

M-CARE

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

“Executive summary of Survey Findings Report”

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Author	University of Athens

For further information related to the M-CARE project please visit:

the project website (<http://mcare-project.eu>);

Facebook page ([facebook.com/MCareproj](https://www.facebook.com/MCareproj));

Twitter page (twitter.com/MCareproject).

The M-CARE (Assistive Mobile Training for Home and Health Caregivers For People with Disabilities and Older People – 539913-LLP-1-2013-1-TR-LEONARDO-LMP) project has been partially funded under the Lifelong Learning program. This publication reflects the views only of the author(s), and the Commission cannot be held responsible for any use which may be made of the information contained therein.

M-CARE aims to ensure that local VET centres can offer an adequate training on “Personal caregivers (PCGs) for People with Disabilities and Older people (PwD / OP), anywhere – anytime” for low-skilled people (without jobs), or people that want to extend their service provision (independent nurses, care workers, etc.), using innovative ICT based approaches i.e. mobile and web 2.0 enabled online learning environments that embed video, animations, audio, but also textual training format, while including hands-on practicing.

In this respect M-CARE conducted an online survey and a state of the art analysis in order to:

- identify the needs of the project's beneficiaries,
- obtain a good perception of the need for adjustments in existing PCG training practices to enable the trainees and beneficiaries to achieve success,
- define a set of learning activities appropriate to, and usable across, the range of user needs,
- gain familiarity with the nature and potential value of adjustments in training methods and in their learning strategies to meet their needs and
- identify and highlight similarities and differences between national contexts in the partner countries.

A total of 636 questionnaires (PCGs – 120 responses, PwD / OP – 276, stakeholders – 240 responses) were completed by respondents living in Flanders (Belgium), Bulgaria, Germany and Turkey (some responses were submitted in English as well), either online or during an interview / focus group. The M-CARE project partners also conducted desk research collecting information about the current situation with PCG services in their countries, from various resources, such as government published data, publications from relevant entities and information provided by their own organisation.

Analysis of the research data makes evident that there are notable differences in PCG practices among the project countries and also provides us with very useful insights.

Summarising some key findings:

PCG role

A broad definition of a personal caregiver for people with disabilities and older people could be that of the employed professional who addresses the needs of people who are in one or more ways incapable of personal care tasks. The PCG profession is formally described only in Bulgaria (among the project countries). Therefore, there are a lot of different definitions given for the role in each project country. There are differences concerning what a personal care giver can and cannot do, his/her working conditions and the required training:

- In Flanders (Belgium) there is **no special training necessary** for a "personal assistant" to work. There is a list of requirements (competences, skills, personal characteristics, working conditions) that the Flemish employment agency expects from candidate PCGs but these are merely recommendations. There is a **personal assistance budget** (PAB), part of which is used to pay the salary of a PCG. The PAB holder can employ personnel to perform a variety of tasks to assist in the organization of his / her daily life. A PCG cannot do activities that fall under “performing therapies”.
- In Bulgaria the profession of **PCG is formally described** and graduation from a PCG **VET course** is required. The caregiver provides basic health care and / or supports the

work of health care professionals in hospitals, in the community and/or at home. The services offered cover a wide range of activities (from assisting with mobility and hygiene to providing entertainment and emotional support), with the **main goal of improving the patient's quality of life** - always working under the guidance of doctors or health care specialists. Caring for the elderly, sick and disabled persons in the home environment is implemented under national, European and other projects.

- A general legislative framework including all possible services (caring and nursing) **does not exist** in Germany. There are rules of law or directives/ requirements for each service or offer. **PwD and OP people do not have to pay for the PCG services**, because the employment is financed by different state programs and implemented by social services and VET institutes.
- In Turkey, since 2005 all PwD in need of care -whether they had social insurance or not- became **entitled to benefit from care services**. PwDs in need without family and social insurance, are admitted to public or private care institutions or receive care services at home. The role of the personal caregiver is partially covered by the legislation for certified caregivers employed in public and private care institutions. According to it, their main responsibility is to provide services for PwD following the individual prescribed care program (hygiene, nutrition, etc.), to provide psychological support and inform medical staff if necessary.

Needs of assistance

- Most of the PCGs in the project countries provided support to people with motor disabilities.
- Six out of ten respondents use some kind of **technological support and/or assistive device**.
- The main needs of assistance reported included **help with moving around**.
- Many respondents mentioned that they needed help with their **personal hygiene, eating, grooming, toilet usage and getting dressed**. Some also needed **basic nursing services**. Some respondents stated that they needed help with **household activities**.
- An important part of the needs indicated include those related to **social activities** and provision of **emotional support**.
- Most PwD and OP (84%) need **assistance at home**, but the need of assistance at the workplace, in education, as well as in **vocational rehabilitation** was also highlighted. 35% of the respondents stated that they need assistance in the **public space**.
- We can conclude from the survey results that there are a lot of people that need PCG services, but they currently receive support from family members instead of professionals. In Germany 80% **use professionals** for addressing their care giving needs. In Flanders (Belgium) and Turkey the respective rate is 60% and in Bulgaria 58,3%.

Quality of PCG services

PwD/OP and their family members are **generally satisfied** with the PCG services they have received. 27% of respondents (family members of PwD/OP) however indicate they don't trust their PCG.

- PWD: 81% are either satisfied or completely satisfied.
- Family members: 65,9% are either satisfied or completely satisfied.

Employment status of PCGs

- 37% of PWD and older people said that their PCG is not a member of the legal workforce.
- The gender of the care giver was also presented as an important issue for Bulgaria and Turkey, while for Flanders (Belgium) and Germany it seems to be of no importance.

Educational background of PCGs

- In general, in all project countries, PCGs **feel competent** (85,4%) as professionals.
- A relatively high number (43,9%) of PCGs say they **wouldn't like to have special training**.
- 74,4% of PWD selected **basic psychological support** as a domain in which they would like their PCG to have extra training on.

Training preferences

- **PwD for their PCG:** Basic **psychological support** is identified as the most important field with **understanding a disability** and **practical approaches in daily care**, with examples coming second and third respectively.
- **PCGs:** They are divided between a broad and a specific training program. **Practical approaches in daily care** were indicated as the most preferred field of extra training, closely followed by understanding a disability and **interpersonal communication skills**.
- Most respondents seem to prefer a **blended training approach** (online & face to face), with video indicated as the preferred form of training content.

Training practices

- The most common training provided by the survey respondents is about providing **assistance with mobility and hygiene**.
- The material provided during courses is **mostly textual**. Only one training centre uses online resources for training PCGs.
- The training centres suggested the use of group training methods, online tools, practical training and videos.

It is important to highlight the fact that we received **only one response mentioning the use of online material in PCG training** (from Bulgaria). This result combined with the fact that online training is actually recommended for PCG training by the respondents is crucial for the planning of M-CARE work which is highly focused towards producing (among other) training content for online and mobile platforms.

The overall results are also extremely encouraging for the development of the M-CARE PCG training curriculum and material, since people from all relevant target groups identified that the preferred methods for training cover all areas that M-CARE plans to address. Together with the training modules that are already in practice by VET centres, which were identified during the desktop research, the research's results will work as a guide for the production of the project's outcomes.