge of the trends- Increasing the quality of personal care services
- Harmonization of care practices in partner countries

The project contributes as well to the didactics of face to face, on line as well as mobile learning. The last mobile technologies, with their reduced size and ease of use, provide the potential to support such activities. The personal and portable nature of mobile technologies makes them very strong candidates for recording, reflecting on and sharing this type of informal learning. The creation of a unified EU dedicated curriculum on personal assistance is leading to

transparency of the knowledge, skills and competencies gained and also can ensure quality and the level of competences of the trainees through pre- and post-assessment. The project has a direct contribution towards facilitating and improving of its impact beyond the partner countries. For this reason also, the products have been made available in all partner languages (NL, EL, DE, TR, and BG, including EN). Bulgarian language is additional due to withdraw of a partner from Greece and replacement with Bulgarian partner.

### 3.1 Evaluation against WP and contractual deliverables

This section takes us through each individual work package in sequential order. The deliverables were examined and commented in progress with respect of each action. The section below provides an overview of the status of the deliverables of the project in each WP, according to the key performance indicators, since the quality of deliverables are the main output indicators of a project execution. Their status helps drawing an overall idea of how the project has progressed against the workplan and identifying any gaps that may exist, also exploring the reasons where applicable.

Performance of the project has been measured on the base of indicators measuring the delivery against the WP (and updated action plans at each meeting) as well as using a mixture of observation, questionnaires and f2f (or Skype) interviews to determine both partner satisfaction and, at the end of the project, stakeholder satisfaction to assess project impact.

The key performance indicators (KPIs) that have been used to evaluate how well the project has performed against the desired workplan, are:

- Understanding and Meeting Aims and Objectives
- Effective Communication within the partnership and throughout the duration of the project
- Effective Management and Leadership
- Effective and Balanced Partnership
- Innovation
- Meeting deadlines/ workplan

- Impact and Sustainability, added value
- Active Participation of Target Groups

At the end of the second year partners were asked about the management of the project, piloting process, evaluation of outputs, input and as well the understanding of project aims and objectives and fulfilment of the projects' tasks. The rate of respondents was very good (6 out of 6 respondents).

### 3.2. Meeting the project aims and objectives

The activities during the project execution focused on the elaboration of the curriculum and training materials for the use by the trainers , PCGs and other interested users in Turkey, Bulgaria, Belgium, Greece and Germany as well as on the development of mobile application for Android and mobile devices.

The main contractual outputs were developed successfully updated and translated in all partners languages (NL, EL, DE, TR, BG, including EN). The M-CARE project met its initial aims and objectives as follows:

- Developed Consolidated Survey Findings
- Elaborated dedicated curriculum for PCGs training and Curriculum handbook
- Innovative training materials developed
- Project Website and an e-learning platform
- Consolidating piloting report
- Dissemination strategy
- Exploitation strategy
- Final valorization event in Brussels, Belgium
- Interim and Final External Evaluation Reports

Partners were asked about the clearness and understanding of aims and objectives of the project developments and outputs. The table below shows the final survey results for the “project aims and objectives” shown as a percentage.

Understanding aims and objectives

Table No 2

Key **SD**= Strongly Disagree; **D** = Disagree; **A** = Agree; **SA** = Strongly Agree **DK** = Don't Know now

	Aims and Objectives	SD	D	A	SA	DK
1	To elaborate a dedicated curriculum and training material for different disabilities(including those associated with aging) based on ECVET ;			40	60	
2	To develop an adequate training curriculum adjusted to the real needs of PwD				100	
3	To create innovative and interactive on line and mobile learning in addition to face to face			20	80	
4	To develop of an innovative and mobile training platform with a gaming component			20	80	
5	Provision of M-CARE portal			40	60	
6	Provision of adequate learning support to learners as well as incorporation of mobile learning applications			20	80	
7	Provision of innovative and fully accessible PCG content, services (both mobile and online), supporting pedagogies and practice for lifelong learning easily and freely available, taking on board a mobile gaming component;			20	80	
8	To increase the employability of low skilled people by teaching them new skills for new jobs(PCG)				100	

Noting the table above it is evident that the partners have felt that the aims and objectives of the project were fully met and the outputs were developed. It is evident that the partners are satisfied with the final results. All partners are in high agreement about the understanding and meeting the aims and objectives.

Furthermore the development of an adequate training curriculum adjusted to the real needs of PwDs was “Strongly agreed” by all six respondents which facilitated the overall positive impression of the project implementation.

Evaluation comment: Partners from the beginning have had a clear vision about the main idea and the scope of project as well for what they want to achieve. Some of them were more knowledgeable about the issues and succeed on time to explain to other partners and to suggest a clear action plan. The results are visible. All the aims and objectives are achieved and the deliverables produced of a good quality. At the end of the project over 1200 slides in 6 languages (EN, NL, DE, BG, TR, and EL) have be tailored effectively to the user groups needs by creating an individual learning pathway

The overall management of the project appears to have progressed well with interventions used where necessary by the coordinators to ensure the completion of tasks. This along with the audio conferences, as mentioned above, seemed to be an effective way of ensuring quality control and a high level of communication and collaboration among partners in between the project’s face-to-face meetings.

### 3.3 Management

<b><i>WP 1 Project Management: Leading Partner P1</i></b>
-----------------------------------------------------------

*The key aim of the management was establishment of a robust and secure organizational structure with clearly defined management functions.*

The key outcomes of the management process were achieved. All the planed deliverables were developed and produced.

Table 3

No	Key deliverables of WP 1	Status
1	Project agreements with all partners signed	Completed
2	Steering group established; Project team identity; Partners' commitment about aims and objectives;	Completed
3	Agreed action plans and schedule, communication strategy	Completed
4	Functioning mechanisms for monitoring and reporting (including financial monitoring and reporting);	Completed
5	Agreed and developed strategies for dissemination & exploitation (valorisation) and quality management	Completed
6	Developed online communication tool for sharing files, setting up a project calendar, set up of the project steering board	Completed
7	Established national advisory boards, 1 per country, with involvement of national associate partners	Completed
8	Signed IPR agreement	Completed
9	Provided all planned TN meetings, workshop and Final conference ; Full portfolio (agenda, minutes, internal evaluation forms),	Completed

Given the nature of project management work packages generally, this WP was crucial to the success of the project and was mainly concerned with the overall management of the project and work packages.

The work programme document was evaluated against the proposal and the activities and outcomes of the project at the interim report stage and it has primarily been evaluated in its use as a project management technique for the final report. This comprehensive document, offering an overview, timeline, work package breakdown and further task outline, acted as a guide for coordinator and partners when undertaking the project. The task list developed as part of this was available to all partners throughout the project and enabled

both the consortium and evaluators to track progress and flag any potential issues.

Partner meetings were held regularly and often presented opportunities for dissemination and involvement of stakeholders (workshop in Antalya, Turkey). All meetings, regardless of whether they were held online or face-to-face, appeared to be quite strategic and made good use of consortium with some meetings taking place between certain key partners only, depending on the nature of the work at the time. The minutes from the transnational meetings are available and clearly outline the issues and action points arising from the meetings.

There were several face to face meetings and monthly conference calls during the second year, all with clear and detailed minutes.

- Meeting 3: Frankfurt, Germany, 21-22 Jan 2015
- Meeting 4: Antalya, Turkey, 06-08 May 2015
- Meeting 5: Brussels, Belgium, 30 Nov - 02 Dec 2015
- Dissemination Conference, Brussels, Belgium, 01- Dec 2015

Being involved at the third, fourth and final partnership meetings, the evaluator was able to observe the partnership, listen to debate and presentations, and hold discussions with partners, which enabled her to gain a good understanding of project and its aims, frustrations, challenges, hopes and aspirations. All partners shared their thoughts openly. In addition (a) Skype meetings were regularly held.

#### General remarks:

The M-CARE project and partnership management were consistently planned and systematically coordinated during the whole project. The fact, that there were no significant delays from project schedule and all results were delivered as were planned is recognised as main success factor of project and partnership management. The Project was carried out by a multicultural team representing researchers, consultants in social services, policymakers and educators. The project was managed effectively and professionally from the outset, demonstrating a range of skills and experiences of the leading personnel in the contextual field as well as in projects generally and EU projects specifically. An additional strength to the management of the M-CARE

project was the mutual understanding and the shared commitment of the importance of the problems of people with disabilities and older people and the needs and roles of PCGs by all partners. The management style was open and focused to a large extent of consensus, regular communication (via face to face, e-mails and regular Skype meetings) and was instrumental in helping to create a positive atmosphere of collaboration within the consortium.

*Partners’ level of satisfaction with the statements against management*

The table below shows the final survey results for the “satisfaction of management” shown as a percentage. Response rate 100%.

Key **SD**= Strongly Disagree; **D** = Disagree; **A** = Agree; **SA** = Strongly Agree **DK** = Don’t Know now

Table No4

Statements	SD	D	A	SA	DK
We had a clear understanding of our role within the M-CARE project				100	
We were fully aware of our project delivery responsibilities and deadlines			20	80	
We were able to complete tasks to schedule to complete in relevant WPs within the planned timetable			40	60	
Project reporting and monitoring systems (content and financial) were clear				100	
The partnership accomplished its goals and objectives			20	80	

The first thing that partners had to evaluate was the group of questions which referred to *the management of the project* in an scale (*strongly disagree, disagree, agree, strongly agree and don’t know*). Respondents were asked to

state their opinion on *project management, understanding of the roles and responsibilities, completion of agreed tasks* as well reporting and monitoring system. No concerns regarding project management were mentioned by the partners. The statements of all partners that they had a clear understanding of the roles as well for the clearness of monitoring and reporting system speaks for the efficient management of M-CARE project.

### 3.4. Needs analysis

**Work Package 2, Research and analysis, Leading Partner P5**

The key aim was to ensure that the M-CARE curriculum and training materials have met the PCGs needs of PWDs.

	Key deliverables of WP2	Status
1	Methodology for the research	Completed
2	Consolidated Survey Findings Report (survey and data collecting) in the area of personal health and home care training across all partner countries	Completed
3	The questionnaire for the survey and implementation through offline and online (using Open Source Limesurvey platform) questionnaires.	Completed

#### Progress review against the Work Package 2

This WP aimed to analyse, by means of different research tools, the situation in each partner country with regards to the care service sector, focusing on the competences that PCGs have for caring people with disabilities and older people. In this way recommendations were made and skills and competences identified for the development of curriculum and training materials. It is well known that the analysis of training needs is the first and basic step of the programme development process. Broadly defined NA is a systematic process for establishing priorities and making decisions regarding programme planning,

development, and operations.<sup>6</sup> M-CARE needs assessments have answered the questions on the training needs of PCGs, what they need to be trained in, and when and where the training have taken places. Emphasis was placed on gaining precise insight into the structure of knowledge, skills and competences gathered from the people likely to be affected by these programmes.

Very rich data was collected from case studies and it was an excellent input to the Consolidated finding report, formed the basis of the curriculum and training materials, to be produced in work packages three. Partners were committed that this process had helped focus on the target groups training needs and an important step was taken to finally meet the training needs at a later stage. The study approach which followed in the WP2 was appropriate as the project did not strives for generalisation of system characteristics or indicators but aimed at getting a better understanding of the personal care givers needs as an input for discussion. The findings cannot claim to represent the whole care givers professionals working in the partner countries. But findings can nevertheless be used to inform the developments of the curriculum and training materials and may claim any theoretical ability. Generally the sampling strategy was considered appropriate within the time and resources available for the research done.

The overall comment on the base of Training Needs Analysis was that in EU there is a different understanding of the profile of personal care givers. Differences are also in the regulations, requirements and overall environment. There is a need of integrated delivery system between the countries. A short analysis of the situation regarding PCG training in the partner countries resulted in following assessment:

- **BE:** No appropriate PCG education exists, and the existing ones display generally a lack of the appropriate skills.
- **TR:** VET (theoretical) training for PCG who have severe illnesses, older people and people with disabilities exists; but is of low quality.

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<sup>6</sup> N. L. McCaslin , Jovan P. Tibeziinda , *Assessing target group needs*, FAO, Document Repository, <http://www.fao.org/docrep>

- **GR:** No PCG education is provided, generally the active PCGs display a lack of skills, and on the job training is the only method applied.
- **DE:** Personal assistance in Germany is frequently neither satisfying the needs nor holistic. The quality of personal assistance is currently oriented on the basis of the needs of service organizations or homes, and not on the basis of the PwD.
- **BG:** In Bulgaria the profession of PCG is formally described and graduation from a PCG VET course is required, however there is no requirement for lower level of qualification or experience in other related professions. The training centres seem still less aware of the PCG profession status.

### Partners' feedback

At the end of the first project year after the execution of WP 2 the partners were asked about their opinion for Consolidated Findings. All partners rated the report as 'excellent' and 'very good'. *In one voice they stated that the Consolidated Findings report (summary) is very important public deliverable which presents the situation of the provision of personal care in the partners' countries. It evidenced the gap of existing training programs as well as the need for new VET course for personal caregivers based on the contemporary requirements for this occupation*

**Evaluation comment:** The Consolidated Survey Findings Report was made available in all partners' languages and in EN. The Consolidated Survey Finding European references and policies have been added to the Report after the interim phase. As this WP was evaluated at interim report stage, and recommendation about the EU references and policy to be added to the Report was provided, it should be noted that it was taken on board by the leading partner, and none was particularly critical.

## 3.5. Curriculum Development

**6.3. Work Package 3 Development of M-CARE curriculum, preparation of training courses and production of training materials, Leading Partner 6**

**Aim:**

The overall aim of the Work Package3 was to develop a training curriculum and training materials that all partners from Turkey, Belgium, Germany, Bulgaria and Greece would implement and disseminate on EU level.

Table No 6

	Key deliverables of WP3	Status
1	Methodology of curriculum development	Completed
2	The curriculum, training materials and courses and (trainers) handbook.	Completed
3	Mobile learning application (Android based) with an embedded gaming component	Completed
4	Development of online training platform (ATutor based) in all partner languages; Accessibility.	Completed
5	Deploying online community platform, with portal facilities to provide also info on local legislation regarding PCG financial support for beneficiaries, exchange of best practises, etc.	Completed
7	Production of training material that embraces a variety of ICT based media (online video tutorials, testimonials, practical videos on PCG support, audio commentaries, etc.).	Completed
8	Production of training material online (online learning platform) in SCORM compliant formats for easy transferability across different learning platforms.	Completed

**Progress review against the curriculum development (WP3)**

Workpackage 3 involved the critical activities of developing the curriculum and training materials plus mobile learning application (Android based) with an embedded gaming component for the social sector of personal care giving for people with disabilities and older people.

The M-CARE curriculum typically refers to the knowledge and skills learners are expected to learn, which includes learning standards, learning objectives and learning outcomes as well as methods and advice for learning material to be used.<sup>7</sup> It is learning outcomes driven according to ECVET principles. Drafted upon experience of project partners, a survey was launched with more than 600 questionnaires, asking people with disabilities, personal caregivers and stakeholders, what they estimate as the most important items, a personal caregiver PCG has to know, to be able to do, to decide and to be responsible for. In the result an approach was decided following the rules of International Classification of Functioning ICF.<sup>8</sup>

The basic idea of M-Care project has been, to enable low-skilled and/or unemployed people to work as a personal caregiver PCG. Developing the curriculum partners took into account that the low-skilled people need a special approach to learn and to be taught. This was a signal that the curriculum content has to be prepared in a very simple and very easy comprehensible way. This has referred especially to the methods and the mode, information which was prepared for this teaching process. Another issue which was taken into consideration has been that the cared people want to be sure that their PCG knows what and how has to act as a responsible caregiver.

The content of M-CARE curriculum was divided into 14 modules, which means that every module can be taken by itself and normally there is no need to have passed another module before. M-CARE curriculum contains the content to learn and to teach for personal caregivers PCGs for people with disabilities and elderly people to do their jobs correctly and in an emphatic and appropriate way to their clients. The curriculum contains learning material as well as (and) advice for methods how to teach and how to learn. The modules are as follow:

1. Didactical support for mobile learning
2. Disability awareness
3. Communication skills

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<sup>7</sup> (<http://edglossary.org/curriculum/>)

<sup>8</sup> International Classification of Functioning, Disability and Health (ICF)

4. Policy
5. Social inclusion
6. Psychological Empowerment
7. Physiological needs
8. Hygiene
9. Daily Care at Home
10. First Aid and Risks
11. Environment
12. Mobility
13. Leisure
14. PCG's Burnout

For each module a three phase (pre-self-post) model of assessment was prepared so a learner will be able to check, whether the objectives and core points of this module are achieved or not.

The M-Care project implements ECVET for transparency and recognition of learning outcomes and qualifications. The activities that M-CARE project planned to do are clearly supported the development of personal care givers qualification by incorporating ECVET, according to the Recommendation of the European Parliament and of the Council establishing the ECVET system. As a result M-CARE project designs and applies qualification of PCGs in learning outcomes based modules with allocation of ECVET points, based on the ECVET technical specifications. The developed modules and the units of learning outcomes are based on typical professional tasks of PCGs and cover minimal requirements. They are regarded as an efficient means to structure the thematic content of different training pathways. The project describes common 'competence area' as a coherent set of knowledge, skills and competences. This typology is recognisable in the description of the learning outcomes. The project partners counts the total number of training hours to achieve the full qualifications in each of the training forms (face to face and on line) qualification. This varied between face to face and online systems.

The number of ECVET points allocated to each module incl. unit of learning outcome is according both to the relative weight/percentage of the activity within a job profile of PCGs and to the duration i.e. it is proportionate to the share of training time required to achieve a given unit compared to the total number of training hours required to achieve the qualification.

The project team assured a success of the learning process through special content that was prepared for self-learning or blended learning scenarios. They can be read or looked at (videos) and discussed with a tutor or trainer. In this way, PCGs can achieve a range of knowledge, skills and competences to be able to do a responsible and satisfying job.

The project team implemented an approach of pre assessment of the competences and the suitability (legal & health checks) of PCG candidate before the training process. The idea of the pre assessment was focused on the experience of the candidates and the expertise. A special online pre assessment tool was implemented. After the pre assessment process the trainees started the training either face to face, a classroom or remotely. When doing the practical training exercises, or while being on the job the (potential) PCG can still access training material anywhere anytime through mobile learning. The core idea of M-Care-project was, to make learning content available in small and easy to handle units available on mobile devices. So a PCG but also a cared person will be able to learn about special questions i.e. checklists for special activities, the appropriate use of assistive technology, etc.

A properly and transparent established curriculum, meaningful assessments, well guided mobile learning units and carefully respected European tools as EQF and ECVET are the basis for mobility, flexibility and lifelong learning. The curriculum is flexible and easy adjustable as it was recommended in the need analysis survey. By minimum changes to local social and cultural conditions the M-CARE training courses could be used throughout Europe.

The M-CARE curriculum and training materials gives the opportunity to increase the number of trainees with different educational background and needs. It ensures the diversity in their area of work and enables the wider mainstreaming and dissemination of the M-CARE outcomes across Europe and among those who are speaking partners' languages.

The M-CARE Curriculum is a general overview document based on learning outcomes about the units and learning approaches planned for the training programme. The curriculum shows that the thoughts made about the needs of PCGs and target group related to sustainable services for older people and people with disabilities are quite complex and manifold. An M-CARE curriculum combines the theoretical and the practical elements in order to develop specific units with a key purpose that can be assessed in their entirety. They include a core of basic knowledge, specialised practical and application knowledge, learning pathways and assessment issues. A positive sign is the inclusion of a lot of cases in the modules.

The curriculum and modules are designed to be suitable for qualification levels 2 & 3 (EQF) depending on the level of previous educational background which the learner has. This reflects the philosophy of M-CARE project which ranges across the personal care givers skills base from unskilled/low skilled workers, semi-skilled, and skilled. M-CARE curricula include a range of transversal elements related especially to social skills. These are aspects that are usually expected to be treated as part of the everyday activity, but are often given second place as subject matter content is prioritised. One of the values of the M-CARE approach is that the transversal competences are integrated with professional skills, which can be considered as adding values.

A handbook/manual has been produced to support this process, providing guidance on how to use the curriculum, how to interpret the findings for learners and cared people and which provided advice on giving feedback to them. The Handbook ensures sustainability of project results in a long term perspective.

*Partners were asked* to evaluate quality of deliverables, incl. curriculum and curriculum handbook. Five respondents evaluated the outputs as 'Excellent' and only one rated as 'Good'. The partners are fully committed of the quality of the final curriculum and handbook.

**Remarks:** All the recommendations which have been made during the interim evaluation were taken into account and the length of the modules has been revised as well the content overlapping was avoided. All the modules are structured in a similar systematic way and follow the logical framework.

### 3.6. Piloting

#### **6.4. Work Package 4, Piloting process, Leading Partner 4**

The aims of piloting process were to observe target groups using the products (M-CARE curriculum, training materials and curriculum handbook), to discover any errors and areas for improvement/refinement and to provide the basis for regions review of all aspects of M- CARE's outputs.

#### *Issues, constraints and how these were overcome and 'best practice' developed in focused areas*

Following the testing of M-CARE curriculum and training materials with potential end users, the project team produced a comprehensive piloting evaluation report as a key deliverable of the project. Piloting and testing of M-CARE curriculum and training materials were organized in Turkey, Germany, Belgium and Bulgaria with max of 89 pilots which exceeded the preliminary goal mentioned in the project proposal for 80 participants. The number of pilots differed in each country. The report concluded that the piloting went swiftly and the training content was positively assessed both by trainees and trainers.

Piloting aimed to test how the pilots went through all training modules, using the mobile app, also exploring the content through the online training platform, using electronic presentations as well as the hard copy of the all modules.

The piloting report outlined the results of the assessment process done for all the modules in the training by all pilots. All the participants improved their knowledge and experience regarding the modules in the field of care giving. Among the highly recognized modules were hygiene, physiological needs, daily care at home, psychological empowerment and mobility. The report stated that the main role of the trainers was to provide didactical support to the pilots, as well as to give additional clarifications about the training content upon request. Another important trainers' task was to help the participants to interpret the training content in a proper and safe way so that all have common understanding about the practical materials and guidelines.

The report clearly outlines the results of the piloting. Thus, the personal caregivers had the chance to utilize the training materials using a variety of teaching methods. The report states that the participants in the piloting process increased their overall level of competence and skills to provide qualitative and reliable care to their clients. All 14 training modules have been highly evaluated, however, the participants have distinguished some modules as the most useful ones. For example, among the highly recognized modules have been disability awareness, hygiene, physiological needs, daily care at home, first aid and risks, communication and social inclusion, psychological empowerment, and PCG burnout. The other 6 modules have been also well received but the pilots considered them a bit aside from their direct field work but they would explore them in order to enhance their skills and attitudes needed for their career.

The pilots have been facilitated in the collection of evidence designed to assess the accuracy products, the technical functionality and accessibility of the products and the perceived benefits for the end-user from multiple perspectives. The methodology has been based on both quantitative and qualitative techniques using primarily structured questionnaires, participant focus groups and real time directed observation.

The report explained in details the process of recruitment of beneficiaries' combination of different methods which have been implemented: series of face to face meetings, project website/Facebook announcements, direct mailing, printed posters. Strong partnership relationships between project partner organisations and target groups have been created or strengthening and ensured further collaboration. Pilots had the following profile: low skilled workers, PCGs, unemployed. With regards to the trainees were recruited any candidates who pass the assessment process.

In the report it is highlighted that all target groups strongly agree that the curriculum and training materials have been well developed and refer fully to their employment needs.

### *Partners' feedback*

*At the end of the piloting process partners were asked about the provision of Piloting process*

How effective the piloting programme was?

Table No7

	Objectives	Excellent (E)	Good (G)	Average (A)	Poor (P)	Don't know
1	We met the planned number of users within the pilot programme	60	40			
2	The curriculum had appropriate content for the level of our users	40	60			
3	The length of the training materials is enough	40	60			
4	The given time for piloting was enough	20	80			
5	Learning resources were effective and engaged well with our learners	60	40			
6	Learning resources were effective and engaged well with our trainers	60	40			
7	Users involved in the pilot increased their awareness and ability to use mobile learning	60	40			
8	We are confident that longer term users will continue to benefit from the mobile learning	60	40			

Noting the above the majority of partners found that the piloting process was successful and positive. Most of the answers were recorded as “Excellent” and “Good”. The “average column” refers to the length of the content (policy module) and reflects the difficulties some users experienced using the mobile application.

### 3.7. Quality and Evaluation

#### 6.4. Work package 5 Quality Assurance and Evaluation, Leading partner P2

Aim:

The aim of this Package was to ensure all Project activities progressed as intended and that research, products and pilots were relevant and of a good standard.

Table No 8

	Key deliverables of WP 5	Status
1	Quality management plan	Completed
2	Interim and external Evaluation reports	Completed

#### Progress review against the Work Package 5, Evaluation comment

This WP5 provided an objective focus on the effectiveness and efficiency of the project’s performance. The main aim of WP was to ensure that the results of the project are achieved on time and to budget. Clear objectives, defined tasks and activities, and key performance indicators (KPIs) were settled up and were encompassed by project management. WP5 was led by PhoenixKM (BE) but involved the contribution of all partners.

The activities of Quality assurance and Evaluation started at the very beginning of the project management. Quantitative and qualitative measures of performance were established with the aim to provide the standards for measuring and improving service for project performance.

The elaborated Quality Management Plan combined measures to give a balanced snapshot of how well the project is progressing and how it could be improved. Quality Assurance and Monitoring was based on a formative review and evaluation process that involved the regular monitoring of activity against the project plan and key performance indicators. Established continuous monitoring processes maintained project management robust and allowed explicit improvement goals.

The coordinating/management team ensured that the project continues to focus on its primary objective of meeting the needs of target groups. Two main streams of activities were applied. First one - developing of Improvement Action Plans to address weaknesses and build on strengths within the project. Second - leading of achievement of monthly targets with any shortfall addressed by specific action plans through Work package.

Quality and Project Monitoring was ensured by using both streams - internal and external evaluation. Peer review, progress review when partner review constantly of project progress and quality was used for internal evaluation. External monitoring was undertaken by professionals with relevant professional experience.

*The Quality Management Plan* supported the project and has maintained an overview of project progress in line with the official work plan. *The plan* outlined three levels of evaluation and internal quality control for M-CARE, namely:

*Product level:* the underline of the performance achieved in the project.

*Dissemination impact level:* measurement of the dissemination impact

*Process level:* measurement of the coherence with what is foreseen in the project itself and identification of the necessary actions to correct possible deviations from the expected results

*Issues, constraints and how these were overcome and 'best practice' developed in focused areas*

Activities focused on:

- Development of quality management and an evaluation plan
- Development of Quarterly monitoring reports

- Shared participation in the evaluation and a peer review of M-CARE outputs during their production and as finished products
- Regular reviews of progress at National advisory group meetings
- Consistent and frequent internal checks which ensured that all partners were active and clear in their tasks;. Considering internal evaluation and monitoring a *series of templates* were introduced for the partners to report upon both progress and related expenditure on a regular basis. This combined with regular *reviews and feedback* of partners meetings has allowed the leader of WP5 to report upon the progress of the project. This approach was centred on completion of each feedback form at each of the four partner meetings allowed the Contractor to introduce a mechanism for continuous improvement, as required. The internal evaluation documents present a motivated and enthusiastic partnership, clear on their roles and implementing the individual project milestones effectively.

Quality Assurance and Monitoring was based on a formative review and evaluation process that involved the regular monitoring of activity against the project plan and key performance indicators. The established continuous monitoring processes maintained project management robust and allowed explicit improvement goals. Taking into account quantitative and qualitative factors and actions for improvement, the coordinating/management team ensured that the project continues to focus on its primary objective of meeting the needs of target groups.

The aims of the summative evaluation were to assess whether the programme achieved its aims and objectives, along with its impact, value and benefits, summarised the key outputs and synthesis knowledge from the project, and lessons learned, into a best practice framework and also to identify potential areas for future development work. Interim evaluation and one Pilot Report, Final Evaluation report was provided.

As part of overall management control strategy, there were established robust disciplines, systems and periodically reviews to ensure the continuous improvement and development of provided services. Monthly Skype meetings and 5 transnational partnership meetings for information dissemination and progress monitoring were held. The achievement of the project's aims and

objectives laid the foundations for the production and implementation of a sustainable process for learning and improvement.

Evaluation criteria were based on the project's key objectives, milestones, outcomes and timetable for delivery as well as satisfaction of beneficiaries. Both quantitative and qualitative evaluation involved an in-depth assessment of added value and the quality of provision within the project. Evaluation was carried out by variety of techniques - surveys, interviews, focus groups, case studies and observation of the processes. That ensured complex approach and reliability of findings.

Partners were highly involved in evaluation design and implementation, that allowed to create Quality culture amongst partnership and ensure responsible approach to Project processes and achievements. They participated in data collecting and interpretation procedures. Discussions on the issue and dissemination of results were scheduled in each partners' meeting.

#### *General remarks:*

By producing both Formative/Interim and Summative Evaluation Reports and presentation of findings/recommendations, evaluation continuously provided feedback to the project partnership on progress towards objectives and planned qualitative and quantitative performance indicators, supported the project team in reflecting on their learning and capturing best practice, contributed to the Final Report.

### 3.8. Dissemination

#### **6.5. WP6 Dissemination, promotion and awareness-rising Leading partner P3**

##### Key Aim:

To make the project results and deliverables available to the stakeholders and to the wider audience in all partner countries and beyond.

**Table No 9**

	Key deliverables	Status
1	Dissemination strategy.	completed
2	Produced (multilingual) dissemination materials (leaflets, rolls-up, etc.).	completed
3	Web site; Online partner communication and workspace (documents sharing platform)	completed

### Progress review against Work Package 6

This package of work continued throughout the lifetime of the Project and involved all consortium members, partner organisations and other interested parties. Key activities included;

- Development of dissemination strategy
- Developing and maintain the project website
- Producing periodic dissemination reports
- Producing project publicity materials as planned
- Organising workshop in Antalya, Turkey
- Organising national final events
- Organising the Project close event in Brussels

INTERPROJECTS (BG) as a leading partner of WP6 developed a clear dissemination strategy which was discussed and adopted by all partners at the beginning of the project execution. Concerning the dissemination strategy it has to be said that included appropriate activities, tools and channels which ensured that the results have spread effectively to the stakeholders within the project lifetime. Dissemination, promotion and awareness raising activities were conducted throughout the lifetime of the project by all partners. The partners produced multilingual dissemination materials such as leaflets, flyers and roll-ups. They are perfectly designed for the purpose and have a very effective “invitational” character. Partners used the different channels for dissemination in their own countries, in EU and beyond. Furthermore the M-CARE project team implemented a number of press (six newsletters) and

media appearances. The newsroom section on the project website gives a good overview over the performed activities and press appearances.

Other dissemination and awareness raising activities have included,

- Briefings
- Circulation of materials via stakeholders and trainers networks
- Circulation of materials via union of people with disabilities networks
- Provision of publicity on Partners websites and publications
- Links to the M-CARE website provided on Partners websites and publications
- Mass media presentation (Radio Plovdiv(BG), Bulgarian National TV (BG), Europa television(BG))
- Presentation at EUROSTAR TV channel by Gazi University
- Contacts with National Advisory Boards
- Meetings with other European projects
- Emails and outreach information
- Presentation of the Project at Usability and Accessibility days 2015, at the University of Athens (UA)
- Final dissemination event in Sofia, Bulgaria, organized by Interprojects Ltd.(BG)
- Presentation at “Capacity Building Seminar” for Civil Society Organisations, Ankara, Turkey
- Final dissemination events in Turkey and Bulgaria
- Final dissemination event in Brussels, Dec 2015

Development and maintenance of the website and inclusion of RSS feeds promoted the project, provided publicity for events and improved communications between members.

In addition, another cooperation agreement was achieved with the National Association of Deaf-blind People who is also willing to embed M-CARE training modules in their curriculum for PCGs.

Among the provided events worthwhile to highlight is the participation of Phoenix KM team (P2) in a policy event. The event offered the opportunity for networking with representative structures from all over Europe.

Partners attended and presented at a range of network and conference events and included information stands and discussion with delegates.

The identified appropriate channels through which the project was disseminated to date were as follows: the project website, the partners' websites, the numerous partners' formal and informal networks, local meetings, international meetings too, all of which created "intelligent" and mutually reinforcing junctions between the local, national and EU level.

Besides these dissemination activities which are already quite impressive at this stage of the project development the project website [www.mcare.project.eu](http://www.mcare.project.eu) deserves special attention. During the second year of the project the dissemination activities were intensified and developed towards valorisation activities leading to sustainable use of the project outputs which by nature were supported by the concrete implementation of the pilot activities in the partner countries. When closely analysing the work plan of the project given in the application document it appears also very clearly that the focus of activities planned in the second year of the M-CARE project was on the exploitation of results. In general to date there is no doubt that the project team will be able to implement the dissemination and valorisation in the planned quality and quantity to reach the set impact targets at the project end.

Partners' feedback

Table No 10

Key **SD**= Strongly Disagree; **D** = Disagree; **A** = Agree; **SA** = Strongly Agree **DK** = Don't Know now

	Statements	SD	D	A	SA	DK
1	The valorisation (dissemination and exploitation) strategy was effective an implemented well			20	80	
2	Dissemination tools (websites, leaflets, posters etc), and other materials were well designed and effective to reach the target audiences				100	
3	Stakeholders engaged well with the project and remain engaged throughout			20	80	

4	There is firm commitment for the use of the M-CARE curriculum and resources with a wide variety of stakeholders outside of the partners involved			20	80	
5	Users have evaluated and contributed to the development of the materials and agree they are appropriate and will enhance their learning/lives			40	60	
5	The final conference in Brussels was very well organized and the project benefit too much				100	

All partners provided positive feedback with regard to the dissemination activities in the project, with all partners recording a high level of satisfaction that the activities were suitable, beneficial and appropriate. Noting the above all the partners are satisfied with the project dissemination activities and the materials as well as the Final Conference in Brussels.

*Remarks:* Partners increased the activity in year two, with some attendance at national conferences, press releases and dissemination amongst professional peers as well improvements of the website.

The final conference arranged in Brussels was effective in demonstrating the project deliverables and their relevance to various audiences. The panel of experts from M-CARE project also informed the audience of ways that the materials would be taken forward to influence policy as well as practice where practicable.

### 3.9. Exploitation

#### **6.6. WP 7, Exploitation of results; Leading partner P4**

Aim:

The aim of WP7 was to create an exploitation strategy which would determine

exploitation possibilities, steps, strategies and IP rights for the project following the funding period.

Table No1

	Key deliverables	Status
1	Exploitation strategy	Completed
2	Transnational conference in December 2015 in Brussels, Belgium.	Completed

### Progress review against the Work Package 7

The development of Exploitation strategy is the natural end of this very well executed project. Exploitation of the M-CARE Project outcomes was on the agenda from the very beginning at the kick off Partner meeting in Ankara (January 2014). It has been included for discussion in the adopted Action Plan. Exploitation issues have been discussed at each transnational meeting. The strategy serves not only to keep the dissemination and exploitation of project results in mind beyond the funding of the project but also to develop a strategy on which the partners can build further activities and projects in future. The promotion of M-CARE mobile learning is key millstone which has led to better qualified PCGs and enhances recognition of this profession. It is a well known practice that the exploitation process is not possible to be achieved during the life time of the project. The Partners were realistic about what could be achieved in a period of two years. The issues around exploitation became clearer once development procedures were completed. The activities ended with the development of Exploitation Strategy. The Exploitation Strategy presents the M-CARE activities performed by the project partners during the last phase in order to ensure the project's outcomes sustainability after the project ends. Then, the exploitation of M-CARE is a key enabler for the success of the project sustainability.

The M-CARE exploitation activities spread the results among the internal and external communities to ensure sustainability after the official end of the project.

Sustainability means:

- ensuring that the developed products are used as the basis for further research activities by the partners, new projects, R&D communities, and
- ensuring that the services/ products are used in other contexts besides the research one, e.g., in an educational context.

This Exploitation Strategy reports on the actions that have been taken by the consortium members to ensure the sustainability of M-CARE and facilitate the exploitation of its results in light of the exploitation strategy and plan, which was introduced as deliverable. The Document summarizes the partners' strategy and concrete actions related to the protection, dissemination and exploitation of the project results as well as it follows the evolution of the project from the beginning until the submission of the final project report. The included in the Exploitation Strategy activities are consistent with the M-CARE ideas, target needs and proportionate to the impact expected from the action. In general terms the M-CARE Exploitation Strategy is determined by the type of the LLP action and by the objectives of the Project. Though, the M-CARE has been flexible enough, ensuring that the project followed the needs and the expectations of the beneficiaries during its implementation.

The Document is structured as follows. In the first part (Section I), partners recap the key parts of the project, namely the identified objectives and the steps of products development. Next (in Section II) the project team present the actions taken by the consortium partners towards the implementation of the proposed exploitation plan. Finally (Section III) it presents the key results of the consortium activities, highlighting some successful exploitation stories in each partner country.

A Good choice was the idea of integration and connections with other EU projects, which was realized successfully during the final conference in Brussels. The partners have recognized the need to make these links and have worked to ensure that the integration could be achieved.

#### 4. ADDED VALUE AND IMPACT

Added value of the M-CARE Project could be recognised by underlying positive effect that the project and its results have on VET provision for workforce development system and practice in personal care giving sector in each of the partner countries (TR, BG, DE, GR and BE). This positive impact making sense what had happened, what was changed /improved as a result of the project considering needs of target group, geographical perspective, VET systems. The impact of the project was observed directly – related to the main results of the project, as well as indirectly – related to the dissemination and exploitation of the concepts and methodologies transferred, adapted and developed through the project.

The formation and process of M-CARE project has brought added value and impact in particular areas:

1. Participating partners had become more international through participation in the project and their interest in international cooperation had grown. Language and cultural skills were the most common skills developed during participation in the project. Participants learned to communicate and interact better in international situations. Project had provided organisations with new opportunities and ideas for future.
2. The membership of the consortium comprising public government administration, university, social services providers allows the main topic about mobile learning by PCGs to be considered from both a theoretical and a practical point of view, strengthening the likely effectiveness of the outcomes. The involvement of different organisations has enabled a wide exchange of information and good practice from different cultural and didactics backgrounds.
3. This project effectively improves sectorial skills identification and anticipation of skill and competence needs and their integration in VET by means of the joint involvement of all partners on the identification of new needs and the definition of a Learning outcomes based curriculum and its related training modules. This is the beginning of a long term activity to face the immediate and future needs on the job market on the specific sector of personal caregiving

4. Comparing different pedagogical/didactics practices and by developing new training materials partners brought innovation (together with the new media – mobile learning) and improved the quality of training in vocational training institutions. The aim to exchange expertise between partners was fully realized. Participation in projects increased partner organizations' knowledge about what was being done in projects, such as training and European practices in their particular sector.
5. As a general outcome from the piloting phase the project M-CARE demonstrates that ICT can have considerable impact on improving PCG training, by placing trainees & beneficiaries' needs at the very centre, allowing PCG training to deliver a higher quality service with a high satisfaction level for final beneficiaries. Common vision of the project partners was that m learning is knowledge oriented access anywhere is provided, anytime and in for during downtime, affords learning on demand and quickly distributed; key data of PCGs is delivered at point of need.

Below are listed the answers of the partners of the question 'What is the impact according to you' and 'What is the added value of the project'<sup>9</sup>?

1. *'The partners of M- Care project succeeded to put the mobile learning in the spotlights, depicting clearly how it can contribute to training. This is the main innovation of the project, apart from the very complete training material that encompassed in the end over 1200 slides in 6 languages (EN, NL, DE, BG, TR, EL).'*
2. *'Innovative learning platform was applied to reach PCG and people with disabilities and elderly people.'* In this way more valuable learning experience than a typical workshop or textbook classroom courses was offered. New practices on learning activities were used. *'Standard teaching in the field of Personal Care Giving training was complemented with the forms of mobile and online training. Mobile appl. was used.'*
3. *'Especially concerning the mobile application, the added value is its usage by VET centres and the creation of an active community of PCG*

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<sup>9</sup> See Annex 1

*trainers and trainees who would enhance the content with comments, testimonials and other material’.*

4. *‘VET training allows low-skilled people to acquire high quality PCGs skills in a relative quite short period of time (240 learning hours), thus ensuring increased level of offered services from one hand and for those who are seeking for a career in personal caregiving the project supports their readability for employment. This is also in line with the new EC disability strategy (adopted on 15/11/10) which supports break down barriers that prevent people with disabilities from participating in society on an equal basis. ‘*
5. *‘M-CARE project improved the level of knowledge of existing PCGs in terms of disability awareness, hygiene, physiological needs, daily care at home, first aid and risks, communication and social inclusion, psychological empowerment, PCG burnout, policy and mobility. The project achieved a direct impact on the recognition of the qualification of a PCG across Europe, providing unified training and thus ensuring transparency of acquired skills, knowledge and competences in compliance with ECVET, hence also future transferability opportunities. The direct effect is twofold: low skilled people will gained skills needed to undertake the PCG job, while the beneficiaries people with disabilities and older people have benefit from improved PCG service provision. This was supported by a strict assessment to ensure that the candidates are competent and can meet the requirements of a PCG job occupation.’*
6. *‘In Bulgaria the M-CARE training will be embedded into the practice of all personal caregiver, social workers and rehabilitators which are employed by Municipality of Plovdiv. Additional trainings will continue to be organised beyond project lifetime by other resources.’*
7. *‘Again, focusing on the mobile app, we consider important the fact that the learning experience of personal care givers for people with disabilities and older people (potential or in active employment) is enhanced and enriched by the gamification approach. Apart from the training material provided through the app, the game elements help users self-assess their newly acquired knowledge and through a rewards system they are motivated to follow further training courses.’*

## 5. GENERAL CONCLUSIONS AND RECOMENDATIONS

1. The project M-CARE was well managed and delivered and it met its outcomes to an excellent standard (level). It contributed successfully to the development of transnational partnership and supported the process of raising awareness for the necessity of training for PCGs in Central and Eastern Europe through mobile learning.
2. The M-CARE project completed all the activities set out in the work plan and has achieved its aims and objectives, and the deliverables planned have all been completed. The second period focused principally on the second pilot and dissemination and exploitation activity and the updating; after the pilots finished and conclusions of the methodological guidelines could be drawn. In the final period of the project the focus was on dissemination and exploitation, though these activities were initiated earlier in the project period.
3. One of the main topic of M-CARE project approach was to bring the training at the moment you need it in a portable mobile modular format, addressing a wide range of topics directly connected with the daily work of a caregiver who is supporting older people and people with disabilities. The experience can be described as a "landing" process for all involved (consortium, trainers, learners and institutions) and as a result of the many things that have been learned, the partners now have a much clearer idea of how the M-CARE approach functions in real training contexts. There is clear evidence of changes in attitudes, a broadening of perspectives, and of improvements in learning skills among the participants. This is a positive outcome.
4. The M-CARE consortium, by all accounts, has worked well together and significantly, has taken great advantage of a variety of dissemination opportunities including publications, exhibitions and conferences, and of course the efforts made to recruit piloting participants succeeded in further disseminating the results and products. The project succeeded in the development of a complete training material that encompassed in the end over 1200 slides in 6 languages (EN, NL, DE, BG, TR, EL) which have been tailored effectively to the user groups needs by creating an individual learning pathway.

5. The completeness of M-CARE curriculum and training content forms the perfect basis for a PA training, as confirmed also by the received feedback from PCGs and user experts. In addition, the mobile training and learning approach is absolutely novel, especially also because the learning content can be dynamically adjusted in all languages by the administrators, using a simple online CMS. These both facts were highly appreciated by all experts involved and allow for the mobile application to have a long lifespan and extensive usability, while highly customizable.
6. The M-Care project implements ECVET for transparency and recognition of learning outcomes and qualifications. The activities that M-CARE project planned to do are clearly supported the development of personal care givers qualification by incorporating ECVET, according to the Recommendation of the European Parliament and of the Council establishing the ECVET system. As a result M-CARE project designs and applies qualification of PCGs in learning outcomes based modules with allocation of ECVET points, based on the ECVET technical specifications. The developed modules and the units of learning outcomes are based on typical professional tasks of PCGs and cover minimal requirements. They are regarded as an efficient means to structure the thematic content of different training pathways. The project describes common 'competence area' as a coherent set of knowledge, skills and competences.
7. The evaluation process carried out in the last months of the project indicated that the overall view of the partners of the work done in the project was highly positive. There is a shared sense of having achieved, to a large extent, the objectives, and that the M-CARE approach is innovative and effective. They felt that the pilots had produced useful results and the approach had achieved, in most of the contexts where it was piloted, the original objectives of the project. Furthermore, in the most successful pilots the approach was seen as empowering for learners particularly, and those involved had positive views of the experience

The consortium is to be congratulated for the work done.

## 5.1 Some key findings

Some of the key findings:

1. Another aspect that was of considerable value was the continuous contact between the partners. The use of monthly video conferences to maintain contact and keep the project on course contributed strongly to the engagement of the partners with the objectives and the eventual success of the project. The coordinators and the whole consortium are to be commended for their commitment to sustain this degree of communication. This consortium worked effectively as a team.
2. Despite the overall degree of contentment with the management there are some aspects of the management that were improvable, and these require comment here as the lessons learned could be useful in other projects.
3. One is the question of homogeneity of the work done. At the start of the project the implementation of the needs analysis process and the pilots was not entirely homogeneous across all partners. This was an aspect that improved substantially in the second period but at the start of the project it was an issue that caused some complications.
4. A range of insights arise from the work done in M-CARE. One of the important is that the “pre assessment approach” for recruitment of piloters, adopted in M-CARE has positive effects on learners’ involvement in training. The experience of M-CARE indicates that the pre assessment of piloters is a particularly valuable effect due to the fact that objective information was gathered for the piloters’ motivation and abilities to work as PCGs.
5. Another key issue that emerges from M-CARE is the role of trainer in the mobile learning. In the case of M-CARE, the trainer as support staff intervened when necessary.
6. Another positive aspect is related to the versatility of the training environment. The heterogeneous nature of the consortium contexts meant that it was possible to test the deliverables in different training environment and this though initially seen as problematic came to be seen as an element of added value. Flexibility of the curriculum

provided possibilities for great versatility learning in the classroom, at home or anywhere and occasionally.

7. A considerable strong point of the project was the development of the curriculum, associated course content and training materials, the handbook, platform and mobile application for the period of the two year project. In line with these deliverables, methodological and management documents were elaborated, which are a valuable additional outcome.
8. M-CARE partnership represents a key strength of the project. The participants bring a relevant and complementary range of competences covering the educational contexts and social services expertise. From the beginning of the lifetime duration, the representatives of the partner organizations have demonstrated a pro-active attitude and dynamic approach to their assigned tasks. The feedback received from the different project partners has shown a good involvement and high interest from all project partners.

The M-CARE project was successful. It produced an effective training documentation and demonstrated its potential, in a series of contexts, to improve the training of PCGs. There are clear intentions to carry on the work and this is highly positive. From the discussions that took place as part of the evaluation process with each partner it is clear that decisions about further work need to be firmly linked to a clear development strategy.

## Annex 1

Dear M-CARE partners,

You have worked two years together and it is time to finalise the project. I strongly believe that the end will be successful. I ask you to be so kind and for the last time to contribute to the evaluation of the project work. Please to return the questionnaire by December 5<sup>th</sup>, 2015.

### 1. Satisfaction of final results

Table 1. Understanding aims and objectives

Key **SD**= Strongly Disagree; **D** = Disagree; **A** = Agree; **SA** = Strongly Agree **DK** = Don't Know

	Aims and Objectives	SG	D	A	SA	DK
1	To elaborate a dedicated curriculum and training material for different disabilities(including those associated with aging) based on ECVET ;					
2	To develop an adequate training curriculum adjusted to the real needs of PwD					
3	To create innovative and interactive on line and mobile learning in addition to face to face					
4	To develop of an innovative and mobile training platform with a gaming component					
5	Provision of M-CARE portal					
6	Provision of adequate learning support to learners as well as incorporation of mobile learning applications					
7	Provision of innovative and fully accessible PCG content, services (both mobile and online), supporting pedagogies and practice for lifelong learning easily and freely available, taking on board a mobile gaming component;					
8	To increase the employability of low skilled people by teaching them new skills for new jobs(PCG)					

2. Table 2. How effective the piloting programme was?

Key **E**= Excellent; **G** = Good; **A** = Average; **P** = Poor **DK** = Don't Know

	Objectives	Excellent	Good	Average	Poor	Don't know
1	We met the planned number of users within the pilot programme					
2	The curriculum had appropriate content for the level of our users					
3	The length of the training materials is enough					
4	The given time for piloting was enough					
5	Learning resources were effective and engaged well with our learners					
6	Learning resources were effective and engaged well with our trainers					
7	Users involved in the pilot increased their awareness and ability to use mobile learning					
8	We are confident that longer term users will continue to benefit from the mobile learning					

2.1 What type of mobile device was used during the piloting?.....

Comments:

3. Table 3 – Quality of deliverables

Key **E**= Excellent; **G** = Good; **A** = Average; **P** = Poor **DK** = Don't Know

	Excellent	Good	Average	Poor	Don't know
Curriculum					
M-CARE training course					
Curriculum Handbook					
Mobile learning application					
M-CARE learning portal and community platform					

Comments:

4. Table 4. Partners' level of satisfaction with the statements against management

Key **SD**= Strongly Disagree; **D** = Disagree; **A** = Agree; **SA** = Strongly Agree **DK** = Don't Know now

Statements	SD	D	A	SA	DK
We had a clear understanding of our role within the M-CARE project					
We were fully aware of our project delivery responsibilities and deadlines					
We were able to complete tasks to schedule to complete in relevant WPs within the planned timetable					
Project reporting and monitoring systems (content and financial) were clear					
The partnership accomplished its goals and objectives					

Comments:

5. Table 5 Dissemination

Key **SD**= Strongly Disagree; **D** = Disagree; **A** = Agree; **SA** = Strongly Agree **DK** = Don't Know now

Statements	SD	D	A	SA	DK
The valorisation (dissemination and exploitation) strategy was effective an implemented well					
Dissemination tools (websites, leaflets, posters etc), and other materials were well designed and effective to reach the target audiences					
Stakeholders engaged well with the project and remain engaged throughout					
There is firm commitment for the use of the M-CARE curriculum and resources with a wide variety of stakeholders outside of the partners involved					
Users have evaluated and contributed to the development of the materials and agree they are appropriate and will enhance their learning/lives					
The final conference in Brussels was very well organized and the project benefit too much					

Comments:

6. What is the added value of the project results according to you?
7. What is the impact according to you?

Thank you?

Witten by N.Kalandarova, PhD, assoc. prof.

AIP Ltd. (BG)