More competent, better care

Training of experienced workers in the home care sector

Final report on the Dutch BusQua project

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1 Introduction and overview

1.1 Preparing and carrying out the Dutch BusQua dissemination project

This report is about the adaptation, implementation and evaluation of the Erfurt-APO learning model[1] in a continuing vocational training course in the Dutch home care sector. The Erfurt-APO model, in brief, is a training approach which is based on a combination of learning on the job (i.e. learning while carrying out core, job-related tasks), support from a workbook (in which the main work task are represented in the form of flow charts) and guidance from experts and which aims at workers who are aged 45 or older with the particular objective to retain them longer on the labour market

Mid 2008, KBA Nijmegen was approached by the University of Erfurt with the request whether KBA was interested in taking part in a Leonardo da Vinci project which aimed at disseminating the Erfurt-APO model to the Netherlands.

One of the first tasks in the project was to find a sector in the economy in which the pilot project could take place. The production of the Dutch national report, in the first half of 2009[2], led to the identification of a number of potential sectors. In the autumn of that year KBA contacted training organisations in these sectors to gauge their interest in a joint project. These organisations included VAPRO, the national level body which offers initial and continuing training courses to workers in the chemical industry, Kenteq, a similar body which undertakes training activities in the technical sector, and De Friese Wouden (The Frisian Woods; the name of a region in Friesland, a province in the north of the Netherlands), a large organisation in the health care sector.

The Contacts with De Friese Wouden turned out to be most promising and fruitful. De Friese Wouden is an organisation which provides home and residential care. It has its own in-house training body, de Academie, which cooperates with Regional Vocational Training Colleges.

In the first half of 2009 the project plan for the project was developed. In September 2009 the plan, including the financial resources, was approved by the board of De Friese Wouden. Following the development of the training materials in the autumn of 2009, the actual training took place in the first half of 2010.

1.2 Reading guide

In this final report about the 'BusQua – De Friese Wouden' continuing vocational training project, its various phase are highlighted.

1 For a description of the Erfurt-APO ('Arbeitsprozessorientierte Weiterbildung' – work process embedded continuing training) model, see section 2.3.2.

2 See: Tessa Petrusa, Tessa, Christin Bahr, Antje Goller and Jana Vogel (2009): *Training of older employees; regional report of the Netherlands*. Nijmegen, KBA.

The *wider context of the project* is discussed in chapter two. Developments on the Dutch labour market, as regards age related CVT and in the care sector are reviewed. The choice for the (health) care sector is put into context.

De Friese *Wouden,* as a provider of care and continuing training, is put in the limelight in chapter 3.
The *curriculum*, i.e. aims and contents, and *the training package*, i.e. the ways the information is presented to the students, are extensively described in chapter 4.

The *feasibility of the training package* is discussed in chapter 5. Activities carried out and time invested by the students and others involved are reviewed.
The *effectiveness of the training package* is the main theme of chapter 6. Outcomes, as assessed by students[3], managers and others, are presented.

Lessons learned about, or: *potential improvements* of, the training package are indicated in chapter 7.

Conclusions about the success of the implementation of the Erfurt-APO model, in general and the training package, in particular, are drawn in chapter 8. In addition the longer term *perspectives* of the training package are discussed.

The BusQua project was supported by a grant from the Leonardo Da Vinci programme of the European Union

3 Students is the generic description which will be used for the participants in the course. As all students were female, the term ‘she’ will be used to denote them. The same applies to the buddies and managers, as thy were all female too.

2 Labour market, the care sector and age related continuing training

2.1 Introduction

In this chapter background information about the health and home care sector is provided (section 2.2). In addition, attention is being paid to the link between age and participation in continuing vocational training (section 2.3.1) and the main features of the Erfurt-APO model (section 2.3.2).

2.2 The labour market and the care sector

The Netherlands is, like all other EU countries, dealing with an ageing population. The post second world war baby boom generation is reaching the retirement age of (as yet) 65[4]. The forecasts are that in 2020, one in every five inhabitants will be 65 years of age or older. In absolute numbers: it is expected that the number of 65+ will rise from 2.4 million in 2008 to 4.5 million in 2040, as part of an overall population of 16 million.

Since the 1960-ties, the fertility rate in the Netherlands has dropped significantly. In 2008 this rate was 1.66 children per women. Fewer and fewer young people are entering the labour market. The share of the age group 20 to 39 in the Dutch population dropped from 33 to 26 percent between 1995 and 2007. The share of the age group 40 -64 increased from 30 to 35 percent in the same period[5].

The ageing trend has a triple link with the care sector.

a) the demand for care is increasing
About 1.2 million people, or 14 percent of the Dutch work force, work in the health care sector (2009). Due to an ageing population and medical advancements the demand for care is increasing every year.
To cater for the growing demand for care, over the last years, the work force in this sector increased by almost 3 percent per annum. Between 1995 and 2008 the number of staff working in the sector increased by 400.000.

b) the average age of the workers in the health care sector is increasing
In 2007, about a quarter of all staff working in the health care sector was over 50 years of age. In that year, in the home care sector already 30.4 percent of the work force fell into that age category. Almost all workers in the home care sector, i.e. 94.8 percent, are female. It is known

4 The retirement age in the Netherlands will go up to 66 or 67. The government and the social parties have, however, not yet reached an agreement on either the exact age (66, 67) or on the date of introduction (2020, 2025).
5 Data from Statistics Netherlands, see www.cbs.nl,

that female workers, on average, leave the labour market somewhat earlier than their male counterparts.
c) the size of the group to potentially enter the health care sector is decreasing
Here we see the 'other side of the coin' effect of the aging trend. The number of young people is decreasing. Therefore the size of the group which might opt for a career in the care sector is getting smaller. At the same time, if no steps are taken, the group that is now providing the care (see b) will be become smaller in the coming years.

In order to cater for the growing demand for care (and assuming no change in policies), between 2010 and 2025, the number of people working in the health care sector needs to increase by 470.000. By 2025 the overall size of the labour force will have grown by a meagre 20.000! So there is every reason for the health care sector to retain as many staff as possible and to be and to become an attractive employer[6].

Up to mid 2009, the health care sector in general had increasing difficulties of attracting new employees. Though somewhat mitigated by the economic crises – which made the job security offered by a government subsidised sector attractive – the sector still has difficulties in finding sufficient replacements for those who leave the sector. One of the options to tackle this challenge is to ensure that those who are already in the sector stay there longer.

Over the last years a number of steps have been taken to tackle these negative trends. Early retirement schemes have – almost – been abolished. Tax incentives for those who are 62 or older have made it more interesting to stay on the labour market until at least the age of 65. Reductions in social security benefits have made it more attractive for employers to retain and employ older workers. As a result the average labour market leaving age has gone up from 60, in 2000, to 62 some ten years later[7].

2.3 Labour market and age related Continuing Vocational Training (CVT)

2.3.1 In general

Continuing vocational training is seen as one of the means to enable older workers to stay longer on the labour market. Through CVT they update their existing competencies or acquire new ones. However, convincing workers over 50 to take part in training is not easy.

Research[8] shows that the level of general education or vocational training reached before entering the labour market plays an important role in taking part in lifelong learning activities. People who completed general upper secondary are more willing to take part in CVT than those who did not reach that level. In 2000, 37% of the Dutch employees aged 50 and over had no formal school leaving qualification. Though this percentage will have gone down somewhat in the meantime, the fact that older workers have a low level of education sets a real challenge for the Dutch government, the social partners and individual employers.

6 Zorginnovatieplatform (2009): *Zorg voor mensen, mensen voor de zorg.*
See: http://zorginnovatieplatform.nl/upload/file/ZIP_Zorg_voor_mensen-mensen_voor_de_zorg.pdf
7 Data sources: Statistics Netherlands and a speech by mr J.H. Donner, minster of Social Affaires and Employment.
8 OECD (2005): *Ageing and employment Policies in the Netherlands*. Paris, OECD publishing, page 116

It is known that the interest in taking part in CVT decreases with age. Whether this is due to either a real decrease in interest of the employees to take part in it or a decrease in the willingness of the employer to offer it is hard to say. It seems safe to assume a mutually reinforcing interaction between these two features.

Participation in CVT is also linked to gender. Men take part in CVT more often than women[9]. Sectors where mainly women are employed (like the care sector), where the average educational level is relatively low (like the home care sector) and where the average age is high will therefore have to work with interesting and innovate types of CVT to attract participants.

2.3.2 The Erfurt-APO model: combining working and learning

A core element of the BusQua project is the Erfurt-APO learning model. APO stands for 'Arbeitsprozessorientiert' or 'work flow embedded'. The idea of using the work environment as a learning environment is not new. The whole medieval Guilds systems is based on it. However, in 2005, staff from the Fraunhofer Institute for Software and Systems Engineering developed a model to provide advanced training to IT specialists[10]. As the field in which these experts are working is constantly changing, the need was felt to integrate, i.e. to embed, CVT into their work processes. By carrying out a learning project, i.e. a new task, in their work environment the participants are to acquire new competencies. The trainee is offered – in the form of flow charts of the various phases - a structured example of the new task and is offered support and feedback. The APO-model was successful in the IT environment.

This APO-model was further developed and extended by the University of Erfurt in collaboration with Eichenbaum, a private training firm in Gotha, Germany. The Erfurt extensions of the APO-model included working with Leittext, i.e. structured background documents, adapting it to other sectors of the economy and to an older target group[11].

Main aspects of combined APO-Erfurt model for continuing vocational training:

- It is based on theories and practices of how older employees learn. Learning strategies of older and younger persons show differences. Learning speed decelerates with age and there is a slight decrease in short-term memory. That means that with age it becomes increasingly difficult to transmit information from the short-term memory into the long-term memory. Furthermore, learning capacities which have not been used for long periods of time will need to be revived.
- An essential part of the model is the 'learning on the job' approach, or, in other words, the close interconnection between working and learning. What is being learned should be directly applied in the work situation. If the course is about carrying out IT tasks, the student should e.g. write a computer programme or repair computer hardware. If the course is about setting up and implementing a market analyses, the student prepares and implements such a plan[12].

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9 Meijer, Kees (2005): *Ageing and Qualification*. Nijmegen, KBA, page 14

10 Schmidt, Martin (2005): *The concept of work-flow embedded advanced training in qualifying IT-specialist in Germany*. Berlin, Fraunhofer ISST (Power point presentation).
Rohs, Matthias: *Workflow embedded training in the IT sector*. Fraunhofer ISST

11 For an extensive description, see Grimm-Vonken, K., Dr M. Vonken, M. Kattein, T. Oschman (2008) *Berufsbegeleitende Qualifizierung für ältere Arbeitnehmerinnen und Arbeitnehmer zur Kundenberaterin /zum Kundenberater in kleinen und mittleren Unternehmen*. Erfurt, Universität Erfurt .

12 For a discussion of these examples, see the report mentioned in footnote 11.

If the course is about developing a plan for the provision of home care, as is the case in the Dutch BusQua project, the trainee develops such a plan.

- Most, if not all of the training takes place in the firm / work place. This has two main benefits. The first one is that firms do not have to ‘miss’ their workers on the days they go to a training centre. The work processes can go on. The second benefit is that the training on the job approach also reduces the chances of dropping out early.
- The learning process centres on structured, graphic representations of the main tasks to be carried out by the participants. This means that the core task is subdivided into a series of subtasks. Each subtask is outlined in the form of a flow chart. By going from one box to another in the chart the student is guided from one sub-subtask to another. For a further explanation and examples, see chapter 4.
- The content of each course is developed with an open eye to both the needs of the company in question and of the older trainees. In other words, a course is only developed and implemented when both the employer and the employee are convinced of its value. This provides a great boost to the motivation of both to take part.
- Furthermore, individual course participants can study the theoretical parts of the course at a time and place that suits them best.

All in all, the flexible didactical Erfurt-APO model is an excellent way to keep competencies of older personnel up-to-date, through training on the job.

3 De Friese Wouden: care provider and training partner

3.1 Introduction

One of the potential training partners approached by KBA in 2009 was the home care organisation De Friese Wouden (The Frisian Woods). Below an overview of the main role of this organisation, i.e., providing (home) care (section 3.2), and of one of its subsidiary roles i.e. providing continuing training, is given.

3.2 De Friese Wouden – home care organisation

The home care company 'De Friese Wouden' operates in the province of Friesland, in the north of the Netherlands. With some 6.000 members of staff and many more thousands of clients, de Friese Wouden is one of the most important players on the care market in the province of Friesland. It offers a wide range of care services which are linked to the various age groups. Starting with (pre)natal care, via advice on raising children and technological care services for adults to home and residential care for the elderly.

The number of people aged 65+ in this province, 15, 4% in 2007, is slightly above the Dutch average of 14, 5%[13]. Predictions for the province of Friesland state that if no actions are taken the shortage of caretakers will reach 3% as of 2011[14].There are two main reasons for this shortage. The first one is the growing number of staff leaving the home care sector. In a labour market study, carried out in 2006 in one of the care areas of De Friese Wouden, it is concluded that between than and 2016, some 71 members of staff in that area alone will leave. Of them 31 are expected to retire at the age of 60 and 40 members of staff are expected to leave the sector for other reasons than retirement. Based on the expected growth in demand for care, the Human Resources department of De Friese Wouden expects that the inflow of new personnel until 2011 needs to be 224 people[15]. As general predictions for filling up vacancies in the home care sector are gloom, the organisation is facing a clear challenge.

The biggest contingent of personnel in the company is working as *verzorgenden*, which means 'caretaker'. They work on a lower level than nursing staff and help clients to stay as long as possible safely in their own homes, by carrying out simple nursing tasks.

Linked to both the level of 'caretaker' (*"verzorgende"*) and of nurse *("verpleegkundige")* there is the position or role of the so called First Responsible Caretaker (*"eerst verantwoordelijke verzorgende"* or *FR Caretaker)*. She is the liaison person between the client, the family, the caretakers, other help providers and the staff of De Friese Wouden. Her role is often described as the 'spider in the care web around the client'. It is the role of the FR Caretaker to discuss with

13 Ostherthun, P., I. ten Hagen, F. Wester and T. Vermeulen (2008): *Rapportage Arbeidsmarktonderzoek zorg: regio Friesland*. Bunnik, Calibris

14 See note 13, page 40

15 Information about De Friese Wouden taken from Opzeeland, J. van & L. Rijpkema (2006) *Personeelsplanning*. Drachten: De Friese Wouden

the client, usually accompanied by one or more members of the family, what kind of support and care is needed, to indicate what types of care can be provided by De Friese Wouden and to assess to what extent the care which is needed coincides with the CIZ care indication[16]. It is also her task to assess the quality of the care provided and to regularly review to what extent the care plan is still valid. If other or additional types of care are required, she has to update the care plan, after discussions with the client and the organisation.

3.3 De Friese Wouden: a training organisation

3.3.1 The Academie – an internal training provider

The Academie is part of the Shared Service Centre of De Friese Wouden.

The Academie delivers and supports initial and continuing vocational training courses for professionals working in the health / home care sector. As such, it supports the life long development and training of staff and managers. The Academy provides advice and counselling as regards innovative learning arrangements and training packages. It supports the development and implementation of new learning tools like the 'products fan', i.e. a listing of the services offered by De Friese Wouden in the shape of a fan, self instruction materials, formats for a care plan, readers on care issues, job-aids and support materials for life long learning, like personal development plans and (self) assessment instruments.

The Academie is responsible for supporting and monitoring learning processes of students from Vocational Training Colleges, at upper-secondary and third level, who are on work experience placements or take part in work-based training. The Academy also offers training courses to outside groups, e.g from other care organisations. Goals and competencies set by professional organisations, the trainees and the clients are the starting points of the development work.

The Academie's areas of expertise covers competency management, management development, mobility issues, work induction and on the job learning programmes. It seeks to deliver innovative custom made programmes which are developed conjointly with the clients and with attention for personal learning styles. Features of training programmes are: personalised goals, reflection on processes and outcomes and practice based.

3.3.2 An example of a class room based course

One of the courses offered by the Academie is one on becoming an First Responsible Caretaker. It is a class room based, group wise delivered training programme.

Main features of this programme are:
- Aim: to develop the competencies linked to the role of First Responsible Caretaker.
- Target group: caretakers working in homes for the elderly ('intramural care').
- Period : 18 weeks: 8 bi-weekly meetings between mid-September and mid January.
- Time investment for the participants: 48 hours (8 times 6 hours).

16 In the Netherlands, the first review of the kinds of care a client needs is made by staff of a Centrum Indicatiestelling Zorg (CIZ / Centre for the Assessment of Care Needs). For more, see section 4.2.2.

- The programme:

morning	afternoon
Getting to know each other	How to provide experience oriented care to the elderly
How to enhance the well being of the clients (living and social conditions)	How to coordinate the provision of care
How to set priorities, give and receive feedback and manage conflicts	How to communicate and negotiate
Reviewing aims, policies and activities of care organisations	Care team meeting: how to put your opinion forward
Focus on your personal career development	Care team meeting: how to take part in a meeting
How to observe and report	How to draft a care plan
How to monitor and adjust the delivery of care	How to prepare and take decisions
Further training: what, how, when	Evaluation of the course and receiving a certificate

3.3.3 E-learning[17]

Within De Friese Wouden, in general, and the Academy, in particular, life long learning, the professional development of the staff and, therefore, the provision of continuing vocational training has always been a priority. In addition to providing 'traditional', i.e. class room based, courses over the last years, within De Friese Wouden, the interest in using e-learning as an alternative means of delivering continuing training has grown.

E-learning is the generic name for designing formal and informal learning situations with the help of information and communication technology. Initially, e-learning was equated with on-line, or internet, learning only. However, experiences showed that this approach had only a limited degree of success. After an enthusiastic start, many of the participants dropped out of such internet courses. Designers became aware of the need to base a course on a mix of methods, in other words: to use the blended learning approach, in a training package. IT is now used to underpin and interact with other types of learning activities ('technology enhanced learning').

In order to assess options for introducing and extending e-learning, De Friese Wouden commissioned, in the context of the BusQua project, a group of students of the Noordelijke Hogeschool Leeuwarden (a third level vocational education college) to develop a series of principles on which to base e-learning courses within the organisation. In their report[18], five such principles are listed. De Friese Wouden has, as illustrated beneath each principle, already started implementing them.

Principle 1: Focal points for policy and practice at De Friese Wouden are: stimulating the individual, professional development, fostering the responsibility of the staff and offering options for life long learning and e-learning.

In order to enable all members of staff to use e-learning, in all regional offices already so called 'easy access points' are set up. Each point has at least one computer with an internet connection. So, members of staff who do not have a computer or internet link at home can still take part in e-learning courses.

17 See also: www.e-learning.nl

Principle 2: In order to maintain and upgrade the delivery of care, De Friese Wouden seeks to foster amongst its staff the desire to gain new knowledge and competencies, an active learning behaviour and the capacities to reflect and give and receive feedback.

The social constructivistic learning theory is based on the assumption that self initiated and self steered learning processes, the use of the work environment and group based learning are key features of successful learning processes and outcomes. Learner construct, together with others, new knowledge.

Principle 3: Adult learners require specific motivation and learning approaches[19].

For all learners, but in particular adult ones, the aims and contents of a course must be 'meaningful'. The more the aims and contents of the course tie in with their own learning needs, the higher the chances that the course will be finished and competencies will be acquired.

Principle 4: The learning process must be supported by guidance and counselling activities.

Not all kinds of support can by provided by a computer. Personal support to give explanations and advice is an important part of a successful learning process.

Principle 5: A safe learning environment must be created.

Learning processes include elements of trial and error. Participants must feel 'safe' before they are willing to err.

18 Pol, J. van der, Nijholt, J., Miedema, J.en Douwes, J. (2009): *Projectplan E-learning*. Drachten, De Friese Wouden.
19 Bolhuis, S. (1995). *Leren en veranderen bij volwassenen. Een nieuwe benadering*. Bussum: Coutinho

4 Continuing training and home care: curriculum and training package

4.1 Introduction

The BusQua project offered ample opportunities to respond to a number of trends and needs on the (care) labour market, in general, and within De Friese Wouden, in particular. De Friese Wouden was interested in offering training to its older member of staff to enable them to stay longer within the organisation, i.e. on the labour market. The project, via the Erfurt and Gotha partners, offered a learning model for this target group. De Friese Wouden itself had developed the basic principles for an e-learning approach.

Close cooperation between De Friese Wouden and KBA Nijmegen resulted in a project proposal in which these elements were combined. Immediately after the approval of the project plan by the board of De Friese Wouden in September 2009, the development team was officially set up.

Core members of the development team were:

- Joke van Opzeeland (project leader and main developer of the curriculum, the training package and author of the workbook), Aukje Jorritsma (manager Care of the regions south and centre), Sytske Vries (nurse), all from De Friese Wouden.
- Tessa Petrusa and Kees Meijer, from KBA Nijmegen, contributing material to the workbook and responsible for the evaluation of the training course.
- Jan Douwes, Jan Miedema, Jos Nijholt and Simon van der Ploeg, students from the Noordelijke Hogeschool Leeuwarden, a third level vocational education institute, on work experience placement at De Friese Wouden and responsible for the design and development of the website.

Support was received from:

- Edwin Dorenbos, head of the internal IT department of De Friese Wouden.
- Ypie Veenstra, of the Communications department of De Friese Wouden
- The De Friese Wouden internal users group ‘care folder’.

In the period October – December 2009, Joke van Opzeeland, in cooperation with members of the team, developed the curriculum (i.e. it set its aims and competencies and selected the training contents) and designed the training package (i.e. it decided on the ways and means to deliver the training contents to the students).

4.2 The curriculum

4.2.1 Background

Home care is a physically challenging sector. Employees, in particular the First Responsible Caretakers, have a one-on-one relationship with their clients. Their role is multiple: they provide health care to their clients in their own homes, they implement care plans, they need to know the professional and social networks that surround their clients and they have to evaluate the care their clients receive and they have to adjust it when necessary.

The home care sector employs many lower skilled women. Almost all of them have been trained for their jobs in a time when the home care sector focussed on a wider variety of clients who often had a lighter health care demand than nowadays. As a result of financial changes, made a few years ago and affecting the home care sector, clients with a lighter health care demand now fall outside the home care system. The clients that remain put higher demands on the care providers. Therefore health care employees will have to be better equipped to be able to assess – changes in - the care situation of a client and to gauge whether a client needs different or more health care, for example by a professional nurse. Caretakers need to have a clear insight into the client's professional and social networks and to know how and when to address these.

To be able to act professionally in this new care environment, caretakers need higher level competencies, e.g. to be able to describe the networks around a client. Caretakers generally map out these networks in their first visit(s). The better the caretaker is able to assess the care needs of a client, the degree to which she and/or the social network can provide it and the kind of additional support, e.g. from nurses, is necessary, the better the care for the client will be. At the same time the physical and mental burden on the caretaker will decrease, as the more demanding types of care are provided by other professionals. For the caretaker this implies that the work situation is less demanding. For the employer it will result in less employees leaving the company early due to mentally and physically too challenging work.

At the time contacts were made between De Friese Wouden and KBA, the Academie was planning to offer a special training course for caretakers to become First Responsible Caretakers. There were two reasons behind this idea. The first, and main, one was to enhance the overall quality of care service provided to the clients. Improving and extending the competencies of the care providers would enable them to provide the right kind of care at the most appropriate moment. At the same time, and this was the second argument for the course, caretakers would get better informed about what kind of care De Friese Wouden or other organisations are able to provide. A First Responsible Caretaker can, on the basis of this information, decide which type of care she can provide or which should be provided by another expert, e.g. a nurse. Through inviting the right kind of internal (i.e. from within De Friese Wouden) or external support, a burn out of a caretaker can be avoided. In this way the FR Caretaker can carry out her job for a longer time.

In general terms, the main reason for developing the curriculum / training package were to upgrade and extent the job related competencies of caretakers - in particular of those aged 45 or older - in the home care sector so that they can provide the best care possible. Background reasons included the wish:

- to strengthen the competencies of the students;
- to give students a deep insight into the interconnectedness between their tasks;
- to enable students to assess, at the proper moment, when additional and/or other types of care required by a client;
- to stimulate the active learning attitude of students;
- to enable students to stay as long as possible in the home care sector.

4.2.2 Aims, activities and competencies

The *overall aim* of the curriculum is, as indicated above, to enhance the competencies of a caretaker to the level of First Responsible Caretaker. A FR Caretaker is able to assess the care needs of a client, to transpose these into a structured care plan and care activities, to carry out – with colleagues - these care activities, to evaluate their impact and, when necessary, to adjust care plan and activities. Jointly these activities are to ensure that 'best care' is provided to the client

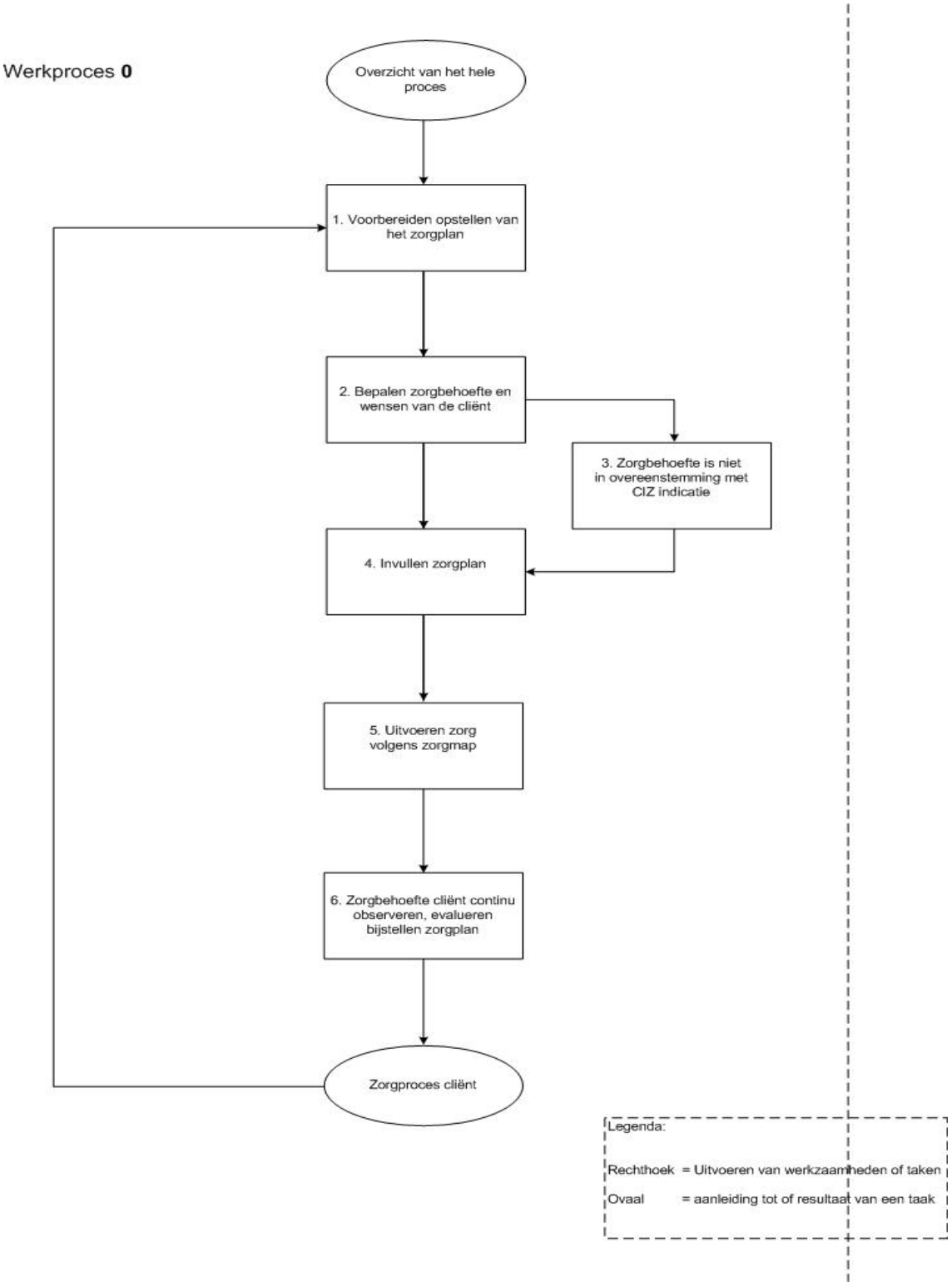
One of the main features of the Erfurt-APO model is that the outcomes of the analyses of learning processes are represented in the form of a *flow chart*, i.e. a structured, graphic representation of the main tasks to be carried out by the participants (see section 2.3.2). A discussion in the development group of the main tasks of a FR Caretaker led to the conclusion (a) that the overall work process of preparing, delivering and terminating care to a client could be split into 7 sub-processes[20] (see box 4.1) and (b) that for each sub-process a series of common and a number of phase specific competencies are required. See box 4.2 for a sample of the competencies which are to be developed or enhanced as part of the course.

Sub-process 1: Preparing the development of the care plan.
A client has contacted De Friese Wouden. She or he needs care and would like to have a meeting with a representative of De Friese Wouden to discuss the options. Before the FR Caretaker has the first meeting with client, she has to prepare herself. This task entails e.g. reading the CIZ care assessment[21] and obtaining additional information about the illnesses of a client. The caretaker might also feel, as part of this sub-process, the need to upgrade her knowledge about the various parts of a care plan and of the types of care and support which can be provided De Friese Wouden. Finally, as good communication skills are a prerequisite for successfully discussing a care plan with client and family, a caretaker might want to upgrade her skills in this respect.

20 Initially there were only 6 sub-processes. As a result of the evaluation of the package, the seventh process – End of the care provision – was added. In this section a description of this last sub-process is added too.

21 In the Netherlands, the first review of the kinds of care a client needs is made by staff of a Centrum Indicatiestelling Zorg (CIZ / Centre for the Assessment of Care Needs). With this assessment report a client can invite one or more home care organisations to make an offer on the type of support and care it will provide.

Box 4.1 – Overview of the full home care provision process



Box 4.2 – Competencies: a sample of the generic and sub-process specific competencies

Generic competencies – an FR Caretaker …
- is attentive
- can communicate / has communication skills
- can cooperate with other care providers in a multi-disciplinary team
- can identify and trace relevant literature
- has knowledge about, age related, health issues and illnesses

Some of the sub-process specific competencies – an FR Caretaker…
1) Prepare first meeting with client
- knows where to get official care indication documents
- reads background documents about client related health issues

2) Assess care needs
- can assess care needs of a client
- can describe the family / care providers network around a client

3) Compare care indication with care needs
- can review official care indication documents
- knows how to carry out a revision procedure

4) Transform care needs into care plan
- can produce a clear, well structured care plan, indicating care activities
- can clearly indicate who is responsible for which tasks

5) Provide care
- can provide care according to quality standards
- can maintain a professional relationship with a client

6) Evaluate care provision and adapt care plan
- can monitor the implementation of care activities / care plan
- can invite other care providers to joint the team

7) End the provision of care
- can forward information to e.g. a hospital or a home for the elderly
- knows how and where to file relevant documents

Sub-process 2: Assessing the care needs and wishes of the client

In a meeting with the client – usually with other members of the family – the FR Caretaker caries out a series of tasks. In the first place, she assesses the kinds of care the clients needs and would like to receive (the two are not always the same!). Secondly, she makes an inventory of the care network around the client. Who is already providing informal care (family, friends, neighbours, etc) and formal care (doctor, nurse, etc.)? Thirdly, she links the kind of (in)formal care which is already given to the types of care which De Friese Wouden can provide. All this information is included and taken into account in the draft care plan. There is one final task within sub-process 2: to see to what extent the CIZ indication and the outcomes of the FR Caretaker's assessment of the care needs are the same. This is important because only the care as indicated in the CIZ care indication is paid for by the health insurance organisation. If the two assessments coincide, sub-process 4 starts; if not, sub-process 3.

Sub-process 3: Reconciling differences between CIZ indication and De Friese Wouden assessment

In case the CIZ care indication differs from what, in FR Caretaker's opinion, is the type of care which is required, the two assessments need to be reconciled. There are two ways of bridging the gap. The first one is to ask for a re-assessment of the client's situation by the CIZ organisation. This could lead to a change in the CIZ's view and, as a consequence, to bringing the De Friese Wouden and the CIZ assessment in line with each other. If this is not the case the only

other option is to review the situation again with the client and his or her family and to see how to best bridge the gap between the needs of the client and offer of De Friese Wouden.

Sub-process 4: Transforming the care plan into care activities
On the basis of the information in the care plan, an actual list of the care activities is drafted, including days and times on which what kinds of care will be provided. It is discussed again with the client and the family. This plan can be regarded as the time table for all care providers who come to the client's house. It is included in a so called 'care folder'.

Sub-process 5: Providing the care
Each time a caretaker has carried out a task a short report in the folder is made. Any provider who notices changes in the (health) situation of a client will note this in the folder. The FR Caretaker regularly takes notice of all information in it and undertakes action if and when required.

Sub-process 6: Evaluating the care provided and adapting the care delivered
In reading the notes in the care folder, the FR Caretaker continuously assesses to what extent the care aims, as agreed in sub-processes 2 and 4, are being met. If this is not the case, she will arrange a meeting with the client and all other people involved, to re-assess the situation. There can be several outcomes of this process. One is that a new CIZ indication is being requested. Another one is that the family will offer additional support or that there is an agreement that the client can no longer live independently and has to move to a home for the elderly

Sub-process 7: Ending the provision of care
Moving to a home for the elderly is one way in which the provision of care by a home care organisation comes to an end. The death of a client is another one. A FR Caretaker needs to know what to do in these individualised situations and how - on a personal, professional and managerial (where to leave all the documents) level - to end the care relationship with a client.

As a result of carrying out the learning tasks linked to each phase the competencies of a care provider are upgraded and extended. In the workbook (see the next section) the competencies (see box 4.2) linked to each sub-process are indicated.

4.2.3 Assessment of learning outcomes

In two ways the progress made by a student are being assessed. As part of the training package a series of meetings with a so called buddy, i.e. a more experienced colleague, is planned. Main purposes of these meetings are to discuss learning progress made by the student, review jointly the assignments in the workbook and to discuss questions a participant might have. In section 4.3.4 we return to this type of evaluation.

The second way in which the learning outcomes are evaluated is an assessment meeting with the student's manager. Within the organisational structure of De Friese Wouden, the manager has, each year, at least one evaluation or assessment meeting with each care provider in her region. As part of such a session the competencies of the care provider are assessed and, where relevant, possible follow up training activities are reviewed. In the case of the BusQua training course, the manager uses the list of competencies as included in the workbook as an

assessment instrument. On each competency the level of achievement of the participant is assessed.

4.2.4 The certificate

Assessing and improving the quality of care provision is an important issue in the Netherlands. Both the Ministry of Health, Wellbeing and Sport (Volksgezondheid, Welzijn en Sport) and care organisation pay much attention to it. The Ministry carries out, amongst other projects, an annual client satisfaction study. Similar activities are carried out by care organisations themselves. Care organisations also have to list the competency level of their members of staff. In this way the 'presence' of a sufficient level of care competencies in the organisation is checked. Within De Friese Wouden, each manager has a annual meeting with each member of her staff to assess het competency level and to review the (potential) need for additional training. Within this overall quality framework, certificates play an important role.

De Friese Wouden has set up its own internal life long learning / qualification framework. The certificate, signed by the director of De Friese Wouden, which a student gets at the end of a course fits within this framework. Whether a student receives the certificate of participation in the course depends on the final assessment made by her manager. This assessment is during a meeting at the end of the course.

While the certificate obtained at the end of the course is linked to the internal De Friese Wouden qualification framework, steps have already been taken to link this framework to the official Dutch vocational qualification framework (the NLQF). Its is standing Dutch policy to include these more informal learning outcomes into the official, formal framework. The main means to do so is the application of Recognition of Prior Learning procedures. The modular structure of the Dutch qualification framework makes it possible to give part-credits which, combined, lead to a full vocational education diploma. De Friese Wouden has already taken the initiative to link its own structure to the official one. The starting point for doing so is much promising, as the internal qualification structure is already based on the official one.

In order to create a link between the new course and the official qualification framework, the aims, contents, evaluation procedures and overall design of the training package have been presented to one of the Regional Vocational Training Colleges in Friesland. In this context, the option of carrying out a formal Assessment of Prior Learning procedure at the end of the training package was discussed. It would mean that a participant would get, in addition to the De Friese Wouden certificate, an official part-diploma of the College. Another option, still to be discussed, is that a manager - after having taken part in a training programme at the College – would be accredited as an assessor of the Training College. To some extent, managers are already playing this role, as they are involved in assessing the learning progress made by a trainee from the College during a work experience placement.

It is expected that before the end of the school year 2010 / 2011 decisions will have been taken on the ways in which further links will be made between the internal De Friese Wouden framework and the official external Dutch vocational qualification framework.

4.3 The training package

With the aims, competencies and seven sub-processes defined, the next step the development group took was to agree on the structure of the training package. The structure encompasses the learning location, the time frame and the physical way in which the aims and contents were to be 'delivered' to the students.

As regards the *learning model,* in line with the Erfurt-APO model, it was clear from the start that the work location, i.e. the homes of the clients, would be the main learning environment.. Working and learning or, in other words, working time and learning time would be the two faces of one 'learning coin'. In addition it was expected that the student would invest time at home in the course.

As regards the *physical way in which the package was to be presented* the e-learning approach was adopted (see section 3.3.3). The core of the package would be a website combined with a workbook and meetings. The website would be the place where the students could 'meet' and discuss and the place where, during the course, new materials would be added.

As regards the *time frame* it was agreed that the course would last ten weeks. De Friese Wouden would provide one hour of learning time per week during that period. Of the client at least a similar time investment was expected. The usual way in which continuing training courses are provided by De Friese Wouden is class room, teacher – student model (see section 3.3.2). In this situation class room attendance defines to a large extent the time set for a course. In the e-learning model, learning time is a much more 'fluid' concept, as much less of the learning takes place in a group situation. Therefore, it was agreed that time investment in the course would be an important aspect of the evaluation of the implementation of the course.

In the end the training package or, better said, the full training approach consisted out of seven interlinked parts described below (see sections 4.3.1. to 4.3.7).

4.3.1 Start meeting

Main aim of the start meeting is to explain to all involved how the course, with its e-learning approach, workbook and involvement of experts, is organised. In addition, it provides an opportunity for the students, buddies and managers to meet each other.

4.3.2 The workbook[22]

Students get a copy of the 57 pages, multi colour, workbook. The core of the workbook is formed by the seven sub-processes outlined in section 4.2.2 above. Each section on a sub-process has a similar structure. Each one starts with a flow chart of the sub-process (see box 4.3). It is followed by list of competencies a student should have in order to be able to carry out the sub-process.

22 The workbook was produced by Joke van Opzeeland, who was supported by Auke Jorritsma (manager Care, regions South and Centre), Sytske Vries (nurse), Tineke Meintjes (expert on care plans), users group care folders, Tessa Petrusa and Kees Meijer (KBA, Nijmegen).

Box 4.3 – An overview of sub-process 2: preparing the development of the care plan

Box 4.4 – Examples of competencies and self assessment scheme related to sub-process 2

	self assessment	*external assessment by buddy and manager*	*Learning goals*
Competencies – the student can	level insufficient sufficient good	level insufficient sufficient good	
assess the care needs of a client;			
assess the kind of care which can be given by the family / care volunteers			
formulate the care needs, in cooperation with the client			
compare the care needs with the CIZ care indication			

The first task of a student, within a sub-process, is to carry out a self assessment as regards these competencies (see box 4.4). She can discuss this assessment with her buddy (see section 4.3.4) if she wants. Together they can set the learning goals for this sub-process. The remainder of the text consists of a description of the activities within the sub-process.

In the annex to the workbook texts are included about the basic principles of communication, in general, and about written communication, in particular. The later mentioned is extra important as most of the communication between the care providers is based on the care plan and notes of care providers in the care folder. Relevant quotes from clients or care providers are included in the annexes. The texts are short and many illustrations are included.

4.3.3 The website

The learning process is supported by the website[23]. The aim of the site is to stimulate social learning, sharing of knowledge, giving and receiving feedback and promoting discussions on (health) care issues. The buddies can share information and ideas about coaching.

The site, firstly, provides the students with information about the sub-processes. Each one is explained in a short filmed interview with an highly experienced De Friese Wouden colleague, who serves as a role model. She explains, with examples, the various stages in the sub-process. While they are talking parts of the flow chart, as included in the workbook, appear on the right hand side of the screen (see box 4.5). In this way a straightforward link between the workbook, the interview and the site is made.

The site supports the learning process through enabling the students and the buddies to react to the films, to pose questions and give answers on a forum. The forum also provides opportunities to discusses problems and ways of dealing with them.

23 The website was designed, developed and maintained by Jan Douwes, Jan Miedema, Jos Nijholt and Simon van der Ploeg. They are all trainees from the Noordelijke Hogeschool Leeuwarden. Within De Friese Wouden support was provided by Joke van Opzeeland (content and structure) and Edwin Dorenbos), ICT manager of the De Friese Wouden IT Department.

Box 4.5 – Still from the website interview about sub-process 1

On the right hand side of the screen shot the issues to be covered during the first meeting with a client are shown.

The site provides access to background information. It acts as a portal to other sites about health issues in general and home care topics, in particular. During the course, all involved can make suggestions about adding additional websites to the portal.

To motivate students to return to the site regularly new discussion issue are posted.

The role and the design of the website is based on the five principles of e-learning as adopted by De Friese Wouden (see section 3.3.2). The principles are reflected as follows in the structure of the site:

Principle 1: stimulating the individual, professional development, fostering the responsibility of the staff, offering options for life long learning and e-learning.

The website supports the workbook. The contents aim at professional development, while the student can learn at her own pace and time. A focus on the student's own personal responsibility for learning.

Principle 2: fostering the desire to gain new knowledge and competencies, an active learning behaviour and the capacities to reflect and give and receive feedback.
The website stimulates active learning, e.g. through stimulating and requiring searches on the internet and discussions of the forum.

Principle 3: Adult learners require specific motivation and learning approaches[24].
The website is an innovative tool within De Friese Wouden. Its contents are linked to the daily work situations of the students. The flow charts, the workbook and the website are interlinked.

Principle 4: The learning process must be supported by guidance and counselling activities.
Regular contacts with the buddy and the manager are part and parcel of the training package. Contact can be made by telephone and the site too.

Principle 5: A safe learning environment must be created.
The website is only open for the students, the buddy and staff of the Academy. The exchanges of information or the discussions are for their eyes only.

4.3.4 Meetings with the buddy

Providing home care is a rather 'lonely' job, in the sense that one does not have many options to meet colleagues. It is based on a one to one relationship with a client. In order to get feed-back on the self assessments and to be able to discuss questions and issues with another care provider the function of a 'buddy' was included in the learning approach. A buddy is a more experienced colleague with great communications and teaching skills. It is someone who is able to assess the competency level of another care provider. As part of the learning package three face-face meetings between student and buddy are foreseen.

4.3.5 Meeting with the manager

While the buddy has a supportive, learning enhancing role, the manager has a responsibility for the final assessment. As part of her work package, a manager has, once a year, a meeting with each caretaker for which she is responsible. Purpose of the meeting is to review the extent and the quality of the care which is provided. Such a meeting can lead to agreements on e.g. courses to be followed by a caretaker.

In the light of the task, the final assessment of the learning process (basic question: does this care provider functions at the level of a First Responsible Caretaker?) is therefore carried out by a manager.

24 Bolhuis, S. (1995). *Leren en veranderen bij volwassenen. Een nieuwe benadering*. Bussum: Coutinho

4.3.6 De Academie

As part of the learning package each student also has the option of calling staff of the Academie (see section 3.3.1) to discuss learning related issues. Both questions about ‘how best to learn’’ and about the structure of the learning package, i.e. the role and place of each of its seven parts, can be posed to experts of the Academie.

4.3.7 Final meeting

At the end of the training period a festive meeting is held at which the students receive their certificates.

5 The feasibility of the training package

5.1 Introduction

In this chapter the implementation of the training package in the period February – April 2010 is described. The implementation was preceded by attracting the students in late 2009 and early 2010.

In this chapter the focus is on the implementation of the training package. A description is given of how the students were invited to take part and the reasons they gave for enrolling (section 5.3). Following a description of the main features of the group of students (age, professional experience, etc.) for the students, the buddies and the managers separately an overview of their involvement (activities, time invested, etc) in the training programme is provided. In section 5.7, the types of contacts between these three groups is discussed and finally, in section 5.8 the organisational structure of the package is discussed.

5.2 Time line of the implementation of the learning package

The training course was launched on 28 January 2010 with a meeting attended by students, buddies and managers. The overall structure was explained as well as the role of the various parts. Three month later, on 21 April, the same group met again. This time to review the course and to receive their certificates. Parallel to the implementation of the course evaluation activities were carries out by KBA Nijmegen.

Box 5.1 – Time line of the implementation and evaluation process

Month	date	implementation of training package			evaluation
		students	buddies	managers	
January	28	joint start meeting	joint start meeting	joint start meeting	questionnaire: students
February	mid	learning activities / self assessment	meeting of buddies meetings with students		
March	mid / end	learning activities / self assessment	meeting with students		interviews with 3 students and 2 managers
April	mid / end	learning activities / external assessment	meeting with students	assessment of students	questionnaire: students, buddies and managers
	21	joint final meeting	joint final meeting	joint final meeting	topic during the meeting

5.3 Recruiting students and buddies

5.3.1 The recruitment process

To gain as wide as possible experiences with the training package it was decided to involve all seven regions in which De Friese Wouden operates in the project: Wolvega, Oosterwolde, Heerenveen, Opsterland, Drachten, Bergum and Surhuisterveen.

The aim was to have two students and one buddy from each region. Requirements for a student to be enrolled: being interested in upgrading her competencies to become a First responsible Caretaker, being 45 years of age or older, being a 'verzorgende' (caretaker) and having a computer or computer skills. In case the student did not have a computer, one at the regional offices of De Friese Wouden would be available. For a buddy the requirements were: being a highly experienced care provider, having expertise in drafting a care plan and working with a care folder and, last but not least, motivated to support the learning process of the students.

Before the launch of the training package, Joke van Opzeeland has given a presentation about the training package – aims, structure, timing, budget, ect. - to the management team of De Friese Wouden and has talked to and provided written information to the managers..

Regional managers and a training consultant from the Academie have played an important role in attracting the students. It was also seen as important to get the managers involved in this process to get them acquainted with the training course in general, and with their assessment role in particular. In this way support for the course, and for this new type of learning, was created. The recruitment process was supported by including information about the course in the in-house magazine of De Friese Wouden.

There were differences in the pace of the recruitment process between the regions. In the end this has led to a situation that from some regions there were more than two and from others only one student.

Who took the final decision to take part? When asked, about half (45 percent) of the students says that it was a joint decision with the manager, 35 percent says the managers took the decision and in the remaining 25 percent of the cases it was the student herself who took the decision.

Why did the students take part? The most important reasons are work, job related reasons (see table 5.2). They have to do with the desire to learn something new. Students want to refresh and upgrade their competencies. Least relevant, though still at least half of the group mentions them, are the reasons related to job security and getting a formal qualification.

Table 5.2 – Reasons to participate (in %)

	totally agree	*tend to agree*	*tend to disagree*	*totally disagree*
Learning something new	80	20		
Updating my knowledge and skills	70	30		
Training is relevant for my job	70	30		
Topic is interesting for me	50	50		
Prepare for new / additional working tasks	30	60	10	
Improving my qualification	30	50	20	
Job security / advancement in my company	10	50	40	
Better chances on the labour market	10	40	50	

Source: 11 students

5.3.2 Students: the inflow

The average age of the students is 52,5 years. It is an, as regards work, experienced group which starts with the course. On average, each student has 17 years of experience in the (health) care sector, with a minimum of 3,5 and a maximum of 35 years. On average, a student has worked 12.5 years at De Friese Wouden.

Table 5.3 – Number years employed at De Friese Wouden (in %)

less than 1 year	1 – 5 years	5 – 10 years	10 – 15 years	15 years or more
0%	10 %	30%	40%	20%

Source: 11 students

The group turns out to be active users of continuing training options. All students, except one, have already participated in CVT activities four times or more. The one exception has 'only' taken part three times. The group has taken part in all kinds of continuing training, in particular in those which combine working and learning.

Table 5.4 – Number of times participated in continuing training, by type of training (in %)

	frequently	*rarely*	*never*
Practical training / learning by doing	70	30	
Lecture / presentation	70	30	
Seminar / course	60	40	
Practical instruction / support from colleagues	60	40	
Learning with others (e. g. project group)	50	50	
Counselling by an expert	50	40	10
Distance / computer learning course or program	20	60	20

Source: 11 students

What are, in the eyes of the students, important aspects of a training package? Half or more of the group of students states that it is important that the workbook is clear, that support by ex-

perts is available and that one can self decide where and when to study (see table 5.5). Getting a diploma is still important, but nevertheless ranks at the bottom of the list.

In the last column of table 5.5, it is indicated how these preferences of the students are 'translated' into features of the training package. In this respects, see section 4.3.3. too.

Table 5.5 – Important features of a training package (in %)

	very important	*important*	*un-important*	*very un-important*	*How in DFW package?*
Clear materials, e. g. work sheets	75	25			workbook
Support by an expert	75	25			buddy
Self-determined time frame for learning	50	50			whole structure
Learning counselling	50	50			buddy, forum
Learning together with others	25	75			forum
Feedback on learning results	20	70	10		buddy, manager
Certification of the acquired knowhow	20	60	20		certificate

Source: 11 students

5.3.3 Students: the outflow

Of the 17 starters 13 students have finished the course. Finished means that a manager has had an assessment meeting with the student. The main reason for dropping out was an illness of either the student or of a member of her family.

A drop out rate of less than 20 percent over a period of 11 weeks is a very good result for a course in which, as explained in chapter 4, much is expected of the self motivation and self study capabilities of a student.

5.4 Learning activities and time investment of a student

5.4.1 Time investment

Core aim of the training package is to ensure that the students, through a combination of working and (paper and e-) learning acquire the competencies for carrying out the role of a First Responsible Caretaker.

Before the start of the course it was estimated that it would cost a student 1.5 to 2 hours per week. So this 11 weeks course would require an investment of 16.5 to 22 hours. De Friese Wouden, as part of its life long learning commitment, allowed the students to spend 10 paid working hours on the course. To finish the course from the students a similar 'own time' investment was expected.

Table 5.6 – Students: divison of time over learning activities

STUDENTS	TOTAL	gaining information		meeting		care plan	
		workbook	website	buddy	manager	drafting	'pratice'
number of hours	17	4	3,5	3,5	1	1,5	3,5
min – max number of hours	10 – 27	1 - 7	1 – 9	1 – 7	1 - 2	1 – 2	1 - 6

Sources: 9 students

The students indicate (see table 5.6) that they, on average, have invested 17.5 hours in the training package. Between students the time spent ranges between 10 and 27 hours. The average time invested – 17.5 hours – falls in the expected range of 16.5 to 22 hours. Each student has, on average, used 7.5 hours of personal time for the course.

5.4.2 Learning activities

It is interesting to note (see table 5.6) that, according to the students, each main part of the training package has cost about the same amount of time. The gaining of information from the workbook and the site, the meetings with the buddy and the manager and (the preparation of) the drafting of the care plan have each cost 4 hours.

The training package, as remarked by some of the students: *"requires self discipline".* That is not always easy: *"I had to get used to in in the beginning. Now it is OK, though I sometimes skip a week*".

<u>Use of workbook</u>
The workbook is studied at home. A buddy: *"the students say that they appreciate it being able to study at home".* Though there are exceptions to this rule. A student who works in a home for the elderly notes: *"I study at my work, usually when I have the evening or night shift. Some collegues do not like these shifts, but I do".*

<u>Use of website</u>
It was expected that the website would play an important role in the training process. It was supposed to act as a source of information, as a motivator and as an option for mutual contacts. These expectation are more than met. During the training course the site was visited 446 times by 95 unique visitors. On average each visit lasted 12 minutes and 48 seconds, which, for an Internet site, is long. During that time 15 pages were opened. Over time the visitors have opened 6.600 pages.

In total each student uses the site for 3.5 hours – in other words: 20 minutes per week – and uses, with one exception, all parts of it. Students report that they use the site from *"occasionally"'* to "*almost very day".*

Students search for information on the Internet, both on their 'own' site and elsewhere. Four students note that they: "*have looked for information about illnesses and medicine``,* one on the advice of a colleague. Another student remarks that: "*the Forum helps to get new ideas".* Almost

all look at the films, read the thesis, follow the on-line discussion or place a reaction. As a results of these contacts the students realise that, though De Friese Wouden is one organisation, the work procedures differ between the regions. One of the buddies remarks that she is surprised by it: "*I thought we are using the same procedures everywhere".* A student: *"I follow the discussion on the Forum. Very interesting. It shows clear differences between regions. We are doing things in a different way. In my region a nurse caries out the First interview with the client and the family. I prefer to do it myself. But that costs time and time is money. We have to implement the care plan. Now I talk to a client while I wash him or her"*.

One part of the site is less used. The option to pose questions is used by only half of the students. It seems that posing a question implies taking a hurdle. They seem to think 'I might pose a silly question'. One students remarks that according to her the site is still underused: *"I pose a question, but I only get a few reactions".*

One of the lessons learned during the final meeting was that students and buddies really enjoyed using the site to get and exchange information.

Table 5.7 – Use of the website by students (in %)

Have you used the website for:	YES (%)	how often?
obtaining information e.g. about illnesses, medicines, communication skills	100	6 x
to follow the discussion on the forum	100	10
to post a reaction on the forum	100	6
to look at the films	100	7
to read the 'thought provoking' statement of the week	90	7
to pose a question on the forum	60	8

Source: 10 students

Producing a care plan

The drafting of a care plan is a core part of the training package. Theory and pratice are to be combined in a real life situation. Almost all students report that they have already made this link. About half of the students have both drafted a new plan and updated one or more existing ones (table 5.8). On average a student has produced one new plan and upgraded three others.

Table 5.8 – New care plan and number of updated care plans by student

student	nr 1	2	3	4	5	6	7	8	9	10	11
new plan	+	+	+	+	+	-	-	?	+	+	+
number of updated care plan	2	3	8	3	2	2	?	?	1	?	?

Source: 11 students + = yes, - = no, ? = data is missing

Contact with buddy and manager

The students note that during the 11 weeks they have met the buddy 3 to 4 time and the manager once or twice. See section 3.6 for more information.

5.5 Support activities and time investment of buddies

5.5.1 Time investment

Each of the seven buddies was given five working hours for counselling the students. Three buddies had two students each; the other four counselled three students each.

Table 5.9 – Buddies: division of time over support and other activities

BUDDIES	number of counselling hours per student	responsible for this number of students	Total number of hours invested by each buddy	gaining information		meeting	other tasks
				workbook	website	students	
hours	5	2	10	2	2	6	(2)
min – max number of hours			5 - 22	1 – 3	1 – 3	3 – 16	(2-4)

The buddies have, on average, spent 10 hours 'directly' on the training package. Two hours to get acquinted with the contents of the workbook, two hours on the site and six hours on meetings with the students.

'Indirectly', noted under 'other tasks', time was invested too. Buddies took part in the special buddies only session with the project manager. This session has been very important: "*As a buddy I would have preferred to have known beforehand what was expected of me. It was now organised four weeks after the start. It would have been better to do it before the start".*

The participation in the start and final meeting has cost time too. In addition, one of the buddies has played the lead female role in the films. These 'extra-curricular' activities are not included in table 5.9, as some of them had to be carried out only once. As one of the buddies remarked: *"being a buddy makes one more competent and makes one familiar with the book and the site".*

It can be concluded that a buddy, in addition to the five hours provided by De Friese Wouden, has invested the same number of hours own time. It is recommended that in future the number of hours allocated to a buddy is linked to the number of students she is counselling.

5.5.2 Support activities

Each of the buddies, according to their own information, has been in contact with a student for three hours. There have been meetings and telephone calls. Usually group meeting of a buddy with all her students were organised. It was easy to establish contacts. According to four of the five buddies and two-thirds of the students the initiative to meet was taken by both parties.

The contacts with the buddies are useful (90% of the students) and informative (80%). At the final meeting the role of the buddies is described as: *"important".* Central to the discussions between a buddy and a student are the contents of the course. The drafting of a care plan is the

most discussed issue. The contents of the workbook rank second place on the discussion agenda. The chapters are reviewed and explained. In addition the competency lists and the tasks are being reviewed.

5.6 Activities and time investment of the managers

5.6.1 Time investment

The managers did not get earmarked time for their role in the implementation of the training package. As indicated in chapter 2 carrying out annual assessment meetings with their members of staff is a regular part of their job which fits into the life long learning approach of De Friedse Wouden

The majority of the managers was responsible for one student, some had two. Each manager has invested 5.5 hours in the programme. On average 1,5 to 2 hours was spend in getting to know the programme. The other hours in sessions with the students.

Table 5.10 – Activities and time investment of managers

MANAGERS	number of counselling hours per student	avrg number of students	Total number of hours invested per manager	gaining information		meeting
				workbook	website	students
hours	3,5	1,2	5,5	1	0,5	4
min – max number of hours			2,5 – 14	0 – 2	0 - 1	

Sources: 7 managers

5.6.2 Assessment activities

Managers and students mainly have two, sometimes three, face to face meetings, to which telephone calls are added. They differ from opinion on who takes the initiative to have a meeting. Five of the seven managers say they have taken the initiative as often as their students. Two thirds of the students, however, report that the initiative mainly was taken by them. In comparison with the contacts with the buddies, the students find the contacts with the managers somewhat less useful (50%) and less informative (50%). This difference is probably caused by the fact that with buddies contents are discussed and that with managers mainly assessment are made.

The structure of the training programme and progress made are the main topics of discussion. In addition the preparation of the assessment meeting at the end are reviewed. It is striking that in the end-evaluation questionnaires hardly anything is said about the final assessments. Neither managers nor students refer to agreements made on follow up learning activities. The focus is on discussing the competency lists of the students.

5.7 Contacts between students, buddies and managers

Table 5.11 – Number of contacts, according to students, buddies and managers

number of contacts	according to **students**	according to **buddies**	according to **managers**
> with buddy	3,5 times (range: 1 – 7)	4,2 times (range: 3 – 5)	-
> with manager	1,6 times (range: 1 – 2)	-	2,8 times (range: 2 – 4)

As stated earlier, buddies and managers play an important role in the programme. Contacts by the students with each of them are indispensable. Buddies are learning coaches and sources of information for the students. Managers meet with the students, assess the level of their competencies at the end of the course and make agreements with individual students on follow up activities.

According to the students they have been in contact with the buddy 3.5 times and with the manager 1.6 times on average.

It is interesting to note that the buddies as well as the managers say that they have been in contact with the students more often than the students report. Between buddies and students the difference is relatively small: 3.5 (students' opinion) versus 4.2 (buddies' opinion). Between managers and students the difference is much larger. Students indicate that there has been a contact 1 or 2 time with the manager, while the managers say this happened 3 or 4 times. Managers and buddies were responsible for several students. This could be the reason why they estimate the number of contact with each student a bit higher.

5.8 The organisational structure of the e-learning package

Many of the students, buddies and managers report that, in looking back at the course, they would have liked to have had, before the start, more background information about the organisational structure of the training course. Many of them experienced uncertainty about what was exactly expected of them. For instance who should establish first contact: the student or the buddy? Or: what is precisely the role of a buddy?

When in the first weeks of the course the second question was posed by a number of buddies, a meeting to which all buddies were invited, was organised. This role clarifying meeting was highly appreciated by the buddies (see section 5.51.).

About half of the students had similar questions about the package. Though in the workbook information was provided, they were still uncertain about what to do in what order. With the help of the Academie and, in particular, the buddies, who after their meeting contacted the students, these problems were solved.

It became clear that, in addition to the workbook, there was a need for a separate document – a kind of time table – in which the aims, the various parts of the approach (including e.g. the draft-

ing of a care plan), the role of the site and the roles and responsibilities of the students, buddies and managers are clearly explained.

6 The effectiveness of the training package

6.1 Introduction

In this chapter the focus is on the effectiveness of the training package. Do the students acquire the competencies of a First Responsible (FR) Caretaker? From three sides this question will be answered. First the assessments of the buddies and managers will be reported. Than the opinions of the students themselves will be given.

Eleven of the students have given anonymous self-assessments. Buddies and managers have assessed eleven named students too. To what extent the names in the three lists overlap is unknown.

6.2 Learning effects according to buddies and managers

Managers and buddies were asked to rate the competency level of the students at the end of the course using a 10 point scale[25] (see table 4.2). The competencies covered four knowledge categories (including knowledge of illnesses and of care products of De Friese Wouden), four skills categories related to drafting, implementing and evaluating a care plan and three generic skills categories (communicating, cooperating and using a computer).

They were asked to assess the learning gains made by a student. On each competency they could indicate whether the student had become 'better' or 'much better'. Afterwards, the score 'better' was, in line with Dutch tradition, interpreted as a gain of one point on the ten point scale and 'much better' as a gain of two points.

At the end of the course (see table 6.1) the average score for the group of eleven students was a 7.2, with the individual scores ranging from a 6.1 to a 7.8. The average learning gain was 1.2. Between the students the gain varied between 0,5 and 1.7 points. This overall result very satisfactory. In the Netherlands given high marks, i.e. an 8 or higher, is not very common. Eight out of eleven scores from students of 7 or higher can be regarded as a good result.

Table 6.1 – Final mark and learning gain score: on average and by student

	average	data per student										
		A	B	C	D	E	F	G	H	I	K	L
final mark	7,2	7,8	7.7	7,7	7,6	7,4	7,3	7,2	7,1	6,6	6,5	6,1
learning gain	1,2	0,6	1,0	1,0	0,9	1,7	1,2	1,0	0,5	1,0	1,0	1,3

Note: 10 = highest, 0 = lowest

25 In the Dutch education system a 10 point marking system is applied, with 10 as the highest mark and 1 as the lowest.

The first things which attracts attention in table 6.2 (bottom row) is that the average score given by the managers and the buddies is exactly the same: a 7.2. For the three groups of categories (knowledge, working with a care plan and generic competencies) there minimal differences in the average scores of the buddies and managers. It is at the level of the eleven separate competencies that differences are found. Buddies give higher marks than managers for knowledge of rules and regulation, assessing care needs and communication skills. Managers are more positive than buddies as regards the knowledge of students about illnesses.

As regards the average competency level of the students at the end of the course, there are hardly any differences between the opinions of the managers and the buddies. There are, however, differences in opinion as regards the competencies on which learning gains are made. The buddies see gains made on four core features of the course, namely on the competencies which are directly related to assessing care needs and drafting, implementing and evaluating a care plan. Managers see gains made on the knowledge which a student needs to be able to carry out her work. The impression is that buddies, who meet the students more often than de managers, are better able to assess progress in practical day to day competencies. Managers tend to focus more, or pay more attention to, gains in the knowledge categories.

Table 6.2 – Scores op knowledge, skills and competencies

	buddies		**managers**		**differences between assessments** (1)	
	mark	gain	mark	gain	mark	gain
knowledge handbook care dossier	7,2	1,6	7,0	1,5		
illnesses	6,9	0,6	**7,3**	**1,0**	0,4	0,4
official rules and regulations	**7,0**	0,5	6,5	-	0,5	
care products	6,9	0,6	7,0	0,8		
average mark for knowledge	7,0	0,8	7,0	**1,1**		0,3
can assess care needs	**7,5**	***1,4***	7,2	0,5	0,3	0,9
can darft care plan	7,2	***1,4***	7,3	0.8		0,6
can provide care	7,5	***0,9***	7,6	0,3		0,6
can evaluate care	7,1	***1,3***	7,3	0,5		0,8
average mark for skills	7,3	***1,3***	7,4	0,4		0,9
can communicate	**7,6**	0,9	7,3	1,0	0,3	
can cooperate	7,4	1,0	7,5	1,0		
can use computer	7,0	1,0	7,1	1,2		
average mark generic competencies	7,3	1,0	7,3	1,1		
Overall final mark	7,2	1,0	7,2	0,9		

- = no / insufficiënt data available (1) only differences of 0.3 or larger indicated

6.3 Learning effects according to the students

What do the students themselves say about what they have gained from the course? They were given a list of fifteen learning effects with the question: to what extent has this effect been realised? There were three groups of effects: job related, person related and computer related ones.

In line with the assessments of the buddies and the managers, the students themselves rate their learning progress overall as good. The students indicate that *their knowledge about care and caring, has been brushed up and extended*. Relevant new knowledge about illnesses and medicines has been acquired which, so say some, was already applied in their work. The new knowledge and the wider competencies have enabled the students to draft better care plan. The students disagree whether the course has enabled them to provide better care. Sixty percent says 'yes' and forty percent 'no',

Seventy percent of the students disagrees with the statement that they enjoy doing their work more after than before the course. Many of the students say that already before the course they were happy doing their work. In other words: not much learning gain could be made in this respect.

Ninety percent of the students say that the job related aims of the course have been achieved. Students say that they are better able to prepare and evaluate a care plan. They are less sure whether they can implement it better.

Table 6.3 – Self assessment by students (in %)

	totally agree	tend to agree	tend to disagree	totally disagree
Updated my knowledge and skills	70	30		
Already applied my new knowledge	50	40	10	
Can produce a care plan better	20	80		
Acquired new knowledge and skills	20	70	10	
Acquired new information	20	60	20	
Can provide better care	10	50	30	10
Carry out my job with more pleasure	10	20	60	10
Gained self confidence	20	50	30	
Have learning goals for the future		80	20	
Know how to set learning goals		70	20	10
(more) motivated to learn		60	40	
Gained self discipline		50	50	
Got acquainted with new ways of learning	40	40	20	
Can use the internet better	10	60	30	
Can use the computer better	20	35	35	10

Source: 11 deelneemsters

In the context of life long learning, it is relevant to note that over three quarter of the students say that they have become *more self confident* and that they now *know better what they would like to learn in the future*. Half of the group says that they are re-motivated or extra motivated to learn again, but the same number doubts whether they have enough self discipline to do so.

Eight of the ten students have become *acquainted with a new way of learning*. They have learned to search effectively for information on the Internet. About half of the group indicated that their *computer skills were improved.*

On the open question: 'What else have you gained from taking part in the course?' five students answered that they had learned to use the care map better. *"I now find it easier to convince*

colleagues to work in a proper way with a care map. I can explain and demonstrate that an up-to-date care plan is useful for both the client and the caretakers". Another students adds: *"Now a substitute caretaker knows better what to do"*.

A second group of, again five, students mentioned that, due to the course, their professional role has been reinforced. *"Now, I can look at myself and the type of care I am providing in a more critical way"* remarks a student. Another one adds that she*: "has become much more aware that the care plan and the care folder are important tools. Not simply a book in which notes are made and which is signed to prove that the client has been visited. It plays an important role in monitoring the health situation of the client".* Students have become aware of the importance of good communication and of giving and receiving feedback. During the final meeting one of the students remarks that the course has enabled her: *"to have an open discussion with a doctor and a nurse. As a FR Caretaker I dare to speak out now, if I think it is in the best interest of the client"..*

6.4 Effects on buddies and care teams

During one of the interviews, a buddy remarks that she uses: "*the contents of the course in discussions with colleagues about the professional tasks of an FR Caretaker"*. Being a buddy has made the importance of a good care plan clearer to a number of buddies too. One of them describes it as follows: *"During the course I have reflected again on issues such as the care process and my role in it and responsibilities for it. It was good to discuss these issues with others."* One of the buddies is a nurse. Being a coach is part of her professional role. She mentions that: *"the course gave me the opportunity to play a coaching role in practice"* and a colleague buddy states that her: *"insight into the learning aims of students and how to respond to them"* has grown.

An effect on a care team has been that the team: *"in connection with the course, had decided to check whether the contents of the care maps of the 20 clients for which the team is responsible were up to date*". A managers has noticed that: *"an enthusiastic participant in the course is inspiring others to upgrade the quality of the care maps. She is also asking for and giving feedback and coaching colleagues."*

6.5 A comparison of assessments made by buddies and managers

Table 6.2 shows that the buddies and the managers both give the same average score to the students at the end of the course (a 7.2) and both agree on the average learning gain made (+ 1.0 point). But, does this agreement at group level imply that there is also agreement at the level of individual students? The answer, as shown in table 6.4, is 'no'.

Table 6.4 – Comparison of marks given by manager and buddy

assessment by		students A		B		C		D		E	
buddy	score	7,1		6,6		6,7		7,2		7,5		7,6	
	learning gain		1,2		1,0		1,3		1,0		1,7		0,8
manager	score	7,1		7,5		5,7		7,6		8,1		6,5	
	learning gain		0.9		1,0		1,0		1,0		0,5		-
	differences	0,0		-0,9		+1,0		-0,4		-0,6		+0,9	
			0,3		0,0		+0,3		0,0		+1,2		-

- = no data available

For five students (A to E) the scores of the buddy and the manager are known. The average score of the buddies and the managers is still the same: a 7.1 and the learning gain score is about the same (1.2 versus 0.9 points). At individual level, however, there are significant differences. Sometimes a buddy gives a (much) higher score, sometimes a buddy. There are also differences in the learning gain scores at individual level. The latter is, in the case of this project, a lesser problem. Not all managers and buddies will exactly know at what competency level a student started. The differences in the scores for the competency level at the end, however, is a problem and needs to be taken into account in future pilots.

A potential solution is that, for each competency, clearer descriptions of the various levels are given. In this way it will be a bit easier for buddies and managers to score at the ‘right’ level. Combining these clearer description with a training of the buddies and managers could also lead to more comparable assessment outcomes. Regional Training Colleges, given their experiences with training assessors for Assessment of Prior Learning procedures, could play a role in the training. In this way an extra link between the assessment for the De Friese Wouden internal and the external Colleges certificates can be established.

6.6 E-learning course and class room based course compared

The e-learning package to become a First Responsible Caretaker can be regarded as an alternative for the school based course with the same aim as described in section 3.3.2. Broadly speaking the aims and the contents of the old and the new course are the same. The same topics are reviewed in both courses. A closer comparison shows that in the traditional course more time is planned for training communication skills and more attention is being paid to a review of the career development,

The first main difference between the courses is the target group. The school based course is organised for a group of caretakers in an intramural setting, i.e. in homes for the elderly. The e-learning package focuses on individual home care providers in an extramural setting, i.e. care is delivered in private homes. Each approach seems to respond to different learning wishes and learning situations. A group of caretakers in a home for the elderly might find it easier to attend ‘ a class’ in the home. Individual caretakers, as shown in the preceding sections, have a preference for learning at home at their own chosen moments.

A second, striking, difference is the amount of time invested by the students in the course. The class room based course takes 48 hours (see section 3.3.2). Even when 18 hours would be deducted - for instance those devoted to career planning, communication skills and reviewing policy aims of the organisation – still 30 hours would be left. The time investment in the e-learning course is, with 17.5 hours, close to 20 hours. The overall impression is that the e-learning approach, to be on the safe side, seems to lead to significant reduction in learning time to reach the same aims. Possible, as a result of the self timed and self paced learning processes in the e-learning mode, less learning time is ‘wasted’.

In follow-up trials with the e-learning package it is highly relevant to carry out an in-depth investigation whether this difference is also found in the new trials and whether the learning outcomes are fully comparable.

7 Towards an even better training package

7.1 Introduction

It is no coincidence that the word ‘even’ is included in the title of this chapter. The preceding chapters bear testimony to the fact that the training package is both feasible and effective. This does not imply however, that no further improvements are possible.

First, in section 7.2, the vision of the students, buddies and managers on the quality of the website and the workbook are presented. On the basis of these views and comments made in the questionnaires, during the interviews and at the final meeting, a number of improvement suggestions will be made in section 7.3.

7.2 Quality assessment of workbook and website

Table 7.1 – Assessments of the quality of the workbook and website

		students	buddies	managers
WORKBOOK	Overall	7,7	7,3	8.0
	useful	7,8	7,6	8,0
	informative	7,8	7,2	8,0
	clear	7,6	7,2	8,0
	easy to use	7,6	7,2	8,0
	Overall	7,5	7.0	
WEBSITE	useful	7,5	6,8	
	informative	7,2	6,8	
	clear	7,7	7,2	
	easy to use	7,5	7,2	

<u>The website</u>
The quality of the website gets a score of 7.5 from the students and 7.0 from the buddies. The managers did not have access to the site. The clarity and user friendliness of the site get high scores. Comparatively speaking, though still with a 7.0, ‘being informative’ gets the lowest score. On all aspects the buddies are a bit more critical than the students.

<u>The workbook</u>
Students, buddies and managers award the workbook an 8-, an even higher score than for the website. Here too the buddies are most critical. The fact that one buddy, in a group of five, was, in comparison with the others, very critical will have played a role here. In a small group of respondents, one outlying score has a clear impact on the group average.

The students were also asked to rate separately, three aspects of the workbook. i.e. the work processes / flowcharts, the list of competencies and the annexes. These assessments are reported in table 7.2.

Table 7.2 – Quality assessment of the parts of the workbook

WORKBOOK	overall	useful	informative	clear	easy to
work processes / flow charts	7,5	7,4	7,4	7,7	7,6
competency lists for self assessment	7,3	7,1	7,2	7,5	7,3
annexes	7,6	7,6	7,6	7,6	7,5

7.3 Suggestions for improvements

The students, buddies and managers were also asked to indicate what elements, in their opinion could be improved. These suggestions, to which the ones resulting from the preceding chapters and other sources were added, were discussed with the development group. Below a selection of the suggestions is presented plus the reactions of the development group to them.

<u>The overall organisational structure</u>

- provide more, written, information about the aims of the training package and the roles of buddies and managers. A buddy *"it took too long before the students had clearly understood what was expected of them*". Adding to the workbook a separate booklet with information about aims, timeline, website, roles of all involved could serve this purpose (see section 5.8).

Development group: we will discuss this idea.

<u>Het werkboek</u>

- Add a seventh sub-process: 'Terminating the provision of care'.
- Pay more attention to the option: updating of an existing care plan.
- In the future care plans will have a digital format. So, let students train with this format.

Development group: First idea one will be done; the third one might be difficult to implement due to privacy protection rules.

<u>The website</u>

Films

- Not in all regions in Friesland the work procedures are exactly the same. Discuss these differences

Forum

- Reward contributions to the discussions in the final assessment.
- Have a separate discussion forum for buddies.

Development group: we will see what is technically possible. To stimulate intergroup discussions, the development team favours one forum, over and above separate ones for separate groups.

<u>E-learning</u>

- *"More e-learning!"* More films. More tests for students. Send assignment work via the computer to the buddy. More references to digital documents and forms. Enable the giving of feedback via de computer. A buddy: *"A buddy is informed that a student has completed a competency assessment form and would like to receive some feedback. During a meeting with one or two other students, giving feedback takes a lot of time. Do it by email".*
- Put all information which is in the workbook on the site too.

Development group: feasibility of both ideas will be discussed.

Role of the buddy

- Ensure that a buddy has sufficient time to support her students.
- *“Make clear that a buddy plays a supporting role. A student should first try herself to find the information on the Internet, on the website, from colleagues, etc.”.*
- When ever possible, make sure that the student and the buddy have the same clients.

Role of manager

- *“Make sure that the manager knows what and how to assess the competencies”.*
- Increase the role of the new / updated care plans in the evaluation process.

The organsational context of the training package

- Offer the training package to all staff of De Friese Wouden.
- Keep the site in the air and open it to all.

The development team: first idea will be discussed with the management. Idea two: in future, a part of the site, mainly those with generic information, will be open to all; the remaining parts it will be available to students and buddies only.

8 Conclusions and perspectives

8.1 Introduction

At the end of the training course, students, buddies and managers were asked whether they would take part again in a course with a similar design, i.e. with a website, a workbook, contacts with buddies and managers, etc. Of the buddies 80, of the managers 85 and of the students 90 percent said Yes! The same percentage of students would recommend a colleague to take part.

In this last chapter the main evaluation results and recommendations are summarised. To round off, the potential wider use of the package is reviewed.

8.2 Conclusions

As regards the effectiveness and feasibility of the training package “First Responsible Caretaker” the following conclusions can be drawn.

The training package “First Responsible Caretaker” is effective

- Fourteen of the seventeen starters finish the course and become First Responsible Caretaker.
- The average final mark is a 7.2 (on a 10 point scale; 10 is the highest score).
- The average learning gain score is 1.2 point, or a 20% improved score on the scale.
- Students draft better care plans.
- Students – according to both buddies and managers – have become much more competent in assessing care needs and in drafting and evaluating a care plan. Competencies required for the job are either acquired or upgraded.
- Students reflect more on their work.
- Students have become more self confident and can communicate better.
- Students have learned to use the computer as a learning tool.
- Nine out of ten students are interested in taken part in a mixed ‘paper-learning’ and ‘e-learning’ course again. Buddies and managers have a similar interest.

The training package “First Responsible Caretaker” is feasible

- The training package reaches its appropriate target group. It is intended for experienced caretakers who are 45+ years old. The average age of the students is 52.5 years. On average each students has 17 years of experience in the care sector, of which 12.5 years at De Friese Wouden.
- There is a very low drop out rate. Mainly due to illnesses three of the seventeen started do not finish the course.
- It is expected that the course would take 22 hours of learning time. On average the students invest 18 hours in learning activities.
- There are indications that, in comparison with a class room based course to become a FR Caretaker, the e-learning approach can lead to a significant reduction in learning time.

- Most important learning activities are the drafting of a new care plan or the updating of existing ones (5 hours), studying in the workbook (4 hours), surfing on the website (3.5 hours) and meeting the buddy (3,5 hour) and manager (1 hour).
- Buddies invest 10 hours of support time; from the organisation 5 hours are earmarked for this task. They meet a student 3 tot 4 times during the course to discuss progress made. It is proposed that more time is allocated to them, based on their respective number of students,
- Managers invest, on average, 5.5. hours on the course. Their main activities are to read the workbook and to carry out the final assessment of one or more students.

The overall conclusion is that the continuing training programme 'More competent, better care' has proven to be both feasible and very effective. The Erfurt-APO model, in combination with the e-learning approach, has shown to be adaptable to the Dutch situation

8.3 Improvements

The development group discussed the outcomes and recommendations included in the evaluation report.

It was agreed that the group would look deeper into improvement options:

- for the workbook	To add the seventh sub-process: 'ending the provision of care' and to pay more attention to the option of upgrading an existing care plan in addition to drafting a new one.
- for the website	To further reinforce its role in e-learning process through, inter alia, further improving the quality of the films and making parts of the site, e.g. the portal to other sites, available to all staff working at De Friese Wouden.
- for the training package	To add a separate document in which the organisational structure of and steps within the learning process are clearly outlined to the students, biddies and managers.
- overall	Many of the students and buddies suggested to make the training package available not only to the age group 45+ but to all members of staff of De Friese Wouden.

8.4 Perspectives

The development and implementation of the e-learning training package 'First Responsible Caretaker' is part of the on-going efforts within De Friese Wouden to improve the delivery of continuing vocational training. The project has open up and widened a series of perspectives in this respect.

The first one is a (possibly double) *rerun of the training course* in the autumn of 2010. At the final meeting with the students, buddies and managers, the director of De Friese Wouden, during his congratulations speech, announced that it was planned to offer the enhanced version

of the course to a group of students in the autumn of 2010. In addition to offering it again to the same target group as the first time, the option was held open to have a third trial run for a younger age group during that period

The second one is a further *strengthening of the certification procedure*. Follow up discussion with the two Regional Training Colleges about ways to link the, as yet informal, in-house assessment procedures of De Friese Wouden to the formal Dutch Qualification framework. Such a link would enable De Friese Wouden staff to upgrade, in the context of work based learning, the level of their formal qualification stepwise from the Dutch level 2 to a level 3 diploma. Linking internal vocational training courses, such as those from De Friese Wouden, to the national qualification framework is an important policy aim of the Dutch government.

The third one is the *further introduction of e-learning approaches* within De Friese Wouden. The positive experiences with the first try out have stimulated the interest in this type of training. Developing effective e-learning programmes means investment in time, IT equipment and, thus, in money. At the same time the students are very satisfied with the approach, even the ones who are over 45, and are investing time of their own in the course. Courses which are relevant to larger parts of the work force of De Friese Wouden could be good candidates for an 'e-learning' treatment.

A fourth perspective focuses in *the wider use of the e-learning training package. A*pprenticeship type training – 4 days of working and 1 day a week to school – is one way in which to obtain a vocational qualification in the Netherlands. The idea of, in the future, allowing trainees in initial training courses to use an adapted version of the e-learning package is being contemplated. This idea has not yet been discussed with the Regional Vocational Training Colleges.

Finally, a *wider dissemination of the 'paper + e-learning' approach* is planned. It is foreseen to publish material about the new approach in one or more magazines aimed at staff working in the (health) care sector. The expectation is that this will lead to enquiries as regards, on the one hand, the effective use of this model and, on the other, the application of the package in other organisations.

Overall, participation in the BusQua project has had a positive effect on caretakers, who have become First Responsible Caretaker, on buddies en managers, who have developed their counselling and assessment skills and on the thinking with De Friese Wouden on how to develop and deliver effective e-learning based forms of continuing vocational training.