carenet

Reports on piloting

D9 Reports on piloting

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> Document summary

The piloting reports introduced the implementation, results, best practices and recommendations of the careNET national pilots in France and Spain. The deliverable was produced within the work package 5 : Piloting and validation. It is divided in the three following parts.

Introduction reminds the report process as evaluation of the pilot and gives an overview of the deliverable construction.

French piloting report gives an overview of the French pilot involving 29 binomials of care workers and care recipients in 5 territories.

Spanish piloting report expounds the main results and recommendations of the Spanish pilot implemented in Burgos and involving 29 duos of care workers and care recipients.

> Introduction

King's College London, FBIS and IPERIA produced a piloting report at the end of the project. This report constitutes the final evaluation of the pilot: it will assess the cooperative learning between care workers and care recipients, the improvement of their quality of life and of care through digital competences.

First the piloting partners analysed the national data and observations from the methodological framework of evaluation. They introduced the results in national reports. IPERIA then produced a comparative analysis of the national pilots. Based on their conclusions several recommendations were suggested for a further implementation.

The piloting report thus encompasses the following documents:

| The national reports;

| The comparative analysis of national experimentations;

| The recommendations.

THE METHODOLOGY

IPERIA and KCL provided the methodological framework for the evaluation through the implementation of the Profiling tool cf. the Learning paths and materials and through the pilot and learning evaluation cf. the Piloting procedures. The collect of information, observations and data during the pilot is based on this methodology. The methodology further served the analysis of the results during the post-pilot phase.

THE NATIONAL REPORTS

At the end of the training the national responsible of the pilot collected all the diaries and surveys from the facilitators, the IT specialists and the participants. From these data, observations and recommendations, they produced a national report based of a qualitative analysis. The level and the unit of analysis were the participants and also the groups of participants. In the report each partner gives an overview of the national context.

Each report highlights strengths and weaknesses of the developed learning resources, paths and support, allowing improvement and further development. The piloting partners illustrate the characteristics of their pilots using participants' quotations.

Each national report should be composed of the two following parts:

| Overview on pilot;

| Pilot results;

| Pilot impacts;

| Best practices;

| Improvements and recommendations.

THE COMPARATIVE ANALYSIS

IPERA interprete and analysed the results of the Spanish and French national reports within a comparative analysis. The analysis used each piloting country as a case study. The unit of analysis was the national pilot. This analysis aims to highlight best practice in the two national pilots and identify their success factors. In particular the comparison will draw conclusions comparing different learning places (the LRC, care worker place of residence, care recipient place of residence).

THE RECOMMENDATIONS

Based on the national reports and their comparative analysis IPERIA provides several recommendations to further develop this type of interventions at national and European levels. Recommendations concern the piloting as well as the training implementation. They particularly focus on the transferability of the pilot in Europe given the diversity of the European environments.

> French piloting report

Overview on pilot

NATIONAL CONTEXT

CARE WORKERS

| Care workers employment

In France 4 employment status determine carers' work:

> Care workers may be employed directly by a personal household employer.

> They may be employed by an intermediary (structure prestataire).

> An intermediary (structure mandataire) may also link them and their

employers and support them dealing with the paperwork.

> Numerous carers besides work as voluntary caregivers.

For the pilot, we will access to care workers with personal household employers and care workers who are supported by intermediaries (structures mandataires). Both publics constitute strong minorities among French carers. In 2008 23,5 % of employees worked directly for a personal household employer and 39,5 % worked directly and also through an intermediary (structure mandataire).

| Care workers professionalisation

Employers finance the professionalisation of care workers through a contribution of 0,15%. A national organisation OPCA (organisme collecteur paritaire agréé) collects this funding. IPERIA then administrates the funding and organises vocational and educational training (VET). Care workers chose training from the annual catalogue of IPERIA.

In this way care workers can receive training for free. They have the right to benefit from 40 hours of training during the first year of their work in the framework of a training plan (plan de formation). After a year of work, they also obtain a DIF (Individual Right to Training) of 6 years span, giving yearly right to training hours according to working time. According to these rights, vocational training providers deliver training for care workers.

IPERIA's training provision meets demand of care workers. Indeed in 2008 60% of employees working directly for dependent persons wanted to attend training. This demand will insure the involvement of care workers for the pilot implementation.

| Inclusion of care workers

The pilot will also meet a request for new social perception of care workers. In 2008 19% of employees working directly for dependent persons and 26% of employees working directly for dependent persons and supported by an intermediary consider that their status is not increased by the society.

| Autonomy situation

Training of care workers is a social stake for the coming years according to trends in terms of dependency. In 2010 795 000 older people were dependent. This population will increase to 1 230 000 persons by 2040. The number of voluntary caregivers will decrease according to birth rate and family geographical dispersion. The duration of dependency will remain constant. The average age of dependency will strongly increase.

| Employment of carers

In France dependent persons are mainly older people who are 65 years old and over. In 2010 170 900 older people benefited as personal household employers from allowance supporting autonomy APA (allocation personnalisée d'autonomie). Around 87% of these beneficiaries were 65 years and older. In the fourth quarter of 2010 15% of personal household employers aged 60 years and older were helped by an intermediary to contact carers.

The relationship between personal household employers and their employees mainly last from year to year. A majority of aged personal household employers employed the same persons between 2009 and 2010. This relationship thus satisfies both personal household employers and employees.

COOPERATION AND SITES

In France the pilot was implemented in the framework of IPERIA's network of 23 Care workers relays "Relais Assistants De Vie" (RADV). The relays are local gatherings of care workers aiming to mitigate their isolation, to share and improve their professional practices, to strengthen and develop their skills. IPERIA obtained the approval of the national organisation AGEFOS-PME and the Branche professionnelle des salaries du particulier employeur as funding organisations of the relays to carry out the careNET pilot. AGEFOS-PME and the Branche professionnelle des salariés du particulier employeur financially supported the care workers training and the facilitators work.

Within this specific and familiar framework the careNET pilot took place in 4 selected territories: in Drôme, Hautes-Alpes, in Corrèze and in Gironde cf. Figure 1.

Figure 1-careNET pilot 2013/14

The selection criteria were the following:

- The strong commitment of local actors in carers' training and in ICT and especially of training providers, local authorities and local state services;

- The number of care workers in the territory;

- The number of care workers involved in RADV, particularly large in in Drôme with 87 care workers and in Corrèze with 80 care workers;

- The number of care workers wishing to develop digital skills and learn with the care recipients cf. the mobilisation of a group in March 2013 in Gironde during a local event co-organised by IPERIA.

IPERIA contacted the local training providers of these territories which are implementing the relays and get their approval to involve their facilitators into the careNET pilot. In Corrèze for lack of staff IPERIA should have involved an internal human resource as training facilitator.

IPERIA broadcasted a specific factsheet to the pilot's partners, i.e. the training providers, to care workers' associations, department councils, employment centres, working-age services and information centres for older people and relatives cf. Annex 1.

Sites of piloting

IPERIA worked with 3 local training providers to implement the pilot in 4 French territories.

Site 1: Tulle in Corrèze

Name of the organisation: GRETA Haute-Corrèze

Address: 28 avenue de Ventadour

                                  19300 Egletons

Web: http://www.greta-haute-correze.fr/

Person responsible on local level :   Marie-Jeanne Fédérighi

Site 2: Valence in Drôme

Name of the organisation: Vivarais formation

Address: 111, avenue du 8 mai 1945

                                  07300 Tournon-sur-Rhône

Web: http://www.vivarais-formation-eap.org/

Person responsible on local level: Gisele Xavier

Site 3: Gap in Hautes-Alpes

Name of the organisation:	Initiative
Address:	5 Bis place du Champsaur
	GAP (05000)
Person responsible on local level:	Catherine Leprince

Site 4: Bordeaux in Gironde

Name of the organisation:	Infa formation
Address:	Beausoleil Chemin de Plantey
	33170 GRADIGNAN
Web:	http://www.infa-formation.com/INFA-AQUITAINE.html
Person responsible on local level:	Jocelyne Vellard

Involvement and profile of participants

INVOLVEMENT

INFORMATION LETTER AND HOTLINE

IPERIA used its internal databases to involve care workers and as a second step to reach care recipients. The Institute sent an information letter cf. Annex 17 about the careNET experimentation with IPERIA hotline number to all the care workers who were already involved in RADV or in in-service training and then to their employers. The hotline team was prepared to answer the questions of voluntary participants concerning the following elements:

The careNET learning process;

The application procedures;

The RADV objectives;

The careNET training content;

The qualifying questions concerning availability, age, motivation and employment situation.

INFORMATION MEETING

The hotline received 150 calls identifying 44 voluntary care workers whom IPERIA invited to complete an application form and to take part to local information meetings. The meetings took place on 4th November in Gironde, 6TH November in Drôme, 7th November in Hautes-Alpes and

in 14th November in Corrèze.

During the meeting the pilot responsible and the facilitators went further into the first information provided through the letter and the hotline, finalised the application and planed the launch of the first learning sessions.

PROFILE

The French pilot gathered together 33 duos of care recipients and care workers. 4 care recipients who did not comply with the application criteria regarding their age or their health condition but who showed interest took part to the experimentation. This report does not process the data of the care recipients under 65 years old.

6 groups of participants were created:
1st group in Valence (Drôme): 6 including Mrs B. who takes care of a person with less than 65 years old.
2nd group in Valence (Drôme): 6 including Jocelyne G.
3rd group in Laragne (Hautes-Alpes): 6 (2 Persons: Mrs C. who takes care of a disabled person with less than 65 years old and Mrs H. who take care of an older people with less than 65 years old)
4th group in Gap (Hautes-Alpes):5
5th group in Bordeaux: 4
6th group in Tulle (Corrèze): 6

Care workers

The gender profile of the 28 professionals complied with the national trend: only one care worker among the participants was a man.
The majority of care workers, i.e. 57%, were aged between 50 and 59 years old and 25% between 30 and 39 years old and 18% between 40 and 49 years old.
The care workers had mainly an educational level of secondary school or higher, i.e. 93%, with only 2 participants who studied after high school (see the following graph 1).

Educational level of care workers

	University	VET	Upper secondary school/high school	Secondary school	Primary school
Value	1	1	10	14	2

Graph 1-careNET pilot 2013/14
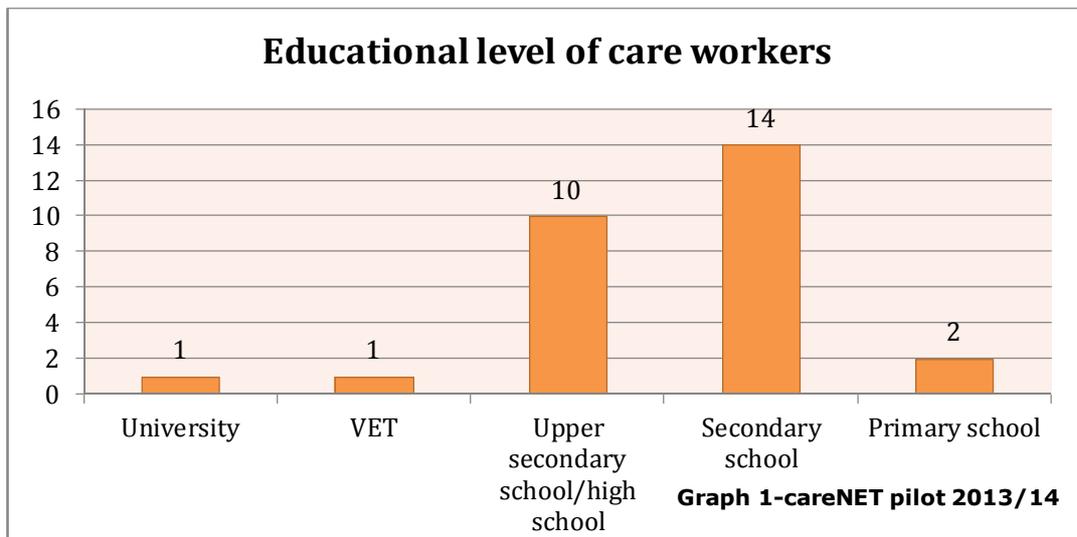
Before the careNET training the care workers were regular users of the Internet given that 54% were surfing at least once a week and 36% every day or almost every day (see graph 2).

Use of the Internet by care workers

|	Every day or almost every day	At least once a week (but not every day)	At least once a month (but not every week)	Less than once a month	I have not used the Internet
Value	10	15	1		2

Graph 1-careNET pilot 2013/14
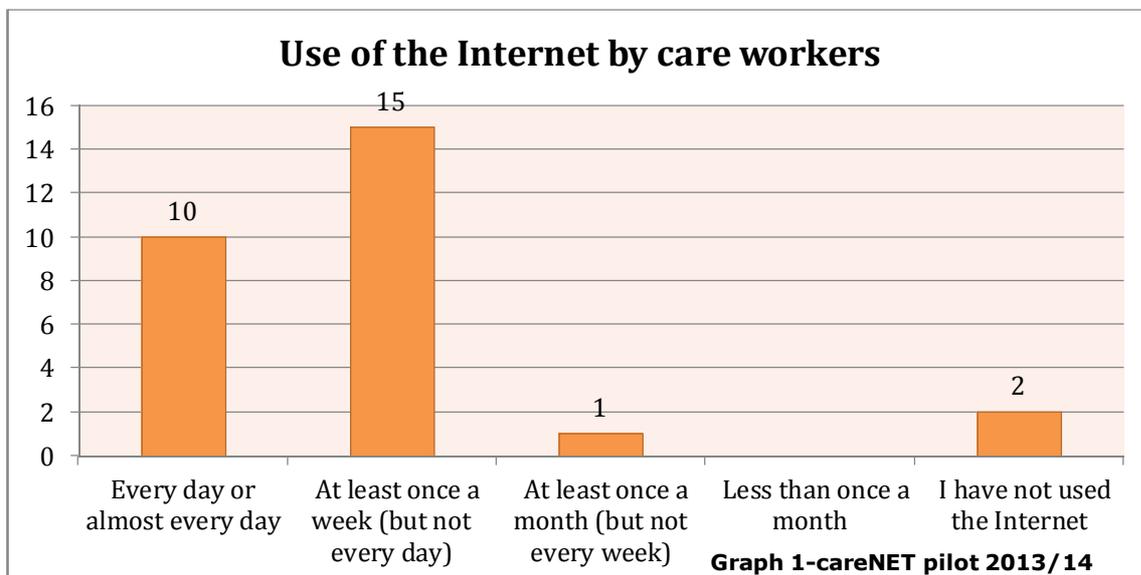
Among the 28 connected care workers a large majority accessed to the Internet in familiar private place: 96% at home, 69% in a relative's house and 31% in a friend's house. Outside home and working place they are mainly using and mobile phone (32%) or a portable computer (36%) to get connected.

A minority of care workers is looking for online information and on a regular basis, i.e. a daily or weekly basis, for news and magazines (35%), goods and services (43%). They did not frequently communicate online except for mails (75% on a daily or weekly basis), for social networks and instant message chat, i.e. respectively 28% and 39% on a daily, weekly or monthly basis. Only on a weekly or monthly basis the care workers surfed for education of training purposes (35%) or consulted websites to obtain knowledge on a specific topic (50%). They were users of other online services but mainly on a weekly, monthly or yearly basis: 58% of sites to buy goods and services 53% of Internet banking, 54% of sites to sell goods and

services and 54% of cultural sites.

Care workers get not connected for professional purpose on a regular basis, but mainly in a monthly or yearly basis. For 50% of care workers the Internet was an information resource about training or apprenticeship. A large minority also browsed the Internet to find information about unemployment benefits and programmes (43%), to accomplish tasks related to their usual work or education activities (43%) or to look or apply for a job (61%), see the following graph 3.

Use of the Internet for professional purposes by care workers

Graph 3- careNET pilot 2013/14
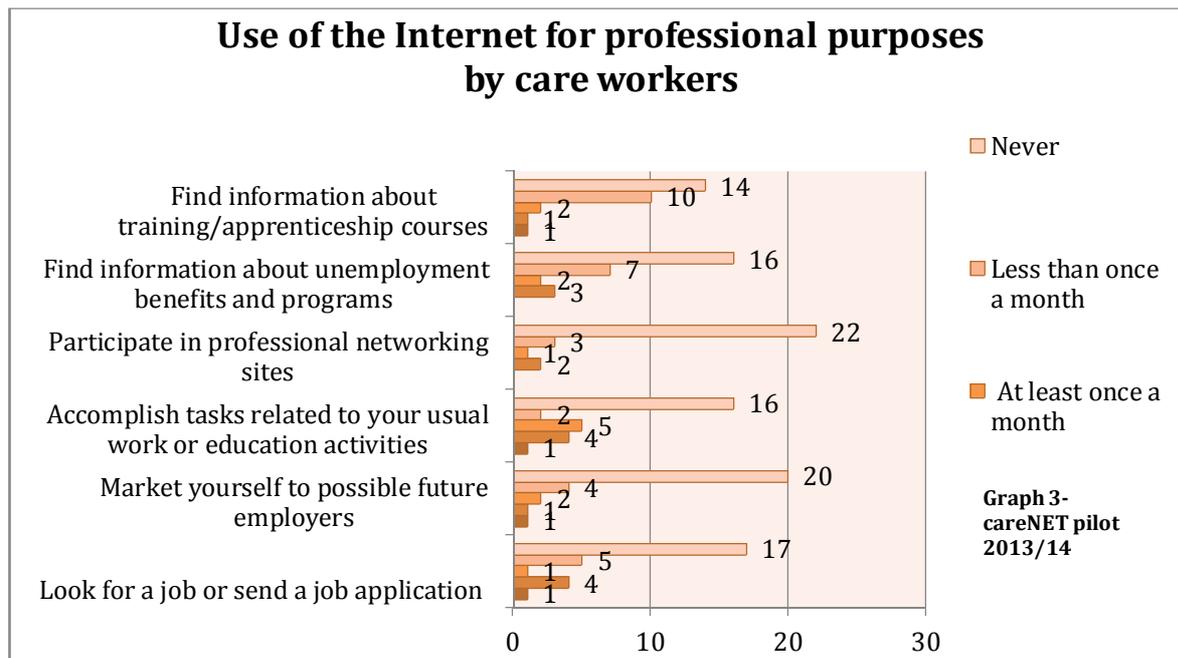
Almost all care workers accessed a mobile phone (96%) and have a varied use of this digital technology. They mainly sent and received SMS (89%), took pictures (68%), played or listened to music and sent and received MMS (46%) cf. the graph 3 below.

Use of mobile phone by care workers

Activity	Yes	No
Use an application that you download...	3	25
Play a game	5	23
Record a video	10	18
Play/listening to music	13	15
Take a picture	19	9
Use a social network	4	24
Browse the internet	7	21
Send/receive emails	7	21
Send/receive image-messages (MMS)	13	15
Send/receive text messages (SMS)	25	3

Graph 4-careNET pilot 2013/14
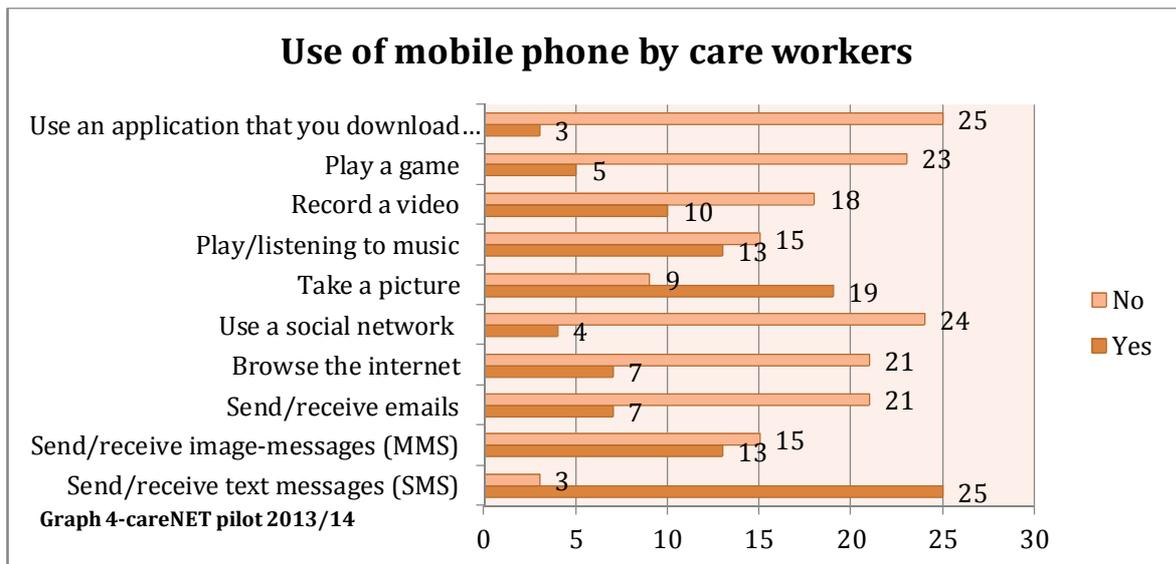
Based on the self-assessment of their computer and Internet skills the level of care workers was very heterogeneous. A small minority (32%) had an average level, i.e. could do and perform activities or learn more about them and the same minority had never used ICT, see the following graph 5. However their analysis underestimated their prior skills. Regarding their current knowledge of ICTS in use and terminology 75% of care workers had indeed an intermediate level.

Levels of care workers regarding computer and Internet skills

Level	Value
No Experience	9
Beginner	7
Average	9
Expert	3

Graph 5-careNET pilot
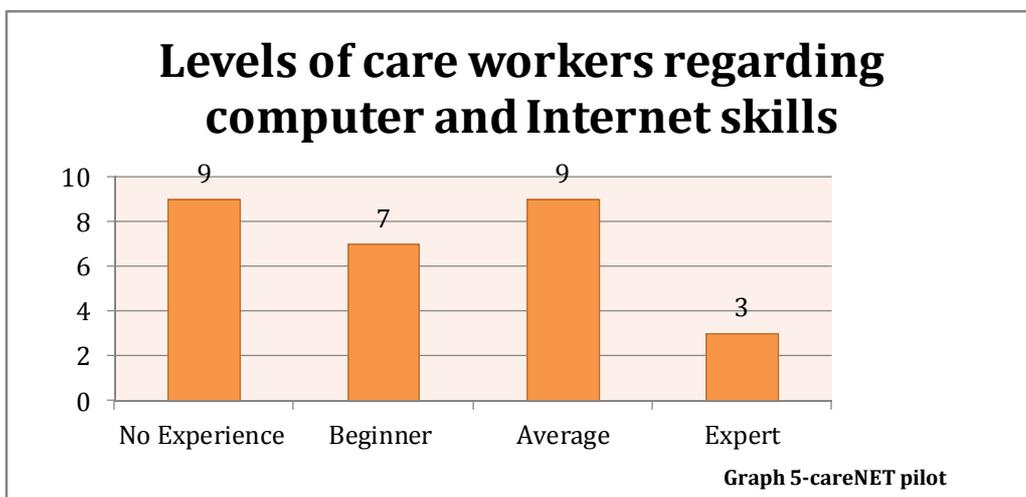
Almost all the care workers, i.e. 81%, felt confident about learning at the launch of the pilot.

Older people

A third of the 33 care recipients were men.

18 older people indicated their educational levels which are particularly varied. 28% pursued a higher education after high school. However a large majority, i.e. 62%, did not reach the high school level.

At the launch of the careNET pilot among the 14 care recipients who expounded their use of the Internet 57% never accessed to the Internet against 43% of regular users, i.e. who have a daily or weekly access. Their favoured place to access to the Internet is home: outside their home 71% of care recipients did not have at their disposal a mobile device. They mainly never went online to search for information except about good and services (60%). The online messaging is the only communication regular use, i.e. a daily or weekly use, of a large minority of older people (33%). They mostly did neither education nor training activities via the Internet nor access other online services except for travelling (14%) on a weekly, daily or yearly basis. Only a small minority, i.e. 17% of care recipients, got connected for professional reasons.

A majority of older people accessed to a mobile phone (64%) especially for phone calls. A minority of them are using it to send and receive SMS (29%) and a smaller one (7%) to send and receive MMS, to take pictures or record videos.

Based on the computer and Internet skills self-assessment questionnaire 79% of the care recipients had no experience with ICT at the launch of the pilot. However 2 older persons had an average level and 1 an expert level. They minimised their skills given that 50% had an intermediate level and 50% a beginner level regarding knowledge of ICTS in use and terminology.

All the care recipients (100%) began the careNET pilot with confidence regarding the learning.

SELECTION AND PROFILE OF FACILITATORS AND ICT SPECIALIST

The selection of the 6 facilitators was based on their involvement in the care workers relays (RADV) and as experts of social care on the basis of their curriculum vitae. Before the launch of the pilot IPERIA carried out a specific training gathering together the facilitators of each area to discover the digital skills and to implement the pilot.

The training was divided in 2 times. During a first day of training the facilitators learned about the framework of the experimentation, i.e. the careNET project, pilot and training process. They also discovered the learning platform based on the Moodle technology and the tablet Nexus 7 3G. The training of facilitators focussed in particular on the distance support of learners.

In a second time IPERIA sent video tutorials about the Virtual Learning Environment tools to the facilitators through e-mails and fixed collective distance meetings at least twice a month. During these meetings IPERIA further introduced the learning modules, the VLE and the distance support. It was also the occasion to express, manage and solve quickly technical and training problems encountered by the facilitators during the pilot implementation.

An ICT specialist within the framework of the IPERIA Information service was also involved for three main works. He purchased the tablets, 3G SIM cards and subscriptions, created Gmail accounts and supported the facilitators and the trainees along the pilot. The ICT specialist took part to all internal steering committees of the French pilot since August 2013 and was thus

informed about the careNET project, the careNET pilot and the ICT specialist specificities.

How the training was organised and how the VLE and the tablets where provided and introduced during the training.

IMPLEMENTATION OF LEARNING AND LEARNING INSTRUMENTS

The translation and preparation of learning resources

Once a learning pathway received IPERIA followed a specific procedure to make it comply with the French culture and professional specificities. The pathway was translated by an independent translator. The two pilot managers modify the pathway according to the specificities of the French piloting scenario afterwards. The engineering service and e-learning service assessed then the pathway according to the following criteria:

| The compliance with the care worker profession;

| The compliance of the used terminology with the French participants ;

| The availability of the learning resources in French.

If the pathway did not receive a good evaluation IPERIA contacted KCL and UNIPI to modify the learning resources involving FBIS. If the pathway was accepted then the e-learning service began its adaptation. The learning activities and resources were thus modified. The e-learning service changed some activities according to professional and cultural specificities and added or created new resources (videos, websites, applications, articles…) in French and fitted for the tablet. In France the health care activities and purchasing activities could be implemented by care workers at older people home.

==Cf PROCESSUS DE VALIDATION==
==CF respons diary==

THE IMPLEMENTATION OF A LEARNING PROCESS

IPERIA built the learning process considering the roles of the care workers and the care recipients, the benefits of blended learning and the limited mobility of older people. The pilot supported the empowerment of care workers as learning mediator for older people. In this way IPERIA decided to start the pilot with the collective training of care workers to digital skills. The care workers also experimented e-learning through individual activities at home. Thanks to their newly acquired skills and "digital independence" the care workers made afterwards the older people discover the digital literacy and use of the tablet.

On the basis of the care workers relays IPERIA divided the careNET training in 6 collective face-to-face sessions and 4 intersessions. Each session lasted 3 hours except for the first introductive session which lasted 5 hours. Between each session the care workers had to attend 8h45 hours of distance learning intersession. During the last intersession the care workers

learned with the older people at home.

IPERIA decided to modify the order of pathways and modules established by King's College London and UNIPI to support and strengthen the learning process of the French pilot. The changes impact the following learning materials:

The module Security of the foundational pathway was implemented after the introduction of the tablet and the Virtual Learning Environment. The engineering, e-learning service and the pilot managers decided to begin the training with this key-module considering the high risk of the digital world for beginners.

The vocational pathway was achieved before the "Day to day" pathway to prepare the care workers to enable older people to use the ICT and to develop digital skills. The vocational pathway contains indeed a module dedicated to the learning mediation of care workers.

The module "Enabling ICT Use by Others" was completed by the care workers at the end of the vocational pathway and before the "Day to day" pathway to ensure the well running of the collaborative learning with older people.

Cf. Schéma du parcours
Cf. Plan du parcours (doc dans WP3 de S)

THE PRE-ASSESSMENT OF PARTICIPANT'S SKILLS

IPERIA planned an assessment of the prior digital skills for each group of participants. The care workers completed the profiling tool during the first learning session with the help of facilitators. The profiling tool was available online through a Google document and the care workers fulfilled it with their tablet. IPERIA processed care workers results and shared them with the facilitators to pursue the pilot. As part of the care workers preparation to carry out the pathway with the care recipients they were asked to support them completing the profiling tool via an instruction on printed form given by facilitators. Based on this instruction as soon as the care recipients were involved in the training they have to fulfil the Google document.

Cf. Consigne aux ADV

THE CREATION OF COLLABORATIVE ENVIRONMENT BETWEEN PARTICIPANTS

Several components of the French pilot fostered the collaborative learning between participants which were in particular the LRC, the social network and several learning modules.

The French pilot was implemented in the care workers relay as well-known as a collaborative environment where care workers meet on a regular basis in local small groups and with the help of a trainer and experts to share and improve together their vocational practices.

Within the framework of the Virtual Learning Environment the social network was a specific space fostering the exchanges between the pilot participants through personal and group profile and through online messaging. It complemented the role of the learning platform hosting the learning resources and materials and allowed an interactive online community.

The Peer learning module was part of the vocational learning pathway and aimed at developing care workers ability to take part in an electronic learning community through sharing knowledge and content with peers, by giving and receiving feedback. The activities offered the opportunity to the care workers to share their digital skills and experiments through the chat tool Google

Hangout and to discuss about the characteristics of their work on the careNET social network. Prior to the involvement of care recipients care workers will have also practiced with the activities of the module "3.1 Enabling ICT use in others". In order to involve care recipients, care workers will thus identify the needs of the care recipients and design an appropriate support environment.

THE ADMINISTRATION OF THE LEARNING

The organisation of the pilot requested an important involvement of IPERIA administrative service given the numerous documents the training providers, facilitators and participants had to provide on paper form at the beginning and in the pre-pilot and post-pilot phases. The administrative was in charge to send, collect all the documents and to control and report their good reception.

IMPLEMENTATION OF TRAINING INSTRUMENTS

The provision of the VLE

The three tools of the VLE were introduced to the participants at the beginning of the pilot. They were completed and improved along the pilot thanks to the feedbacks and observations of the facilitators and participants.

IPERIA fed the learning platform and the competency wiki with new learning resources and competencies description in compliance with the pilot learning process. IPERIA also worked with the developers of the VLE to keep the tools adapted to the project groups. On the learning platform the plugin "Training sessions report" was installed to measure the time spent by each participant. The social network settings were modified to comply with the handheld device based on several problems encountered linked to the feedback function and the size of the tablet keyboard.

The organisation of the Learning Relay Centres

The facilitators organised the Learning Relay Centres in each territory where the careNET pilot was implemented. The LRC were mainly spaces provided by local authorities or other local stakeholders. The LRC were selected bases on the following characteristics:

- A Minimal size of the room of 15 m² fitted for 12 seated persons;
- A beamer and a paperboard;
- A natural lighting;
- A functioning lighting and heating;
- A 3 or 5 hours availability according to the agenda of learning sessions;
- An access to the Internet.

The provision of tablets and connexion to the Internet

The ICT specialist provided the purchased Nexus 7 tablets and 3G SIM cards to each facilitator and group of care workers before the first face-to-face session. The 3G subscriptions were monthly renewed during the

Figure 2-careNET pilot 2013/14

pilot timeframe, i.e. 4 months.

The 6 facilitators and the 29 care workers were equipped to made older people discover the digital literacy.

The tablets were configured and the 4 following folders were created and filled with links to useful website:

| My administrative tools;
| My training including link to the learning platform and the careNET group of the social network;
| Contacts and technical support;
| careNET project including the link to the project website and social media pages.

The ICT specialist also set up the Skype application from the beginning of the pilot.

IMPLEMENTATION OF LEARNING SUPPORT

The personal learning support

The facilitators contacted individually and on a weekly basis the care workers through online messaging, by phone and via the several chat tools used during the training like Skype, Google Hangout. They usually fixed a time slot where participants could contact them. The facilitators answered the questions of care workers, shared solutions and to support their moral.

The community animation and support

The facilitators communicated with their group through the forum of the learning platform. Taking advantage of the tool of the VLE most used by participants the facilitators used the forum for the following actions:

| To give and remind information about the face-to-face sessions;
| To collect feedbacks, observations about the training and the collaborative learning with older people;
| To answer questions;
| To encourage the participants (e.g. by sending them humoristic videos).

IPERIA managed the animation of the social network and the competency wiki by answering on a regular basis to comments, testimonies and questions of participants. In the last two months of the pilot the animation of these tools of the VLE was a daily work.

The technical support

The Information service created and implemented a specific procedure to carry out the technical support. The care workers received with the tablet an information sheet to solve problems explaining the procedure cf. Annex 8. The sheet was provided in a printed form and online via e-mail. In case of a problem the care workers could access of several sources of assistance. First they were invited to look for an online solution in the Google assistance centre and report the solution founded through a short google questionnaire available at https://docs.google.com/forms/d/1ucaxWk-mCMNo0U4FafyutBSi3dM7_zoUGoWyLtgCMvo/viewform . The report aimed to centralize all

encountered problems. If they did not succeed in solving the problem, they could contact the ICT specialist through the assistance service address e-mail. The ICT specialist called then the participant. In case of an emergency the participants had the possibility to contact their facilitator directly connected with the ICT specialist via his professional phone and e-mail address. In this way the facilitator could solve bring a quick help and when needed expound the problem to the ICT specialist.

The information sheet included all links and contact information of the assistance service and facilitator.

The procedures evolved during the pilot. At the beginning of the pilot two supports documents were produced and broadcasted via e-mails to care workers to bring solutions to frequent problems linked to the automatic spelling correction and account deactivation. Given the high number of calls from the facilitators to the ICT specialist IPERIA established a new online document report precising the number of participants concerned by each problem and its impact on the learning process.

Pilot results and impacts

The aim of this chapter is to assess the development of digital skills among CR and CW in the national pilot.

ACQUISITION AND DEVELOPMENT OF DIGITAL SKILLS

The profiling tool assessed the skill level of 26 care workers and 20 older people during the post-pilot phase. A comparative analysis of the results obtained in the pre-pilot phase showed the development and acquisition of the digital skills of participants.

The profile of care workers evolved from a heterogeneous situation from different level to an important increase of the average and expert level. At the end of the pilot 50% of the care workers self-assessed as an expert level and 42% an average level against respectively 11% and 32% at the launch of the pilot. The quiz about their current knowledge of ICT in use and terminology confirmed this main evaluation: 84% of care workers reached the average and expert level. A part of the 75% of professionals who had an average level at the launch of the pilot succeeded in becoming experts: this share represented 42%.

The facilitators considered the acquisition of skills related to the videoconferencing tool like Shype and the research, set up and suppression of applications.

The older people also benefited from the careNET training in terms of digital skills acquisition. They had mostly a beginner, novice and intermediate level at the launch of the pilot. The self-assessment quiz highlighted that 20% of older persons became experts and 30% obtained an average level. The assessment of their knowledge of ICT in use and terminology concluded to an even successful evolution: 37% of the older people reached the expert level against 0% at the beginning of the pilot phase and 37% the average level. At the launch of the pilot only 50% of older people had an average level, at the end of the experiment 74% had an average or expert level. The pilot benefited to the persons with and without prior digital skills.

USES OF THE VIRTUAL LEARNING ENVIRONMENT

The skill gap between the care workers and the care recipients appeared clearly considering their ability to use the instruments of the Virtual Learning Environment. The care recipients were not the main users of the VLE and did not thus highlighted their usefulness.

The learning platform
For a minority of the care workers who answered the Exit survey the access and use of the learning platform was very easy. However they found difficult to have to navigate on others pages outside the learning platform during an activity and also to navigate between the activities given the large amount of learning content.

The care recipients accessed with difficulty to the learning platform and thus did not consider that the tool has a simple use.

The social network
According to the Exit survey the care workers had mixed opinion about the usefulness of the social network. Several care workers explain the lack of interest for this communication tool by their care recipients or their own distrust of micro-blogging:" It is not for me. I never put my

private life in display". The facilitators also reported that the care workers did not want to share their personal pictures in online network. However in the survey the care workers identified the same most useful activity provided by the social network: communication between peers. On the social network they mostly reported and shared their new skills and their proofs via photos and videos.

PHOTO

As the carers mentioned and according to the Exit survey the care recipients did not consider the usefulness of the social networks without further explanation.

Almost the half of the care workers completed the e-Portfolio. The gap between the produced e-Portfolios reflects the heterogeneous skill levels of participants cf. Photos 1 and 2. The care workers mainly filled the address and experience parts. Some of those who reported their skills in the e-Portfolio quoted the learner's diary and the competency wiki.

Care workers E-Portfolios
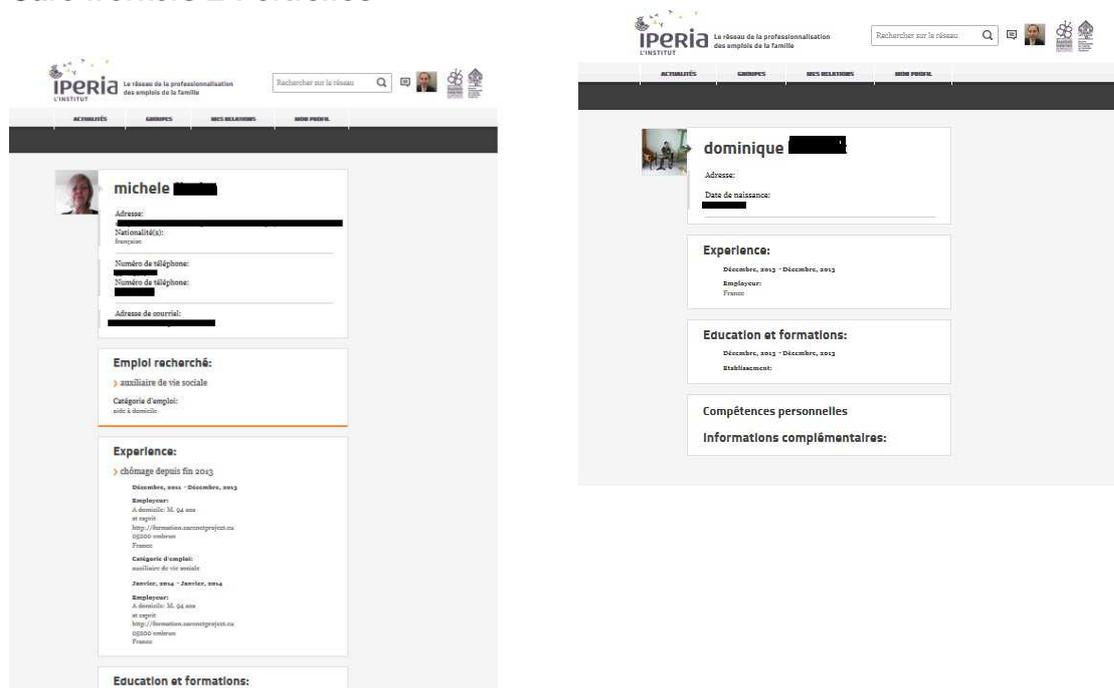
The social network was in its testing phase and was improved during the French pilot thanks to the difficulties and feedbacks of the pilot participants. The access to the social network with the tablet was one of the main technical challenges.

The competency wiki

The care workers were the main users of the wiki: 27 care workers and 3 older people commented on the French competency wiki. They published 150 comments on the wiki with the piloting actors, i.e. the facilitators and the responsibles. The participants commented especially the foundational domain and to a lesser extent the vocational domain and their areas of competences. The pages of the domains were more active than the pages of the areas of competences. The group of Valence created a page on the wiki to introduce it-self and the participants.

The care workers and the older people used mostly the wiki in the following actions:

  | To express their personal observation about the training (benefits, difficulties, impacts…);

| To ask questions;
| To comment the motivations of the areas of digital competences
| To report their new acquired skills. This particular trend is explained by the fact that they used the competency wiki to complete the learner's diary at the end of each training activity.

Some care workers highlighted activities that could be developed in the careNET curriculum like supporting older people to complete administrative documents or further acquiring a digital literacy.

USE OF THE TABLET

Evaluation of the technological training support

A large majority of care workers considered the tablet as a "very useful" tool and in particular for information and communication skills. They also highlighted the importance of the tablet for professional purposes like research of recipes or research of job and use of an agenda. Additionally they expressed their interest for online gaming and further building their hobbies via the tablet.

The older people also mostly find the pilot handheld device very useful and especially to get informed and look for information and to play games through applications. A care recipient enhanced the benefits of the tablet in comparison with computers: "Thanks to its handiness the tool allows to research more quickly than a computer".

A quote from the competency wiki pictures the use of the tablet in social care as a care worker explained: "My employer is celebrating her 9st birthday. When I came to her place, I heard « Did you forget the tablet? ». Lol. She likes a lot the games with words. Additionally it allows us to spend nice moments, we laugh a lot. This training and the tablet add something to our lives".

THE PERSONAL SATISFACTION OF PARTICIPANTS

A majority of care workers and a majority of older people assessed their participation in the careNET pilot as "very useful". Several participants promoted the pilot among other care workers and older people. For instance, we could read among their answers from the exit survey "I hope to mobilise a lot of people and further develop the functionalities and the uses", "I am fostering all the older people to enter the digital world. The tablet increases longevity" or from the competency wiki "This digital training was very useful. It helps us to improve our daily work supporting the daily life of older people. I am happy to access and further discover and I hope the use the tablet in my daily work with my employers".

RELATION BETWEEN LEARNING EXPERIENCE AND WORK/LIFE EXPERIENCE AND IMPACTS ON WORK/DAILY LIFE

Care workers
Information and communication were the most useful skills according to care workers who

mainly found "very useful" the digital skills in their daily life.

In their daily life, the care workers considered mainly that research of online information was the most useful digital skills. To a lesser extent they also enhanced the online communication through chats like Skype and the online gaming. They also addressed the usefulness of research of news and of download of application on the handheld device. The facilitators confirmed the acquisition of competences like communication through e-mail and chat, downloading application or taking pictures.

The care workers mainly considered that the digital skills were "very useful" in their professional life. The learning support to older people, the use of an online agenda and the online gaming were in particular the most addressed useful skills. They also considered the importance of online research for job and for professional information and the e-Portfolio. A care worker further expounded the benefit of the training to her/his "professional well-being". The facilitators also identified the communication between peers and the research of activities for the care recipients as the main digital skills newly acquired by care workers.

The skills that the care workers wanted to develop after the pilot were mainly related to online participation via the use of social networks or forums or to professional purposes like research for job or vocational training.

Older people

A majority of the older people found the digital skills very useful in their daily life. The most useful skills were related to online communication. They assessed positively the online messaging and chat. They also promoted online gaming addressing for instance memory games. Several care workers and facilitators addressed the interest of older people for location tools like Google Maps or Mappy which allow older people to find and share with their care workers their previous residences.

They expressed heterogeneous wishes regarding the skills they wanted to develop or acquire. Among the skills mentioned, there were online gaming, messaging, security and use of a mobile phone.

The training improved the relationship between the care workers and the care recipients and their relationship to their relatives and friends reducing their loneliness.

SUSTAINABILITY

The careNET pilot is going to be developed with the framework of two local projects:

> The group based in Laragne (Hautes-Alpes) decided to continue to exchange and share their new digital professional practices in the framework of a new care workers relay from March to June 2014. The participants did not want to lose their newly acquired skills and to consider their use with different care recipients. They decided to focus on the tablet and on the social networks.

> In Hautes-Alpes the training provider involved in the careNET pilot is also elaborating a local project involving the local authority, i.e. the Conseil général, to enlarge the use of ICT at older people home. The new project would organise a local event in October 2014 where the careNET pilot implemented in Hautes-Alpes would be expounded.

| The local project Bretagne Mobility Augmentée answered the Call for an Open Pilot and will refer to the careNET pilot to develop a specific training of digital skills for domestic workers supporting older people.

Best practices

Which factors allow the good achievement of the pilot among the following activities? Please de

DEVELOPMENT OF FACE-TO-FACE SESSIONS

The careNET training was an important challenge for the participants even if a majority of them did not start the experimentation without prior digital skills. The careNET training is really ambitious given the instrument building the learning environment, the diversity of common and specific competences to care workers and care recipients and the use of the tablet as learning equipment. The facilitators faced these challenges and doubled the hours of face-to-face support and meeting. Their involvement allows reassuring the pilot participants who spend a huge amount of time to succeed in entering the training and even developed some anxiety.

THE FOCUS ON THE ACTIVITY "ENABLING OLDER PEOPLE TO USE ICT"

The piloting team decided to make the activity "Enabling older people to use ICT" a key and pivotal activity in the care workers training. The care workers achieved this activity before beginning the "Day to day pathway" with care recipients at home. This activity was introduced during the third face-to-face session. The piloting team further produced and provided an instruction on printed form given by facilitators to prepare the new pathway and to enter the new role of learning mediator. The instruction reminded to the care workers that the care recipients training should stay a quality time and a source of entertainment.
The instruction was built on the following 4 parts:

| The introduction of the tablet and the VLE: the care recipients should receive a general presentation of the tablet functionalities and of the learning environment. The care workers provided the identifiers and passwords of their care recipients to access the VLE.

| The understanding of your care recipient's digital skill level and uses: through the activity "Enabling older people to use ICT".

| The Profiling tool that the care recipients completed online with the help of their care workers.

| The implementation of the daily activities.

This focus on the activity fostered the empowerment of care workers and allowed as smoother running of the care recipient training.

THE INVOLVEMENT OF THE ICT SPECIALIST

The ICT specialist became a key actor of the learning process during the experiment. Initially mission of the ICT specialist was to support the participants in using the technical equipment. The facilitators were selected on the basis of their knowledge of the social care, the situation of care workers and the organisation of local care workers relays. The ICT specialist finally supported the facilitator during the face-to-face session and also via online support. At each session the ICT specialist was contacted by phone when the facilitator could not overcome some technical challenges. During the two last months of the pilot and given the huge mobilisation of the ICT specialist by the participants, the piloting team create a new organisation of the technical support. The ICT specialist should mainly answers the problems expressed by facilitators through an online survey. The participants did not use the survey implemented at the beginning of the pilot and naturally did not often succeed in explaining the encountered problems. The survey for the facilitator was built to be more efficient.

To identify the risk and the importance of the encountered problems the facilitators had to provide the following information in the survey template:

- The description of the problem;
- The impact of the problem on the learning;
- The emergency level;
- The concerned participants (number and name).

The useful involvement of the ICT specialist was addressed by a large majority of participants and facilitators as a success factor of the French pilot.

Improvements and recommendations

PRE-PILOT ACTIVITIES

Cooperation with external actors
The local actors' involvement could be carried out before the pre-pilot phase in order to benefit from their abilities to mobilise participants. The local specificities could thus be taken into account in the training process providing to local actors some information for further developments.

Training of facilitators
The facilitators should be selected on the basis of their expertise level of digital skills or should attend a specific training dedicated to digital literacy before the launch of the pilot. Furthermore the introduction of the Virtual Learning Environment, the Learning resources and pathways, the tablet and the evaluation process should be consequently developed. The training of facilitators has to be a key work of the pre-pilot phase.

Technical support
The online survey to report technical problem resolution was not used or completed by the careNET participants. A communication effort about this tool should be foreseen.

3G connexion subscription
Some locations did not access the Internet via the 3G and in particular the villages and mountain areas. The Questionnaire about personal information and equipment could be submitted during the participant's involvement and could include a specific question regarding the 3G coverage at care workers and care recipients home.

LEARNING RESOURCES
Jointly the participants and the facilitators expressed the need of learning resources developed with a simpler lexicon.
Regarding the activity content, the limited number of website subscriptions could simplify the training, foster the skill development and protect the participants from useless share of personal data. The care workers promoted activities with a concrete and short-term impact in their lives and "fun activities".
The training offer should not demand of care workers to carry out online transactions with older people but stay in compliance with the professional limits of the care worker and older people privacy. Some participants suggested choosing inside the "Day to day" pathway the activities which could interest the binomials.

PROFILING TOOL
The profiling tool was successfully completed by the care workers during the first face-to-face sessions. We observed that some care workers encountered more difficulties to complete it alone at the end of the pilot and some care recipients did not understand the questions of the

profiling tool. The facilitators suggested simplifying the vocabulary of the Profiling tool.

TOOLS OF THE VLE

The interoperability of the VLE components could be improved by developing a unique tool as technical framework. The care workers will lose less time navigating between each instrument and focus on their respective functions.

Like the learning content, the lexicon of the competency wiki could be simplified.

The learning platform was the main instrument of the VLE. It could thus benefits from visual modifications. For instance to distinguish the activity from the module the font should be different. The education progress of the participants could also being highlighted through the use of specific colours for the implemented activities and the next activities of the training. In this way the care workers will follow the learning process with confidence.

PILOT IMPLEMENTATION

Learning process

The learning resources and materials would benefit for a consequent time extension of the learning. The time was a key issue of the French pilot and the majority of care workers and care recipients assessed the speed of the training as "quick" and "very quick". To became confident and be able to self-assess their new acquired skills the participants need to spend more time and repeat each activity. The increase of the face-to-face session should be officially integrated and structured into the learning process. The facilitators observed that the care workers developed faster digital skills during the face-to-face session thanks to peer learning.

Concerning the order of modules and activities the ICT specialist particularly recommended developing the use of the tablet as first and extended activity of the careNET training. This modification will impact the confidence of the participants and reduce the ICT specialist intervention.

Pilot administration

The facilitators suggested reducing the number of administrative and evaluation documents. We could consider aggregating the documents and enriching the introduction of the evaluation process from the training of the facilitators.

Personal learning support

The improvement of the learning process and especially the increase of face-to-face learning should be combined with a more personalised learning support strengthening the facilitator contribution. The heterogeneous skill levels led to the development of the personal learning support. For participants with no experience in ICT the involvement and availability of a facilitator would impact the learning effectiveness.

POST-PILOT ACTIVITIES

A facilitator recommended insuring the follow-up of the pilot participants a couple of months after the end of training. This monitoring of digital skills development could be part of the impact assessment of the careNET pilot.

TABLET

The Google Nexus required the creation of a google account. The piloting partner created anonym accounts for participants in the pre-pilot phase. The configuration of the e-mail account would however benefit to the participants and would avoid any deactivation of the anonym account by the messaging provider.

> Spanish piloting report

Overview on pilot

NATIONAL CONTEXT

The Spanish piloting took place in Burgos, a city that is part of a region called "Castilla y Leon".

In recent years, Castilla y Leon, is suffering a continuous population loss. The negative population growth rates and the migration processes are severely limiting the potential growth of the region.

The countryside of Castilla y Leon faces a delicate demographic problem, characterized by a large population vacuum, aging and masculinization.

Castilla y León has an aging population, with about 27 inhabitants per km2, peculiarities that must be taken into account in developing active aging activities in this region. This is clearly reflected in the population pyramid, where we can see the growing number of people over 65 compared to the national average.

On analysing the ageing indicators for Castilla y León, it can be observed how the ageing index shows that there are almost two people over 65 years for every person less than 15 years. The regression at the base of the pyramid (young people) is also significant. In Castilla y Leon many older people are concentrated, as a rule, in urban areas. In municipalities of less than 500 inhabitants almost four out of ten people are 65 years old, in addition, 13% of people are over eighty years and children under 15 represent only 6% of the population. The average age is 53.

For all this reasons there is an increasing need of professionals in the specific sector of care in the household.

COOPERATION AND SITES

Our stakeholders were:
| FUNDACIÓN CAUCE: An organization that works with people in risk of exclusion providing them a job (normally as care workers) and training.
| CUIDAMOS: An organization that provide care workers for families that have a member with some kind of disability.
| HOSPITAL UNIVERSITARIO DE BURGOS: Helped as with the dissemination.
| AULA SMART: Helped as with the dissemination and the platform.
| COLEGIO DE MEDICOS DE BURGOS: Helped as with the dissemination and provided a place to do the training of our participants.

INVOLVEMENT AND PROFILE OF PARTICIPANTS

The piloting took place in Spain in the city of Burgos.

There were 29 caregivers involved, all of them women, most of them Latin American immigrants and their respective dependents.

There were 20 professionals participants and 9 of them are caring for a family member.

The pilot began on November 12 and is scheduled to end on 19 December.

About 77 percent of participants are aged between 40 and 60 years an almost all the people, they are taking care of, are above 85.

Most of the participants in the piloting, especially those who are in the age range between 50 and 60 years, which are the 57 percent of project participants.

SELECTION AND PROFILE OF FACILITATORS AND ICT SPECIALIST

We choose people familiarize with the CareNET project from the beginning, with experience in new technologies, ITC and teaching, capable to transmit the knowledge to people without any experience in this field.

PILOT IMPLEMENTATION

During the pre-piloting we made some activities in order to guarantee the good development of the programmed activities such as the choice of translators, facilitator, ICT specialist, stakeholders, instruments, participants, etc.

The KLC as part of their functions design some deliverables to evaluate the digital competences of the participants. These and other documents necessaries for the implementation of the piloting as well as the Virtual Learning Platform and the Wiki of Competencies has to be translated to Spanish.

These translations were introduced to the Virtual Learning Platform and the Wiki of Competences.

We evaluated three different tablets (IPad mini, google nexus and Kindle fire), taken into account three main factors: Operating System and Usability, Hardware, Price.

Apple, with its previous tablets (Ipad, Ipad 2 and Ipad 3), is the undisputed leader in this market segment, with more than 100 million tablets sold. This has led to its operating system and its devices having a considerable amount of applications available (more than 650,000), as well as a wide range of accesories. Additionally, as is the tradition in Apple, great care is taken in the manufacture of the devices, and they ensure that there is optimum integration between the software and the hardware, which makes it possible to obtain great results in usability, speed and performance of the hardware. However, the Android environment is also very extensive and makes it an important alternative. On being adopted by different hardware manufacturing companies (in our case, the Nexus 7 and Kindle use versions of Android), has meant that the number of available applications for the different devices could grow

exponentially, along with the appearance of tablets in different segments of the market that cover various areas both in price and in features. Finally decided that google nexus was the most appropriate due to the fact of it´s quality and prize.

When we finished the pre-piloting activities, we needed to make a great effort to get participats due to the lack of professionalization of this sector in Spain, and their low scholarization.

Finally we gets 29 binomious that were divided in two groups.

We imparted 5 weeks face to face training sessions to each group of careworkers.

All the participants complete a survey, and the ICT specialist and the Facilitator used it to trace the learning path according of the skills and level of them.

Due to the low level of the participants we decided to center the face to face sessions in the foundational domain of competences, mainly in:

- Technological orientation,
- Information seeking and management,
- Communication, collaboration and participation,
- Creation of content and knowledge,
- Informed decision making and problem-solving.

The face to face sessions were in a class room doted with WI-FI connection and audiovisual tools. Additional we implement a tool that allows us to show the content of the facilitator tablet in a video projector, in real time.

The training was support with everyday Skype sessions and video tutorials for common issues resolution.

Pilot results

The aim of this chapter is to assess the development of digital skills among CR and CW in the national pilot.

ACQUISITION AND DEVELOPMENT OF DIGITAL SKILLS

Almost the 57 percent of project participants have had very little contact with the new technologies and that makes the learning curve is very slow, and this fact has determined the advance of the face-to-face sessions.

Despite this inconvenient we have detected much enthusiasm for learning, a strong commitment to fulfill the assigned tasks and a growing curiosity to find everyday and professional situations where new skills are useful.

Competences that they appreciate most are those related to communication and information. As we said before, most of our participants are foreign and the new competences acquired allow them to maintain or recover contact with their families.

This enthusiasm, related to new ways of communications, is shared by the people receiving care.

USES OF THE VIRTUAL LEARNING ENVIRONMENT

The first version of the Virtual Learning Enviroment (VLE) was done by KCL taking into account the English context of the careworkers sector, that is a more professional and organiced than in Spain. For this reason we had to adapt some of the proposed activities to the Spanish context. Activities related with soft medication were considered risky and out of the competences of this workers, due to the fact that most of them are houseworkers with additional responsabilities related to the care of old member of the family.

As we mention before they have a low qualification, only 10 percent of the participants have professional profile as careworker. The low qualifications in careworker sector and the ICT of the participants, forced us to center the VLE information and activities and foundational domain of competences, mainly in:

- Technological orientation,
- Information seeking and management,
- Communication, collaboration and participation,
- Creation of content and knowledge,
- Informed decision making and problem-solving.

EFFICACY AND EFFICIENCY OF THE COOPERATIVE LEARNING

Our binomious are composed by low qualified careworkers and over eighty carereceivers with severe illnesses and in most cases with some degree of incapacity. That is why we center our attention in conperative activities such a magazines, news papers, videocalls with relatives.

USE OF THE TABLET

The low level of ICT skills of the participats made very difficult the learning process, most of the participats don´t had a previous contact with tablets, and internet. Most the face to face training was center in the development of basic skills with the tablet configuration and use, and internet and related subjects. In order to facilitated the learning processes we implemented a "learn by example" method reinforced by an implementation of an app that allowed the facilitator to shown the content and actions of his tablet in real time, projected in a screen.

By this way all the participats followed the actions and could ask as many questions as they needed to follow the explanations in their own tablet.

EVALUATION OF THE LEARNING RELAY CENTRE(S)

The face to face sessions were imparted in a class room provided with Wi-Fi connection, microphone and special big screen in order to follow the explanations in real time.

Pilot impacts

This chapter will assess the several impact of the pilot in its main objectives and its sustainability.

IMPACT ON QUALITY OF CARE

Both, care workers and care recipients, were able after the piloting to communicate with relatives and overcame the isolation related to this kind of job (many hours, many days per week with the same person) and disabilities (care recipients expend many ours in their houses).

ADDITIONAL BENEFITS

FOR CARE WORKERS:

After the piloting all of them were able to
- Configure and work with the tablets.
- Seeking information.
- Communicate, sharing information, and work in groups.
- Create Content.
- Use the ITC in their day to day activities.
- Use the ITC in their professional activities.

FOR CARE RECIPIENTS:

After the piloting most of them were able to
- Read news paper.
- Seeking information.
- Communicate with relatives.

SUSTAINABILITY

During the Validation Seminar that took place in Hospital Universitario de Burgos Spain, the 21st of February 2014. From the press were present:
- Onda CERO (Radio)
- Cadena SER (Radio)
- Canal 8 (TV)
- Canal Castilla y León (TV)
- Diario de Burgos (Newspaper)

On Behalf of our stakeholders we counted with the participation of:

| María Isabel González (FUNDACIÓN CAUCE)
| Oscar Gil Calvo (CUIDAMOS)
| María Henar Miguel Herrán (CUIDAMOS)
| Beatriz Cuevas Ruiz (HOSPITAL UNIVERSITARIO DE BURGOS)
| Amparo Concejo (AULA SMART)

From our Fundation "BURGOS POR LA INVESTIGACION DE LA SALUD" we counted with Dra. María Jesús Coma del Corral and our administrative Carolina Santolaya. Also our investigator, Dra. Esther Cubo was present.

We counted with Dr. Milton Arango Pujal, from Hospital San Juan de Dios, who also had interest in learning more about this project.

During one hour we explained the CareNET project to the media and after that we discussed about the necessity of disseminate the project and encourage new carers to access and use the contents of the VLE and the WIKI to improve the professionalization of this sector and the quality of life of our seniors.

We all agreed in the necessity of professionalize the profile of the care workers through formal studies that do not exist today. As the seminar appeared in the media (press and TV) during the whole weekend (21-22-23 of February) we hope that we could have transmitted this idea to the society.

Best practices

BEST PRACTICE 1: TABLETS

Choose tablets instead of laptops was the best option, as tablets are really intuitive for people without previous knowledge in new technologies and ITC. The good quality and price of Google nexus allowed us to face succesfully the piloting respecting the budget.

BEST PRACTICE 2: FACE TO FACE SESSIONS

The cooperation with external actors and the high involvement of the participants was extremely important to come through the piloting successfully.

Before we started, we analyze carefully the previous knowledge and the contact that our participants had had with the new technologies and, as it was almost nonexistent and our participants demonstrated a really slow learning curve, we decided to face the piloting through face-to-face sessions, otherwise it would be impossible for them to create an email account, to access to the VLE or to the social network.

As the learning support was continuous and personalized, these sessions were completely decisive for the success of the pilot, otherwise it would not be possible to carry it out, and it is a clear example of adaptation to the national context.

BEST PRACTICE 3: VALIDATION SEMINAR

The validation seminar was really useful to bring to the population and organizations, the project's results.

From this diffusion other organizations have expressed interest in the CareNet project and wanted to exchange information with us.

Improvements and recommendations

SUGGESTED IMPROVEMENTS

We should remark that the proposed piloting is, in some way, out of context for the Spanish case, as we have pointed out the learning curve is exceedingly slow and carry out all the activities that have been proposed (learning platform, social network and Wiki) in such a short time is a very complicated for people with such a very little knowledge in new technologies and a job as absorbent as elderly care, which covers for them all the week.

RECOMMENDATIONS

It would be necessary to dedicate longer and more face to face sessions in order to help them to use some tools, such as the social network, but due to the deadlines and the budget it was not possible to go deeper in some aspects.

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