



SYNTHESIS REPORT (N° 24)
RSZFK Nonprofit Ltd.

PROJECT: DEVELOPMENT OF A COMMON TRAINING PROGRAMME FOR ABI CAREGIVERS (ABI)

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1. EXECUTIVE SUMMARY

This synthesis report outlines the process undertaken within the Consortium of the project » **Development of a common training programme for ABI caregivers**« (shotform: **ABI**), started in October 2009 and being scheduled for 25 months.

The aim of the ABI project is by introducing knowledge and experience from different countries to develop a common training programme for long-term ABI caregivers/providers as a uniform formal approach in staff training at a European level . The ABI project will ensure them the acquisition of necessary knowledge, skills and attitude needed to provide quality services. It will also provide recognition of competency level and potential and improve the appeal of working in services for long-term care and support for ABI.

The ABI project partnership includes the following 8 partners:

- Zavod Zarja / Slovenia (applicant organisation, coordinator),
- Zavod Korak / Slovenia,
- Zavod Naprej /Slovenia,
- VDC Nova Gorica / Slovenia,
- Regionalis Szolialis Forrasozpont Nonprofit Kft. / Hungary,
- Mutualite Francaise Anjou-Moyenne-Arceau-Anjou / France,
- Berufsforderungsinstitut Oberosterreich / Austria,
- European Association of Service providers for persons with disabilities (EASPD) / Belgium.

As part of the project ABI the partners have conducted a Training Needs Analysis (TNA). This synthesis report represents a summary of the training needs survey that was effected in Slovenia in December 2009 (*France, Austria and Hungary*).

2. Introduction:

Preparing the analysis for needs:

1. In the Hungarian social system there is no rehabilitation program especially for people with brain injury, after completing health rehabilitation. So, according to our survey, there does not exist an organisation especially for people with brain injury, either, in the working area of RSZFK, in the West Transdanubian Region of Hungary. So, people with brain injury can have service together with other disabled groups.

Service for disabled people in Hungary:

- basic service: support services
- by day service: day care centers
- transitional and longlife institutes

Services on the borders of social and workforce services:

- labourmarket services

We harmonised the existing database and compiled the list as wide as possible that contain all services offering potential supply to people with brain injury (23 organisations).

We sent information letters on the program to the leaders of these organisations, and asked them for information if they have people with brain injury as users. We had to clear with all institutions what we (in the ABI project) mean by people with acquired brain injury.

Such as:

The damage may be caused:

- traumatically (i.e., from an external force such as a collision, fall, assault or sports injury)
- through a medical problem or disease process which causes damage to the brain (internal process or pathology).

Non-Traumatic Causes of ABI:

- Anoxia
- Aneurysm and Vascular Malformations
- Brain Tumours
- Encephalitis
- Meningitis
- Metabolic Encephalopathies
- Stroke with Cognitive Disabilities.

2. Paralelly, we translated and adapted the questionnaire sent by Zavod Zarja in Slovenia. In the following details were to be explained:

- Status regulation for injured

The legal status of brain injured persons differs from case to case: some get quickly retired, some that were injured in childhood and weren't employed prior to the injury, don't get subsistences (at least it is like that in Slovenia). The problem is when we are dealing with the "invisible" disability, you know, when the problems are not so much about motor functioning and the brain injured can not nevertheless function normally. In Slovenia in these cases, people with a brain injury have a lot of problems to fit in a category of disability to get a subsistence.

- Formal arrangement for protection of individual and their property

What legal means there are in a country to protect the rights (individual and property) of a person with ABI. You know sometimes the family or others want to get advantage of the money of the injured person (when they get insurance money, for instance).

- Analysis of risk, formal in moral responsibility

I will give you a practical example: a person with ABI is in your center. He wishes and demands to go to the city alone, by himself. You know as an expert that he can not. But he has the right. So in Slovenia we make a Risk analysis, where we define all the risks involved. Then there is the question of responsibility (formally and morally) if anything happens during the time the person is in town.

- The consequences of regulation violation

In your organisation you have some regulations/rules all must apply to. What instruments you have if the persons constantly breaks those rules?

After finalising the questionnaire, we sent it to the organisations that have people with brain injury as users. We sent 90 questionnaires all together. 59 of them were returned filled in. The results of the questionnaires were filled in an excel table és sent to Zavod Zarja.

3. The questionnaire for users with brain injury was also translated to Hungarian, and then we got in contact with 10 brain injured people across the caregivers. 6 of them

filled in the questionnaire. We summed up the results of the questionnaires and we made summarising document of the answers.

3. Aims and objectives:

The aim of the analysis is to assess the training needs of the caregivers in the Hungarian social system, as well as to form an idea on needs of brain injured people in the social system. These needs must be transformed to training material and fit in the training programme.

4. Methodology:

Used analysing techniques:

Planning and defining/limiting:

- compiling, completing and monitoring the existing database, and comparing them to legislation
- defining the geographical area

Initial collecting of information:

- questioning the organisations about their users

Strategy planning of the conditions:

- making them fill in the questionnaires

Strategy planning the data:

- calling the national expert group, analysing the results of the questionnaire and making the data plan (making the draft of the training programme, with the widest content and period)

Making the detailed plan

- Offering the elements, content and optimal period of the training programme

5. Target audience:

Mrs. Józsefné Füzessy, managing director of RSZFK, expert. She graduated at University of Economics in Budapest as an economist, she is an expert in disability rehabilitation.

Ms. Zsuzsanna Antal, project manager, expert. She graduated at University of Pécs as an adult constituting manager. She is an experienced project leader and social political adviser.

Mrs. Mariann Magyar, expert. She graduated in social politics in 2003 at Eötvös Lóránt University, Budapest. She is an experienced social worker and expert in social politics. She has been a project manager at the RSZFK since 2003 and is the leader of the adult Training Department in the Resource Center.

Mrs Erika Pántya, expert. She graduated in social politics at Eötvös Lóránt University, Budapest. She has got a wild knowledge in the field of the employment of the disabled people and labourmarket services for disabled people.

Mrs. Simonné Tünde Janzsó, expert, teacher of oligopren pedagogy- psychopedagogy. She graduated in Bárczy Gusztáv Gyógypedagógiai College, Budapest. She also majored in health improving mentalhygienics, as an expert she leads trainings (learning technics, group building, self efficacy) and organises courses, and compiles training materials and works as an instructor.

6. Results:

See: ABI_ENG_HUN_data_2009_analysis document

7. Recommendations:

Based on the results of the questionnaire survey, expert group give the recommendation in connection with the training material:

- the final aim of the training is to improve the social rehabilitation and the ability to employ brain injured people
- further aim is to enhance social sensitivity of the caregivers
- by improving the level of knowledge of the caregivers dealing with brain injured people, the emphasis is put on the recognition of the abilities remained
- to make the training of competency based and module system
- to make it built in the retraining system besides job, in Hungarian circumstances
- recommendation for the pace: 2 x 30 hours or 3 x 30 hours
- to make the training practice orientated (to contain classroom practice, to demonstrate through practical examples, and to build in practice in field)
- as this material of knowledge does not exist in the Hungarian social educational system, so it means plus knowledge for the workers in social institutions, i.e. there is no need to select the students according to their educational level

8. References

- the adapted training programs for workers of Services of the Integrated Employment, whose subject is the ability of employment of disabled people
- referring elements of the training of nurse with health degree
- results of the ABI users questionnaires
- results of the caregivers questionnaires
- referring elements of Hungarian legislation