

M-CARE

Mobile Training for Home and Health Caregivers for People with Disabilities and Older People

Exploitation Strategy

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For further information related to the M-CARE project please visit:
the project website (<http://mcare-project.eu>);
Facebook page (<facebook.com/MCareproj>);
Twitter page (<twitter.com/MCareproject>).

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Acronyms / Vocabulary

ACRONYM	EXPLANATION
AT	Assisted Technology
BE	Belgium
DE	Germany
EASPD	European Association of Service Providers for Persons with Disabilities
ECVET	European Credit system for Vocational Education and Training
EDF	European Disability Forum
EL	Greece
ENIL	European Network on Independent Living
EU	European Union
Gatekeepers	People or organizations that have the discretion to pass, filter or hold information relevant to others.
ICT	Information and communications technology
LSHPD	Long-standing health problem or disability
M-CARE	Mobile Training for Home and Health Caregivers For People with Disabilities and Older People project's acronym
NL	Netherlands, Dutch language
OP	Older people
PC	Personal Computer
PCG	Personal Caregiver
PWD	Persons with disabilities
SCORM	Sharable Content Object Reference Model
Stakeholders	An individual or an organisation or a group of individuals or organisations have interest in a process or development.
TR	Turkey
VAPH	Flemish Agency for Disabled Persons
VDAB	Public Employment Service of Flanders
VET	Vocational education and training
WP	Work Package

Table of Content

Version History Table	2
Acronyms / Vocabulary	3
1. Introduction	5
2. Rationale and the Objectives for M-CARE and Its Outcomes	8
2.1. Rationale of the Project.....	8
2.2. Objectives of the Project.....	10
3. Exploitation Strategy	13
3.1. The Project Outcomes.....	13
3.2. Life Space of the Project.....	15
3.3. Stakeholders, gatekeepers and their needs.....	17
3.4. Impact of the Project	22
3.5. Expected Project Outcomes, Audiences and Factors to Facilitate Uptake.....	25
4. Concrete exploitation steps.....	49
4.1. Turkey	49
4.2. Belgium.....	50
4.3. Bulgaria	51
4.4. Germany.....	51
4.5. Greece.....	52
5. Conclusion	53
References.....	54
Annex I	55

1. Introduction

This document aims at outlining the exploitation of the outcomes of M-CARE (Mobile Training for Home and Health Caregiver For People with Disabilities and Older People) Project. In this regard, it outlines a strategy for the exploitation of the outcomes of the project.

This exploitation strategy defines a rigorous model of promotion and mainstreaming of the project's results, including the identification of key exploitation targets (media, tools, and channels), stakeholders mapping and mainstreaming of final products.

Where WP6 (dissemination) informed the target audience about the project and its results, WP7 will be engaged in facilitating that the outcomes of the project are "picked up" by the partners and others and used and/or further developed, also and especially beyond the duration of the project.

It is important to be aware that exploitation is not a project activity that can be postponed until the end of the project. For this reason also, project partners have undertaken considerable effort in promoting the project's outcomes during the project duration and have also made the necessary preparatory steps for its exploitation.

At the same time it is not an activity that can be planned at the start of the project and rigorously executed. Project implementation, especially due to the involvement of the final beneficiaries in all major stages of the project (an important factor for success in any exploitation strategy), requires flexibility in the implementation of the project, naturally within the boundaries of the predefined objectives, activities, resources and timeframe as set forward at the very beginning by the project. As a matter of fact it would be contradictory if a project would not build on, or incorporate resources that it will identify during its life span.

Generally speaking, project managers, in planning the process, should first identify what needs the project aims to respond to, then the expected results and who the beneficiaries of the results are likely to be. This stage basically involves a needs analysis, the results of which will ensure that exploitation is "built in" right from the start of the project – even if some exploitation

activities cannot be implemented until results become available. It is important that the outcomes of these analyses not only inform the communication and dissemination strategy, but also impact on the design of the outputs (solutions), otherwise it would be a rather useless exercise.

For the exploitation strategy of the M-CARE Project, we refer to five strategic levels for exploitation defined by the EU:

- 1- A clear rationale for and objectives of dissemination and exploitation.
- 2- A strategy to identify which results to disseminate and to which audiences – and designing programmes and initiatives accordingly.
- 3- Determining organisational approaches of the different stakeholders and allocating responsibilities and resources.
- 4- Implementing the strategy by identifying and gathering results and undertaking dissemination and exploitation activities.
- 5- Monitoring and evaluating the effects of the activity.

The aim of exploitation is to optimise the value of the project, strengthen its impact, transfer it to other contexts, and integrate it in a sustainable manner into the broader European context. It is all about thinking outside the box and continuing to build upon a project after its lifetime, by enabling others to apply it or take it to the next step.

Exploitation is hence essential for several reasons: to spread and distribute information about the project and in particular the project results. Thereby, the public and in particular stakeholders on various levels can benefit from it. This will lead to a high impact of the project. Furthermore it will make sure that the content of the project will be transferable to other contexts and conditions. After the completion of the project, the results will be available to other parties in a systematic way. Another aim is hence to motivate different stakeholders to actively implement the results and develop them further.

The exploitation process takes place at all levels and all stages of the project's life. Therefore it was an ongoing process throughout all phases of the project. Furthermore exploitation activities will make sure that the impact will go beyond the duration of the project. Exploitation is a dynamic process, where necessary it will be adapted to new target groups and if required new measures will be developed. It is a process that concerns all levels of the project. Therefore the involvement of all project partners was

essential. The project partners have contributed their own knowledge and skills as well as project learning gained throughout the project.

2. Rationale and the Objectives for M-CARE and Its Outcomes

2.1. Rationale of the Project

Age and disability are strongly correlated: An estimated 45 million people in Europe (15% of the EU population) have a long-standing health problem or disability (LSHPD). 70% of them will be over 60 by 2020. Elderly and people with disabilities (PwD) and especially those with mobility & sensory impairment depend considerably on Personal Caregivers (PCGs). Personal assistance is in fact key for the self-determination of PwDs. Estimates (provided by WVA and based on extrapolated data from Flanders, BE) put the total size of people in need of a PCG at 1% of all people with disabilities, so a real need of 450.000 European citizens. PCGs need to have a variety of skills (nursing and first aid qualifications, personal care, etc.). While this assistance is crucial in ensuring a daily quality of life (assisting with basic tasks such as getting dressed, eating, taking a bath/shower), it is still quantitatively and qualitatively a huge problem. Few people are qualified to become a PCG, and in fact such education/training is basically non-existent in EU countries, and on VET level. Most PCGs are low-qualified, and mostly have to be trained on the field without any formal training, thus making it a very laborious and a tricky "adventure" for the core beneficiaries: people with disabilities and older people.

The impact of this will be pan-European (VET, ICT driven), and immediately measurable, since the trained people at the pilot sites would also be employed as personal assistants at the end of the training.

A short analysis of the situation regarding PCG training in the partner countries resulted in the 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.
- **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 less aware of the PCG profession status.

It is a fact that a majority of the PwDs population is in need of a PCG, while a PCG can support 2-3 PwDs (not all need 24 hours support). In Flanders (BE), only 1.5-2% of those that need a PCG also get an approval for a PCG budget due to limited state resources (Source: VAPH 2008). Still this means over 1300 people on a yearly basis get a budget approved for a PCG, while there is demand for +10.000. A similar number is valid for Greece, while in Germany tens of thousand PCGs are needed. In Turkey, an estimated 20.000 PCGs are needed. The overarching problem in all countries is one of the lack of qualifications and training of personal assistants and the safety of the supported individual.

The project is in line with the European Commission policy priority: On 15 November 2010 the EC adopted a new disability strategy to break down the barriers that prevent persons with disabilities from participating in society on an equal basis. One of the actions (funding) aims to “ensure that EU programmes and funds in policy areas relevant to people with disabilities are used to promote sound working conditions for professional and informal care providers and develop personal-assistance schemes”. M-CARE is addressing exactly this.

The project was established based on the expertise and experience of most of the project partners (especially P2, P3, P4) in this field. On the one hand there was the reality that there is currently poor and adequate personal home care and social assistance support and training in most EU countries, with negative consequences for the PwD who are in many cases largely dependent on PCGs. That a PCG curriculum can improve this, is confirmed by the organisations on the field, especially in combination with an innovative mobile teaching method that supports PCG trainees also during on the job

training. In a next phase, relevant expert organisations were contacted with whom P2 and P3 have worked previously, and who were eager to implement such innovative ICT supported Personal home care and social assistance training.

2.2. Objectives of the Project

M-CARE aims to provide an innovative training curriculum for VET centres so that they can offer training on Personal Care Giving for PwDs, through an elaborated curriculum that embraces mobile learning applications for the learners, while providing tools for pre-, self- and post-assessment of PCG candidates' suitability and competences to ensure PCGs do meet the needed requirements. This novel way of PCG training ensures that the learner (future PCG) is able to gain competences and skills in a way that will be beneficial for PwD that rely on PCGs for their daily activities, as well as can have direct access to training material even when being on the job. The approach of mobile and interactive learning with a gaming component should also make PCG training more attractive to low skilled people, lowering the barrier to the training material. For VET centres, an M-CARE platform has been provided with the PCG curriculum itself (textbook and in a SCORM compliant format for easy exchange with other learning platforms), supportive material (video –examples, witness accounts/testimonials of PwD) as well as an innovative mobile learning application that provides access to all 14 training modules, which the centres can freely provide to their PCG learners (freely available via Google Play).

Although the sector & the aims of the projects are frequently similar, the innovative character of M-CARE lies in its PCG training focus on low-skilled people, using in-service e-mobile training based on video & (mobile) web 2.0 + a curriculum that addresses the core issues for a PCG, taking into account the need for practical examples & support while on the job.

M-CARE first ensured that **an adequate training curriculum was made available (handbook + curriculum + training content spread over 14 modules), adjusted to the real needs of PwD**, and provided to potential PCGs in **traditional teaching ways (face-to-face, via text book)**, while **also taking advantage of new technologies (mobile learning and web**

2.0) that offer both an online training environment, combined with an interactive community, providing PCGs with the possibility to exchange best practices, share experiences & benefit from available training material (audio, video, text) which has been made available via M-CARE's mobile learning application. PCG can also access training content when being with the beneficiary (PwD, elderly) in case s/he is in doubt or would need to obtain some clear instructions how to handle certain needs of the beneficiary (e.g. specific placement of stomas, use of catheters, etc.). A gaming component also offers the PCG the chance to learn by gaming.

M-CARE training consists of following steps **(in bold we indicate what technical solution supports each step)**:

- A low skilled jobseeker/nurse/current PCG expresses interest in becoming a PCG or A low skilled jobseeker/nurse/current PCG expresses interest in becoming a PCG or improving his/her skills.
 - **Access the M-CARE portal at <https://www.pcgcare.eu>**
- Before we allow a person to start a training, we perform a pre-assessment of the competences and the suitability (this should also include offline legal & health checks) of PCG candidate. This includes assessing in what modules the person has experience and expertise. Questions are randomly generated by the M-CARE online database and include 30 true/false options. The results are recorded into the participants' profile and will be considered when the trainees complete the post-assessment. This will allow to evaluate the impact.
 - **Online pre-assessment tool – 30 questions (registration required)**
- Once approved, the trainee can start his training, either face to face, a classroom or remotely.
 - **Online training platform with embedded modules at <https://www.pcgcare.eu/learning>**
- During the training, the trainee can perform a self-assessment of the competences of the PCG candidate. 180 randomly generated true/false statements are provided by the M-CARE online database. This tool will help the participant to receive immediate mid-term feedback about his/her advancement within the course.
 - **Online self-assessment tool – 180 questions (registration required)**
- After the training, the trainer can have the trainee perform a post-assessment of the competences of the PCG candidate. Each trainee should complete 30 randomly generated true/false statements. It is compulsory to have at least 18 (more than 60%) right answers to pass

- successfully the assessment. Those who pass it successfully will receive a certificate of participation.
- **Online post-assessment tool – 30 questions (registration required)**
 - 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.
 - **Mobile M-CARE app, including Assistive Technology support service, enhanced with an embedded gaming element, available via Google Play.**
 - (Potential) PCGs share experiences and good practices, together with persons with a disability via dedicated fora, linked to the different curriculum modules.
 - **M-CARE portal community at <https://www.pcgcare.eu>**

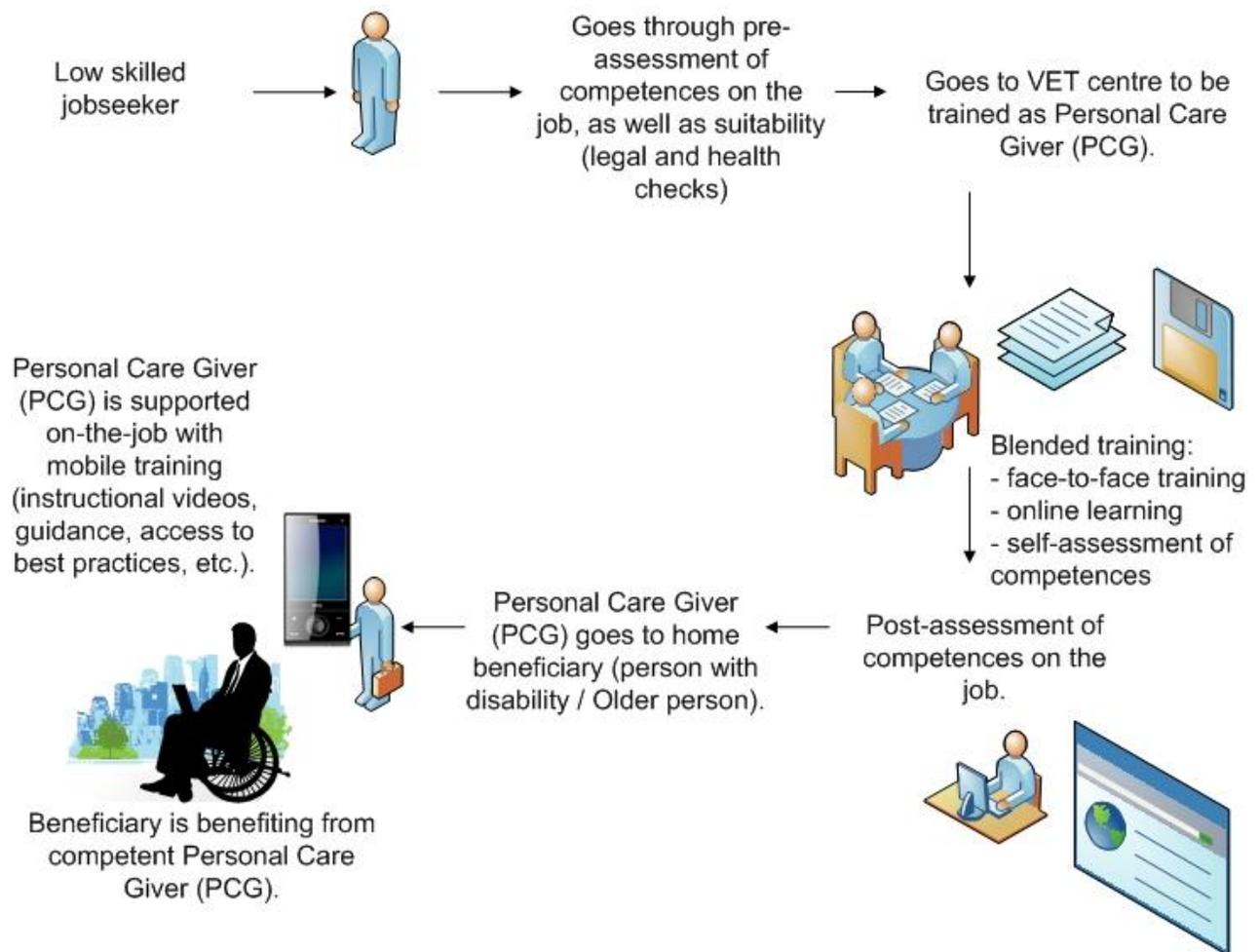


Figure 1: M-CARE training step by step

3. Exploitation Strategy

The Commission defines exploitation as "making use of and deriving benefit from (a result)". It mainly involves two distinct processes: mainstreaming and multiplication.

Mainstreaming is 'the planned process of transferring the successful results of programmes and initiatives to appropriate decision-makers in regulated local, regional, national or European systems'. On the other hand multiplication is 'the planned process of convincing individual end-users to adopt and/or apply the results of programmes and initiatives'.

The exploitation strategy is based on a systematic analysis of what this project produced and for whom these results are expected to be of relevance. In order to make sure that the results meet the target groups' needs, it is important to define aspects of the results that can impact the usability of the results for the target groups and to see how these could be incorporated in the design of innovative solutions.

3.1. The Project Outcomes

It should be kept in mind that two types of project results can be distinguished: tangible and intangible results which require different approaches for exploitation.

Tangible results consist for instance of a new tool, a document, a curriculum, a training package, a seminar that can be easily demonstrated with actual items, graphical representations, a sample or pictures. Their use by others is associated to "transfer of innovation". On the other hand, intangible results consist of outcomes such as changes in attitude or new approach, the cultural awareness derived from a mobility project or the upgrading of skills of individuals, or experience. These may require the use of more subtle methods – interviews, survey results or analyses through questionnaires. Their actual occurrence is called "impact".

The main outcomes of M-CARE can be outlined as following:

- **M-Care Platform:** A multilingual, freely accessible M-CARE platform (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](https://play.google.com/store/apps/details?id=com.pcgcare).
- **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.

Other outcomes of M-CARE are:

- **State of art analysis on PCGs in partner countries** (BE, TR, GR, DE and BG),
- **Comparative analysis of findings** obtained through questionnaires in partner countries,
- A **customised and localised curriculum** on PCG training tailored to individual user needs,
- **Multilingual training materials in alternative formats,**

- **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,
- **Contributing to digital literacy** at all levels (in and beyond all partner countries),
- **Improving self advancement opportunities** for personal care givers,
- **Better knowledge of current trends** in personal care services,
- **Increasing the quality** of personal care services,
- **Enhancing life quality of persons in need** of personal care services,
- **Contributing to policy makers and vocational or other educational institutions** in terms of personal care services,
- **Harmonization of care practices** in partner countries.

3.2. Life Space of the Project

Any project develops knowledge and obtains results in what we might call it as “life space” or “environment”. Since M-CARE is a transnational Project, it has to cope with cultural, educational, political and administrative differences between countries or even regions. Therefore, a universal model to incorporate our efforts is needed.

It could be said that we are interested in providing an innovative training curriculum for VET centres so that they can offer training on Personal Care Giving to low-skilled people. These people may need different learning methods based on their cultural and educational background as they may need a PCG training with a variety of purposes. In addition, they may face with different situations that will require them to know a specific need of a specific type of disability. These differences also occur due to different cultural, administrative and political environment.

Actually, all of these differences depend on many factors. The universal model will look in a specific situation, country or a region, thus it is important for the project to identify each situation:

- The potential end users of the curriculum (both professional and nonprofessionals)
- The related institutions
- Policy makers at local, regional, national and EU level
- Alternative learning methods
- Necessary tools

There are stakeholders that might have an interest in the project and its outcomes which are the most significant values for the exploitation plan. Stakeholder is defined as an individual or an organisation or a group of individuals or organisations who have interest in a process or development.

There are also gatekeepers who are people or organisations whose attitude towards the project is particularly relevant since they might facilitate or obstruct the use of the project outcomes.

In order to impact on the gatekeepers and the stakeholders it is important to be aware that they are not just out there, waiting for us. It is not enough to identify them at the beginning of the project hoping that they will be happy to receive the project outputs and to turn into facilitators. The time has to be used to contact them, to inform them on the project, to capture their viewpoints and needs, and to make sure the products match these needs. As it is impossible to include the whole group of stakeholders in Europe, a selection has to be made. In order to get the widest possible representation, the partners have been invited to construct such samples keeping in mind the following criteria:

- Representativeness: the person or organisation is representative for a category of stakeholders in the ecological system.
- Geographical criteria: the person or organisation plays an important role in a certain area related network.
- Political criteria (influence): some people or organisations have more influence than others.

3.3. Stakeholders, gatekeepers and their needs

Table 1: Stakeholders and their needs

Stakeholders	Needs
Persons with disabilities	Access to quality care services based on his/her individual needs
Elderly people	Access to quality care services based on his/her individual needs
Families/family members	<p>Awareness of the disability</p> <p>Knowledge on rendering care/temporary care</p> <p>Knowledge on sources of support and how to reach them</p> <p>Risk management</p>
Low skilled PCGs	<p>Access to vocational training</p> <p>Training materials in different formats</p> <p>Knowledge on different needs of different type of disabilities</p> <p>Obtain up-to-date knowledge</p> <p>Career development</p> <p>Reduce possible risks arising from lack of professional knowledge</p> <p>Increased job opportunities and/or income</p>
Nurses who want to be a PCG	<p>Knowledge on the needs of PwDs during the practice of their profession</p> <p>Secondary profession</p>
Jobseekers (any person who wants to be a PCG)	<p>Improve competences and skills/ to have an expertise and a profession</p> <p>Employment opportunities</p>

	<p>To make a living</p> <p>Easy access to training</p>
<p>Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations)</p>	<p>Promote the rights of PwDs</p> <p>To be able to offer a complete view on the need of PCG training</p> <p>Support career opportunities</p> <p>Increase life quality and satisfaction of PwDs and the elderly (its target groups)</p>
<p>VET centers</p>	<p>Qualified curriculum</p> <p>Qualify the workforce and ease transition into employment</p> <p>Wide range of training materials and methods</p> <p>To reach high number of people</p> <p>More profitable way of rendering training services (free content, open source)</p> <p>Keeping up with the innovative technologies and training methods</p>
<p>VET trainers</p>	<p>Update his/her professional knowledge</p> <p>Updated material</p> <p>Students having access to the curriculum free of charge</p>
<p>Employment agencies</p>	<p>Increase demand for the care sector via rising awareness in the field</p> <p>Opportunities to qualify the workforce and facilitate transition into employment</p> <p>Customer satisfaction and increase in profit for private agencies</p>
<p>Policy makers (Ministries, agencies, provincial and regional organisations, municipalities)</p>	<p>Provide solutions for care needs of PwDs and the elderly</p> <p>Strengthen the organizational capacity to fulfill social needs</p>

Public/Private care institutions	Contribution to in-service training Utilize new/innovative service models
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Table 2: Gatekeepers and their roles

Gatekeepers	Roles
Families/family members	Use outcomes of the project and collaborate or not with PCGs who benefitted from Project outcomes
Representative organisations (both disability and elderly NGOs, umbrella organisations)	Provide information and support to families/family members and PwDs/elderly.
VET centers	Provide information to their clients about project results Collaborate to the design and implementation of M-CARE products
VET trainers	Bridge between end user and the Project outcomes Utilize tangible results of the project
Employment agencies	Motivate jobseekers to take M-CARE training courses
Policy makers (Ministries, agencies, provincial and regional organisations)	May valorise, promote the materials, applications and/or even curriculum Benefit from research findings in designing new policies
Public/Private care institutions	Provide opportunities/allow to disseminate the Project and results Value people for what they are worth

In the following table, we matched the project outcomes with the identified target groups / stakeholders.

Table 3: Stakeholders and project outcomes

Stakeholders	M-CARE Platform	Mobile Application	PCG Curriculum	Handbook for Trainer	State of Art	Comparative Analysis	Local Pilot Findings
Persons with disabilities	x	x	x				
Elderly people	x	x	x				
Families/family members	x	x	x				
Low skilled PCGs	x	x	x				
Nurses who want to be a PCG	x	x	x				
Jobseekers (any person who wants to be a PCG)	x	x	x				
Representative organisations (both disability and elderly NGOs, umbrella organisations)					x	x	x

VET centers	x	x	x	x			
VET trainers	x	x	x	x			
Employment agencies							x
Policy makers (Ministries, agencies, provincial and regional organisations)					x	x	x
Public/Private care institutions	x	x	x	x	x	x	x

3.4. Impact of the Project

M-CARE can offer a direct impact on the employment of low skilled people, and provide VET centres with additional tools to extend their service provision.

The impact beyond the partner countries is measurable, in the sense that PCGs are needed in every European member state where the needs remain everywhere the same and can be easily transferred. For this reason also, the products have been made available in all partner languages (NL, EL, DE, TR, including EN), while European representative umbrella organisations such as EDF, ENIL, EASPD have been reached out to.

The above target groups and the stakeholders such as Ministries of Social Affairs, social care agencies, state agencies of PwDs, daily centres, local authorities, employers of PCGs etc. have been involved throughout, especially via advisory boards and via regular contacts.

They also include gatekeepers at regional, national and EU level who have expressed already keen interest in and expectation of the benefits from it in all participating countries. Contacts with the target groups and other stakeholders will contribute to the research phase as well as the collection of good practices and later their feedback. To support these interactive processes, round tables, face-to-face meetings, stakeholder workshops, conference presentations, etc. will be organised.

The website has been updated regularly with content (news, events and information on project progress and deliverables) relevant to the stakeholders and target groups, while the site automatically fed its content to Twitter and a dedicated Facebook page.

The project has a direct impact on the recognition of the qualification of a PCG for PwDs/older people across Europe, providing unified training and thus ensuring transparency of acquired skills, knowledge and competences in compliance with ECVET, hence also future transferability opportunities. This will equally contribute to new skills for new jobs initiative of the EU i.e. creating and qualifying workers for the so called emerging “white jobs” demanded by the aging population of Europe.

The project addresses the long-term priorities of Europe 2020 strategy, both in terms of its socio-economic and training targets supporting entirely the EU action in providing personal assistance, as well as support to both professional and informal carers. All partners are committed to ensuring that the project outcomes will have been embedded into their daily activities reflecting the fact that the concerns of the project relate directly to their ongoing core work commitments. The project pursued during its life a vigorous networking programme with a wide range of stakeholders.

The networking programme was designed to have a continuing promotional impact so providing a long-term legacy for the project, by ensuring wide knowledge of the value of its work and a firm basis for extensive exploitation by stakeholders at regional, national and European levels:

People with disabilities

- All partners will continue to use the created project results in their daily services provision, while also other similar organisations will be informed and have access to the training material under a commons creative license agreement. This way, any additions to the curriculum will also be fed back to the M-CARE partners.

Trainers of VET centres

- All partners will propagate the outcomes to local VET centres;
- Local VET centres will be reached via direct mailings and provision of local workshops.
- The European umbrella organisation for VET centres is project partner.

Employment centres

- Local employment agencies and specialised agencies (such as Jobcentrum, VDAB, etc.) will receive the project outcomes, and will be kept informed on project progress, during and beyond the project duration.
- The TR ministry for social affairs is project partner.

Extension/Expansion to other countries

- Beyond the project duration, P2 is committed to maintain the project website for a minimum of another 5 years, while it will embed the

dedicated PCG portal in its existing portfolio of services towards the PwD community.

- P2 is in talks with Greek PCG trainers to have the training also deployed in the Greek border regions, with support of local municipalities.

3.5. Expected Project Outcomes, Audiences and Factors to Facilitate Uptake

Having identified the main outcomes, each partner contributes to exploitation by defining their target audiences including stakeholders mentioned before and activities to facilitate uptake by measuring qualitatively or quantitatively. Therefore, every partner was involved in supporting the exploitation of the M-CARE outcomes. Additionally, some events have been identified where M-CARE outcomes were promoted, thus preparing the ground for reaching out beyond the project duration.

P1. Gazi University

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
M-CARE Platform	Low skilled PCGs Families/family members Nurses Jobseekers Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities)	Gazi University will continue to use the created project result in their service provision and consulting, while also other similar organisations. We will further mainstream this product through: <ul style="list-style-type: none"> • Conferences, thematic forums, presentations, seminars, workshops • TV, radio, internet media • Dissemination through care and PwDs umbrella organizations • E-mai, twitter • Face-to-face group, individual meetings with potential end users • Local workshops part of regular activities of the organisation 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	5 per annum conferences, thematic forums, presentations, seminars & workshops; 2 per annum TV, radio, internet media; Min. 2 per annum care and PwDs umbrella organizations ; 50 e-mail shots; Minimum 50 face-to-face group, individual meetings with potential end users; 5 local workshops part of regular activities of the organisation; 5 meeting aimed to mainstream the product to policy makers, other related people

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	Public/Private care institutions	<ul style="list-style-type: none"> • Mainstreaming to policy makers, other related people 		
Mobile Application	Low skilled PCGs Families/family members Nurses Jobseekers Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	Gazi Universitys will continue to use the created project result in their service provision and consulting, while also other similar organisations will be informed. We will further mainstream this product through: <ul style="list-style-type: none"> • Conferences, thematic forums, presentations, seminars & workshops • TV, radio, internet media • Dissemination through care and PwDs umbrella organizations • E-mail shots; • Face-to-face group & individual meetings with potential end users • Local workshops part of regular activities of the organisation • Mainstreaming to policy makers, other related people 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	5 per annum conferences, thematic forums, presentations, seminars & workshops; 2 per annum TV, radio, internet media; Min. 2 per annum care and PwDs umbrella organizations; 50 e-mail shots; Minimum 50 face-to-face group, individual meetings with potential end users; 5 local workshops part of regular activities of the organisation; 5 meeting aimed to mainstream the product to policy makers, other related people.
PCG Curriculum	Low skilled PCGs Families/family members Nurses Jobseekers Representative organisations (both	Gazi University will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers;	5 per annum conferences, thematic forums, presentations, seminars & workshops; Min 2 per annum TV, radio, internet media; Min. 2 per annum care and

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	<p>disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions</p>	<ul style="list-style-type: none"> Local workshops part of regular activities of the organisation Mainstreaming to policy makers, other related people 	<p>Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.</p>	<p>PwDs umbrella organizations; Minimum 50 e-mail shots; Minimum 50 face-to-face group, individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the product to policy makers, other related people.</p>
<p>Handbook for Trainer</p>	<p>Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies</p>	<p>Gazi University will further mainstream this product through:</p> <ul style="list-style-type: none"> Face-to-face group & individual meetings with potential end users Local workshops part of regular activities of the organisation Mainstreaming to policy makers, other related people 	<p>Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the</p>	<p>Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation 5 meeting aimed to mainstream the product to policy makers & other influential people.</p>

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
			field of social care.	
State of Art	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	Gazi University will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users • Local workshops part of regular activities of the organisation • Mainstreaming to policy makers, other related people 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	Minimum 50 face-to-face group, individual meetings with potential end users; 5 local workshops part of regular activities of the organisation; 5 meeting aimed to mainstream the product to policy makers, other related people.
Comparative Analysis	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and	Gazi University will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users • Local workshops part of regular activities of the organisation • Mainstreaming to policy makers, other related people 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for	50 face-to-face group, individual meetings with potential end users; 5 local workshops part of regular activities of the organisation; 5 meeting aimed to mainstream the product to policy makers, other related people.

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	regional organisations, municipalities) Public/Private care institutions		transversal inclusion of parts of the product to other occupations in the field of social care.	
Local Pilot Findings	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	Gazi University will further mainstream this through: <ul style="list-style-type: none"> • Face-to-face group, individual meetings with potential end users • Local workshops part of regular activities of the organisation • Mainstreaming to policy makers, other related people 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care; Increased awareness towards high quality care and social inclusion.	50 face-to-face group, individual meetings with potential end users; 5 local workshops part of regular activities of the organisation; 5 meeting aimed to mainstream the product to policy makers, other related people.

P2. Phoenix KM

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
M-CARE Platform	PCG carers, end-users organisations that provide PCG training or support it, people with disabilities, family	Presentations at local meetings, inclusion in topic related events, mailing to releant stakeholders, F2F meetings, launch at final event in Belgium, launch of TVPA trainings in Flanders	Positive feedback received from stakeholders, including additional contributions.	> 500 PCGs reached in 1st year after project
Mobile Application	PCG carers, end-users organisations that provide PCG training or support it	Presentations at local meetings, inclusion in topic related events, mailing to releant stakeholders, F2F meetings, launch at final event in Belgium, launch of TVPA trainings in Flanders	Positive feedback received from stakeholders, including additional contributions.	> 500 downloads from Google Play in 1st year after project
PCG Curriculum	PCG carers, end-users organisations that provide PCG training or support it	Presentations at local meetings, inclusion in topic related events, mailing to releant stakeholders, F2F meetings, launch at final event in Belgium, launch of TVPA trainings in Flanders	Positive feedback received from stakeholders, including additional contributions.	> 500 PCGs reached in 1st year after project
Handbook for Trainer	End-users organisations that provide PCG training or support it	Presentations at local meetings, inclusion in topic related events, mailing to releant stakeholders, F2F meetings, launch at final event in Belgium, launch of	Positive feedback received from stakeholders, including additional contributions.	> 20 PCG trainers reached in 1st year after project

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
		TVPA trainings in Flanders		
State of Art	End-users organisations that provide PCG training or support it	Presentations at local meetings, inclusion in topic related events, mailing to releant stakeholders, F2F meetings, launch at final event in Belgium, launch of TVPA trainings in Flanders	Positive feedback received from stakeholders.	> 20 PCG trainers reached in 1st year after project
Comparative Analysis	End-users organisations that provide PCG training or support it	Presentations at local meetings, inclusion in topic related events, mailing to releant stakeholders, F2F meetings, launch at final event in Belgium, launch of TVPA trainings in Flanders	Positive feedback received from stakeholders.	> 20 PCG trainers reached in 1st year after project
Local Pilot Findings	End-users organisations that provide PCG training or support it, policy makers	Presentations at local meetings, inclusion in topic related events, mailing to releant stakeholders, F2F meetings, launch at final event in Belgium, launch of TVPA trainings in Flanders	Positive feedback received from stakeholders. Usage by stakeholders to influence policymakers.	> 500 PCGs and 20 PCG trainers reached in 1st year after project

P3. Interprojects

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
M-CARE Platform	<p>Low skilled PCGs Families/family members Nurses who want to be a PCG Jobseekers (any person who wants to be a PCG) Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions</p>	<p>Interprojects will continue to use the created project result in their service provision and consulting, while also other similar organisations will be informed & have access to that particular product. The team of Interprojects will further mainstream this product through:</p> <ul style="list-style-type: none"> • Conferences, thematic forums, presentations, seminars & workshops • TV, radio, internet media • Dissemination through care and PwDs umbrella organizations (national & EU wide) • E-mail shots; • Face-to-face group & individual meetings with potential end users • Local workshops part of regular activities of the organisation • Mainstreaming to policy 	<p>Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.</p>	<p>Min. 5 per annum conferences, thematic forums, presentations, seminars & workshops; Min 2 per annum TV, radio, internet media; Min. 2 per annum care and PwDs umbrella organizations (national & EU wide); Minimum 50 e-mail shots; Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the product to policy makers & other influential people.</p>

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
		makers & other influential people		
Mobile Application	Low skilled PCGs Families/family members Nurses who want to be a PCG Jobseekers (any person who wants to be a PCG) Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	Interprojects will continue to use the created project result in their service provision and consulting, while also other similar organisations will be informed & have access to that particular product. The team of Interprojects will further mainstream this product through: <ul style="list-style-type: none"> • Conferences, thematic forums, presentations, seminars & workshops • TV, radio, internet media • Dissemination through care and PwDs umbrella organizations (national & EU wide) • E-mail shots; • Face-to-face group & individual meetings with potential end users • Local workshops part of regular activities of the organisation • Mainstreaming to policy 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	Min. 5 per annum conferences, thematic forums, presentations, seminars & workshops; Min 2 per annum TV, radio, internet media; Min. 2 per annum care and PwDs umbrella organizations (national & EU wide); Minimum 50 e-mail shots; Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the product to policy makers & other influential people.

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
		makers & other influential people		
PCG Curriculum	Low skilled PCGs Families/family members Nurses who want to be a PCG Jobseekers (any person who wants to be a PCG) Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	The team of Interprojects will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users • Local workshops part of regular activities of the organisation • Mainstreaming to policy makers & other influential people 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	Min. 5 per annum conferences, thematic forums, presentations, seminars & workshops; Min 2 per annum TV, radio, internet media; Min. 2 per annum care and PwDs umbrella organizations (national & EU wide); Minimum 50 e-mail shots; Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the product to policy makers & other influential people.
Handbook for Trainer	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers	The team of Interprojects will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users • Local workshops part of 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems	Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	VET trainers Employment agencies	regular activities of the organisation <ul style="list-style-type: none"> Mainstreaming to policy makers & other influential people 	and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	product to policy makers & other influential people.
State of Art	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	The team of Interprojects will further mainstream this product through: <ul style="list-style-type: none"> Face-to-face group & individual meetings with potential end users Local workshops part of regular activities of the organisation Mainstreaming to policy makers & other influential people 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the product to policy makers & other influential people.
Comparative Analysis	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers	The team of Interprojects will further mainstream this product through: <ul style="list-style-type: none"> Face-to-face group & individual meetings with potential end users Local workshops part of 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems	Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	regular activities of the organisation <ul style="list-style-type: none"> Mainstreaming to policy makers & other influential people 	and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care.	product to policy makers & other influential people.
Local Pilot Findings	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	The team of Interprojects will further mainstream this product through: <ul style="list-style-type: none"> Face-to-face group & individual meetings with potential end users Local workshops part of regular activities of the organisation Mainstreaming to policy makers & other influential people 	Increased number of qualified PCGs; Fostering relationship and collaboration between 3rd sector organisations and social service providers; Enhancement of the links between national VET systems and training programmes in terms of provision of Personal care; Opportunities for transversal inclusion of parts of the product to other occupations in the field of social care; Increased awareness towards high quality care and social inclusion.	Minimum 50 face-to-face group & individual meetings with potential end users; Min 5 local workshops part of regular activities of the organisation; Min 6 meeting aimed to mainstream the product to policy makers & other influential people.

P4. Ministry of Family and Social Policy

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
M-CARE Platform	<p>Persons with Disabilities</p> <p>Care professionals working at the care institutions affiliated with the Ministry</p> <p>Informal caregivers who receive home care allowance from the Ministry</p> <p>Low skilled PCGs</p> <p>Families/family members</p> <p>Representative organisations</p> <p>Policy makers (Ministries, agencies, provincial and regional institutions, municipalities)</p> <p>Public/Private care institutions</p>	<p>Ministry of Family and Social Policy will further mainstream this product through;</p> <ul style="list-style-type: none"> - Publishing the project result as a separate link on the General Directorate of PwDs and the Elderly website - Informing the Provincial Directorates of the Ministry of Family and Social Policy through an official letter - Including the project results in Annual Activity Report of the Ministry - Disseminating the project results to relevant PwDs umbrella organizations - E-mail, online media, official letters - Disseminating the project results to relevant Ministries 	<p>Increased number of qualified PCGs; Fostering relationship and collaboration between public institutions.</p>	<p>In the 1st year following project:</p> <p>2 PwDs umbrella organizations; 81 Provincial Directorates; Minimum 300 potential end users reached (through Provincial Directorates that provide services directly to citizens); Minimum 2 Ministries that are relevant with the training of PCGs.</p>
Mobile Application	<p>Persons with Disabilities</p> <p>Care professionals employed at care institutions affiliated with the Ministry</p> <p>Informal caregivers who receive home care allowance from the</p>	<p>Ministry of Family and Social Policy will further mainstream the mobile application through;</p> <ul style="list-style-type: none"> - Publishing information about the application as a separate link on the General Directorate of PwDs 	<p>Increased number of qualified PCGs; Fostering relationship and collaboration between public institutions.</p>	<p>In 1st year after project:</p> <p>an official letter to 81 Provincial Directorates; Minimum 300 potential end users reached</p>

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	Ministry Low skilled PCGs Families/family members Representative organisations Policy makers (Ministries, agencies, provincial and regional institutions, municipalities) Public/Private care institutions	and the Elderly website - Informing the Provincial Directorates of the Ministry of Family and Social Policy about the application through an official letter - Disseminating activities in topic related events - Including the project results in Annual Activity Report of the Ministry - Disseminating the project results to relevant PwDs umbrella organizations - E-mail, online media, official letter - Disseminating the project results to relevant Ministries		(through Provincial Directorates that provide services directly to citizens); Minimum 2 Ministries that are relevant with the training of PCGs (through an official letter).
PCG Curriculum	Low skilled PCGs Representative organisations, association of family members with disabled person	Ministry of Family and Social Policy will further mainstream the curriculum through; - Publishing information about the curriculum as a separate link on the General Directorate of PwDs and the Elderly website - Informing the Provincial Directorates of the Ministry of Family and Social Policy about the curriculum through an official	Increased number of qualified PCGs; Fostering relationship and collaboration between public institutions.	In 1st year after project: an official letter to 81 Provincial Directorates; Minimum 2 Ministries that are relevant with the training of trainers of PCGs reached (through an official letter).

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
		<p>letter</p> <ul style="list-style-type: none"> - Disseminating the information about handbook to relevant PwDs umbrellla organizations through E-mails or official letters. - Disseminating the handbook to relevant Ministries as attached to an official letter. 		
Handbook for Trainer	<p>Care professionals employed at care institutions affiliated with the Ministry Representative organisations Policy makers (Ministries, agencies, provincial and regional institutions, municipalities) Public/Private care institutions</p>	<p>Ministry of Family and Social Policy will further mainstream the State of Art through;</p> <ul style="list-style-type: none"> - Publishing information about it as a separate link on the General Directorate of PwDs and the Elderly website - Informing the Provincial Directorates of the Ministry of Family and Social Policy about the report through an official letter - Disseminating the information about the report to relevant PwDs umbrellla organizations through E-mails or official letters. - Disseminating the report to relevant Ministries as attached to an official letter. 	<p>Increased number of qualified PCGs; Fostering relationship and collaboration between public institutions.</p>	<p>In 1st year after project: an official letter to 81 Provincial Directorates; Minimum 2 Ministries that are relevant with the training of trainers of PCGs reached (through an official letter).</p>
State of Art	<p>Care professionals employed at care institutions affiliated with the Ministry</p>	<p>Ministry of Family and Social Policy will further mainstream the Comparative Analysis through;</p>	<p>Increased number of qualified PCGs; Fostering relationship and</p>	<p>In 1st year after project: an official letter to 81</p>

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	<p>Representative organisations Policy makers (Ministries, agencies, provincial and regional institutions, municipalities) Public/Private care institutions</p>	<ul style="list-style-type: none"> - Publishing information about it as a separate link on the General Directorate of PwDs and the Elderly website - Informing the Provincial Directorates of the Ministry of Family and Social Policy about the report through an official letter - Disseminating the information about the report to relevant PwDs umbrellaa organizations through E-mails or official letters. - Disseminating the report to relevant Ministries as attached to an official letter. 	<p>collaboration between public institutions.</p>	<p>Provincial Directorates; Minimum 2 Ministries that are relevant with the training of trainers of PCGs reached (through an official letter).</p>
<p>Comparative Analysis</p>	<p>Care professionals employed at care institutions affiliated with the Ministry Representative organisations Policy makers (Ministries, agencies, provincial and regional institutions, municipalities) Public/Private care institutions</p>	<p>Ministry of Family and Social Policy will further mainstream the Piloting Findings through;</p> <ul style="list-style-type: none"> - Publishing information about it as a separate link on the General Directorate of PwDs and the Elderly website - Informing the Provincial Directorates of the Ministry of Family and Social Policy about the report through an official letter - Disseminating the information about the report to relevant PwDs umbrellaa organizations through 	<p>Increased number of qualified PCGs; Fostering relationship and collaboration between public institutions.</p>	<p>In 1st year after project: an official letter to 81 Provincial Directorates; Minimum 2 Ministries that are relevant with PCGs (through an official letter).</p>

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
		E-mails or official letters. - Disseminating the report to relevant Ministries as attached to an official letter.		
Local Pilot Findings	Persons with Disabilities Care professionals working at the care institutions affiliated with the Ministry Informal caregivers who receive home care allowance from the Ministry Low skilled PCGs Families/family members Representative organisations Policy makers (Ministries, agencies, provincial and regional institutions, municipalities) Public/Private care institutions	Ministry of Family and Social Policy will further mainstream this product through; - Publishing the project result as a separate link on the General Directorate of PwDs and the Elderly website - Informing the Provincial Directorates of the Ministry of Family and Social Policy through an official letter - Disseminating activities in topic related events - Including the project results in Annual Activity Report of the Ministry - Disseminating the project results to relevant PwDs umbrella organizations - E-mail, online media, official letters - Disseminating the project results to relevant Ministries	Increased number of qualified PCGs; Fostering relationship and collaboration between public institutions.	In the 1st year following project: 2 PwDs umbrella organizations; 81 Provincial Directorates; Minimum 300 potential end users reached (through Provincial Directorates that provide services directly to citizens); Minimum 2 Ministries that are relevant with the training of PCGs.

P5. University of Athens

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
M-CARE Platform	PCGs; People with disabilities / Older people; Trainers; VET centres; NGOs; family members	Dissemination activities face to face (workshops & presentation) and electronic means (press releases, newsletters) in order to promote the platform, demonstration at stakeholders and VET centres,	Well informed PCGs, an active (potential) PCG online community, a tool for VET centres and a motive for NGOs and VET centre to offer PCG training courses using ICT.	Reach ~ 100 people face to face with workshops, presentations, meetings with relevant stakeholders, etc. Inform the general audience > 10 articles on the project and its outcomes. Send newsletter and information about the project's outcomes at about 150 targeted recipients on a three monthly basis.
Mobile Application	PCGs; People with disabilities / Older people; Trainers; VET centres; NGOs; family members	Dissemination activities face to face (workshops & presentation) and electronic means (press releases, newsletters) in order to promote the application, demonstration at stakeholders and VET centres.	Well informed PCGs with reliable information while at work, a tool for VET centres and a motive for NGOs and VET centre to offer PCG training courses using ICT.	Reach ~ 100 people face to face with workshops, presentations, meetings with relevant stakeholders, etc. Inform the general audience > 10 articles on the project and its outcomes. Send newsletter and information about the project's outcomes at about 150 targeted recipients on a three monthly basis.
PCG Curriculum	PCGs; People with disabilities / Older people; Trainers; VET	Dissemination activities face to face (workshops &	Well educated PCGs, a reliable tool for VET	Reach ~ 100 people face to face with workshops,

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	centres; NGOs; family members	presentation) and electronic means (press releases, newsletters), demonstration at stakeholders and VET centres.	centres.	presentations, meetings with relevant stakeholders, etc. Inform the general audience > 10 articles on the project and its outcomes. Send newsletter and information about the project's outcomes at about 150 targeted recipients on a three monthly basis.
Handbook for Trainer	Trainers; VET centres; NGOs;	Targeted dissemination activities for trainers and VET centres.	Providing a reliable tool for VET trainers.	Reach ~ 100 people face to face with workshops, presentations, meetings with relevant stakeholders, etc. Inform the general audience > 10 articles on the project and its outcomes. Send newsletter and information about the project's outcomes at about 150 targeted recipients on a three monthly basis.
State of Art	Stakeholders; Trainers; VET centres; NGOs; Students	Produce press releases and academic articles to be used for informing the general public and relevant stakeholders.	Raising awareness on potentially dangerous or illegal PCG practices, promoting good practices and national policies, creating a database on PCG training which can be used as the basis for further research /	Reach ~ 100 people face to face with workshops, presentations, meetings with relevant stakeholders, etc. Inform the general audience > 10 articles on the project and its outcomes. Send newsletter and information about the project's outcomes at about

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
			projects.	150 targeted recipients on a three monthly basis.
Comparative Analysis	Stakeholders; Trainers; VET centres; NGOs;	Produce press releases and academic articles to be used for informing the general public and relevant stakeholders.	Raising awareness on potentially dangerous or illegal PCG practices, promoting good practices and national policies, creating a database on PCG training which can be used as the basis for further reasearch / projects.	Reach ~ 100 people face to face with workshops, presentations, meetings with relevant stakegolders, etc. Inform the general audience > 10 articles on the project and its outcomes. Send newsletter and information about the project's outcomes at about 150 targeted recipients on a three monthly basis.
Local Pilot Findings	Stakeholders; Trainers; VET centres; NGOs;	Consult findings for improving the mobile application and incorporate findings in press and academin articles and presentations.	A basis for making futher improvements on the project's outcomes.	Reach ~ 100 people face to face with workshops, presentations, meetings with relevant stakegolders, etc. Inform the general audience > 10 articles on the project and its outcomes. Send newsletter and information about the project's outcomes at about 150 targeted recipients on a three monthly basis.

P6. EVBB

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
M-CARE Platform	<p>Low skilled PCGs Jobseekers (any person who wants to be a PCG) Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Public/Private care institutions</p>	<p>EVBB will use the project results especially the online portal and app as an additional tool for the already established cVET training courses in its centres all over Europe especially in Germany. EVBB will further use the results in different target groups, e.g early school leavers or in pre-vocational training courses.</p>	<p>Increased number of PCGs; Enhancement of the links between national VET systems and training programmes in terms of transversal inclusion of parts of the product to other occupations in the field of social care.</p>	<p>4 times a year disseminate developments of the care sector within the EVBB network through the newsletters, website etc., presentations, seminars & workshops; min. 2 per year care and PwDs umbrella organizations (national & EU wide);</p>
Mobile Application	<p>Low skilled PCGs Jobseekers (any person who wants to be a PCG) Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers</p>	<p>EVBB will use the project results especially the online portal and app as an additional tool for the already established cVET training courses in its centres all over Europe especially in Germany. EVBB will further use the results in different target groups, e.g early school leavers or in pre-vocational training</p>	<p>Increased number of PCGs; Enhancement of the links between national VET systems and training programmes in terms of transversal inclusion of parts of the product to other occupations in the field of social care.</p>	<p>4 times a year disseminate developments of the care sector within the EVBB network through the newsletters, website etc., presentations, seminars & workshops; min. 2 per year care and PwDs umbrella organizations (national & EU wide);</p>

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	Employment agencies Public/Private care institutions	courses.		
PCG Curriculum	Low skilled PCGs Jobseekers (any person who wants to be a PCG) Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Public/Private care institutions	EVBB will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users and experts/trainers • Local workshops part of regular activities of the care institutions 	Increased number of PCGs; Enhancement of the links between national VET systems and training programmes in terms of transversal inclusion of parts of the product to other occupations in the field of social care.	4 times a year disseminate developments of the care sector within the EVBB network through the newsletters, website etc., presentations, seminars & workshops; min. 2 per year care and PwDs umbrella organizations (national & EU wide);
Handbook for Trainer	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies	EVBB will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users and experts/trainers • Local workshops part of regular activities of the care institutions 	Increased number of PCGs; Enhancement of the links between national VET systems and training programmes in terms of transversal inclusion of parts of the product to other occupations in the field of social care.	4 times a year disseminate developments of the care sector within the EVBB network through the newsletters, website etc., presentations, seminars & workshops; min. 2 per year care and PwDs umbrella organizations (national & EU wide);

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
State of Art	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	EVBB will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users and experts/trainers • Local workshops part of regular activities of the care institutions 	Increased number of PCGs; Enhancement of the links between national VET systems and training programmes in terms of transversal inclusion of parts of the product to other occupations in the field of social care.	5 times a year disseminate developments of the care sector within the EVBB network through the newsletters, website etc., presentations, seminars & workshops; min. 2 per year care and PwDs umbrella organizations (national & EU wide)
Comparative Analysis	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies,	EVBB will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users and experts/trainers • Local workshops part of regular activities of the care institutions 	Increased number of PCGs; Enhancement of the links between national VET systems and training programmes in terms of transversal inclusion of parts of the product to other occupations in the field of social care.	6 times a year disseminate developments of the care sector within the EVBB network through the newsletters, website etc., presentations, seminars & workshops; min. 2 per year care and PwDs umbrella organizations (national & EU wide)

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
	provincial and regional organisations, municipalities) Public/Private care institutions			
Local Pilot Findings	Representative organisations (both disability and elderly NGOs, association of family members with disabled person, umbrella organisations) VET centers VET trainers Employment agencies Policy makers (Ministries, agencies, provincial and regional organisations, municipalities) Public/Private care institutions	EVBB will further mainstream this product through: <ul style="list-style-type: none"> • Face-to-face group & individual meetings with potential end users and experts/trainers • Local workshops part of regular activities of the care institutions 	Increased number of PCGs; Enhancement of the links between national VET systems and training programmes in terms of transversal inclusion of parts of the product to other occupations in the field of social care.	7 times a year disseminate developments of the care sector within the EVBB network through the newsletters, website etc., presentations, seminars & workshops; min. 2 per year care and PwDs umbrella organizations (national & EU wide)

4. Concrete exploitation steps

By the end of the M-CARE project, projects partners in all partner countries undertook concrete steps towards exploitation and continued usage of M-CARE outcomes.

4.1. Turkey

a) Gazi University undertook following concrete exploitation steps:

- committed to host the PCGcare.eu portal, which also hosts the mobile application app content, for at least 5 years, while it will make needed updates when needed; as a direct result all partners will be able to maintain and further enhance their national content versions,
- maintain and further enhance the Turkish mobile training content, as this is in line with its planned expansion strategies for M-CARE outcomes,
- preparatory steps for training the PCGs working for the Ministry of Family and Social Policies based on M-CARE training content, and undertaken by Gazi university,
- negotiations started with Gazi university Faculty of Health Sciences to train the PCGs on the urban regions of Ankara with the students of that faculty, potentially with the financial support of local municipalities if possible,
- transfer to other domains is being explored, more specifically towards care for parents that have children with CP and that require specific training as well. Necessary contacts have been made, a consortium has been formed and an Erasmus+ submission is being prepare,
- uptake of M-CARE approach towards innovative mobile learning in other (running as well as planned) project initiatives and countries is being explored,
- we have been in contact with the municipalities, local institutions and companies for the further training of the PCGs,
- a scientific article has been submitted as as an outcome of this Project,
- as a conclusion of this project we have agreed on to prepare an international congress about the technology supported rehabilitation.

- b) Ministry of Family and Social Policy;
- The Ministry of Family and Social Policy plans to maintain contact with umbrella organizations and relevant Ministries,
 - M-CARE curriculum and training modules will be exploited by care professionals working at the care institutions affiliated with the Ministry in addition to informal caregivers who receive homecare allowance from the Ministry,
 - M-CARE curriculum and training modules will be exploited by potential end users through 81 Provincial Directorates throughout Turkey,
 - Maintain the project results including hyperlink to mobile application, pcgcare.eu portal and the Project website as a separate link on the General Directorate of PwDs and the Elderly website which is open to the use of public.

4.2. Belgium

PhoenixKM undertook following concrete exploitation steps:

- committed to host the PCGcare.eu portal, which also hosts the mobile application app content, for at least 5 years, while it will make needed updates when needed; as a direct result all partners will be able to maintain and further enhance their national content versions,
- maintain and further enhance the Dutch and English mobile training content, as this is in line with its planned expansion strategies for M-CARE outcomes (see below),
- preparatory steps for the launch of TVAP (training voor persoonlijke assistentie) in Flanders, based on M-CARE training content, and undertaken by PhoenixKM team and hired PCG experts; a revision of the Dutch version is being undertaken to prepare for this launch,
- negotiations started with Greek PCG experts to provide PCG training based on M-CARE training content and tools, to northern Greece border areas, potentially with the financial support of local municipalities,
- transfer to other domains is being explored, more specifically towards care for parents that have children with CP and that require specific training as well. Necessary contacts have been made, a consortium has been formed and an Erasmus+ submission is being prepared,

- uptake of M-CARE approach towards innovative mobile learning in other (running as well as planned) project initiatives and countries is being explored.

4.3. Bulgaria

- M-CARE training course will be exploited by all social workers and caregivers on the territory of Plovdiv Municipality during and beyond project lifetime,
- Negotiations started with Turkmenistan for possible uptake of the M-CARE curriculum and training modules,
- Preparatory steps for integration of the training materials on new project ideas under Erasmus+ programme,
- Maintain and further enhance the Bulgarian mobile training content, as this is in line with its planned expansion strategies for M-CARE outcomes,
- Initial contacts for possible uptake of the M-CARE results into Cyprus upon existence of Greek version of M-CARE training materials.

4.4. Germany

EVBB will:

- use and integrate the mobile app and the online portal in the daily work of the EVBB member organisations involved in the piloting, promote it and make it available throughout its network of more than 50 partners in Europe, Asia and North Africa.
- hold preparatory seminars on demand throughout the entire EVBB network
- promote the M-Care training content and the learning material in particular in the care sector using the local and regional network of the experts in the member organisations throughout Europe, Asia and North Africa
- maintain and further enhance the German training content,
- remain in close contact with the M-Care Network of Partners, Experts and Associate Partners for the exchange of Good Practice, sharing experiences and develop the M-Care contents further on demand
- prepare to continue work in the Network within the frame of a new project proposal (Erasmus +) to take the developed material to make

it available and transfer it to new target groups, such as children with disabilities, parents of children with disabilities, school teachers etc.

4.5. Greece

University of Athens (UoA) will:

- identify and plans to maintain contact with ~20 relevant organizations and stakeholders (parents association of people with disabilities, etc.).
- UoA has also established a cooperation with the Rehabilitation center for social support and creative activity for people with disabilities "[Sotir](#)". Apart from the 3 day centres for people with disabilities and the several rehabilitation facilities that the centre runs, it also provides vocational training, currently offering 6 courses for PCGs. The centre's staff plans to use the M-Care app and curriculum for next year's courses.
- for the Assistive technologies part of the mobile application UoA has achieved the cooperation of the Speech and Accessibility Laboratory and the e-Accessibility Unit for Students with Disabilities, which will result in the inclusion of the [ATHENA Free AT Software Inventory](#) in the application.

5. Conclusion

The exploitation strategy aims at outlining the exploitation of the outcomes of M-CARE (Mobile Training for Home and Health Caregiver For People with Disabilities and Older People) Project. The purpose of exploitation is to optimise the value of the project, strengthen its impact, transfer it to other contexts, and integrate it in a sustainable manner into the broader European context. It is all about thinking outside the box and continuing to build upon a project after its lifetime, by enabling others to apply it or take it to the next step.

The exploitation is significant for several reasons: to spread and distribute information about the project and in particular the project results. Thereby, the public and in particular stakeholders on various levels can benefit from it. This will lead to a high impact of the project. Furthermore it will make sure that the content of the project will be transferable to other contexts and conditions. After the completion of the project, the results will be available to other parties in a systematic way. Another aim is to motivate different stakeholders to actively implement the results and develop them further.

In conclusion, the M-CARE exploitation strategy defines a rigorous model of promotion and mainstreaming of the project's results, including the identification of key exploitation targets (media, tools, and channels), stakeholders mapping and mainstreaming of final products by all involved partners, and should ensure the successful exploitation of M-CARE outcomes beyond the project duration, as committed by all involved partners.

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Annex I

Table 4: Exploitation Activities List template

EXPECTED PROJECT OUTCOMES	AUDIENCES	ACTIVITIES TO FACILITATE UPTAKE	QUALITATIVE	QUANTITATIVE
M-CARE Platform				
Mobile Application				
PCG Curriculum				
Handbook for Trainers				
State of Art				
Comparative Analysis				
Local Pilot Findings				