

INNOVATION IN LEARNING PRACTICE: THE EDU.CARE PROJECT

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This paper aims to illustrate the innovation that Edu.Care project (Education for Care) is developing during its implementation. The most important outcome of the project is innovation in learning practices. In fact, the project aims to develop an innovative model of training for adults intended for a profession, that is becoming the main form of assistance for the elderly, especially in Italy but also in other European countries (Spain, Poland and Romania): the elderly carer. The innovative training model is settled through a methodology, developed by Edu.Care partnership, applied to all the players of the 'chain' of this social phenomenon that are involved in the project: the trainers of elderly carers, through organizations and institutions to which they refer (examples: ASL, employment centres, migrant associations, etc.), carers and the elderly people. Trainers and carers are directly involved in the trial: it transfers the skills to deliver services to the elderly, as well as formalise two professions. The partnership intends to reach this goal thanks

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to an original learning methodology, which includes classroom training, coaching, project work and training on platform web 2.0.

1 Introduction

The world is undergoing deep social changes: the unprecedented ageing of the populations of almost all developed and developing countries, the birth of new professions, to meet the new social scenarios, an ever-increasing spread of information technology in several sectors of society, especially in education and training. These transformations have established themselves as questions, to which all countries, policy makers and stakeholders must give answers, focusing their actions and policies towards the growth of the market and society in a sustainable way. The Edu.Care project, aimed specifically to answer these central questions posed by social changes taking place: through the actions of the project, in fact, the partnership deal, in a structured way, with the issues of active ageing of the population and the rise of new professions, such as caregivers, through the implementation of innovative training methodologies.

The Edu.Care project is approved by the European Community under the Grundtvig program in 2012 and was launched in November 2012 for a term of two years.

The partnership is made up of: the Italian coordinator University of Tuscia in Viterbo, Entropy Knowledge Network (Italian SME specialized in training and consulting), Universitat Jaume I (Spanish University of Castellon), the Jan Kochanowski University (University of Kielce Poland), Babes-Bolyai University (Romanian University of Cluj-Napoca), APHP-Assistance Publique Hôpitaux de Paris (a public hospital in Paris, France).

As can be observed, the partnership is composed by public and private organizations which, while having different organizational purposes, they all worked in projects for education and adult learning, sharing the goal of bringing innovation and improve the effectiveness of the processes of life-long learning.

The choice of the composition of the group of partners was made on the basis of their skills and also according to their geographical position: the partners chosen, or have similar training needs for carers, or are part of the countries from which the most part of carers come from. In addition, a significant reason that led the applicant to choose the countries involved, is the increasing number of elderly people in Poland and Romania, where the national health care services are coming to collapse, making these countries closer to Italy and Spain in terms of social needs.

2 Ageing, new professional and information society: need analysis and state of the art

During the early stages of the design and implementation of the project Edu.Care, a thorough needs analysis was conducted to reconstruct the context of applications emerging and of future scenarios. As already introduced, the three issues that revolve around the conducted analysis, are the active ageing of the population in the involved countries, the creation of new professions and the use of technology in educational processes and innovative methodologies.

The objective of the research, conducted during the project, has been referred to the review of literature on caregiving and considered existing studies and previous projects, review of innovative models of training in caregiving, in addition to identifying the training needs of the training of trainers help seniors and caregivers elderly.

The dominant aspect emerged from the analysis is the centrality of technology, which must take on the role of link between the characteristics of the new profession of caregivers and the necessity of networking among the different educational, professional and experimental experiences.

Some statistics consider (Anderson, 2009; Ranci e Pavolini, 2008; United Nations, 2007) the age 65 as elderly, others consider this category of people above 75 years. In any case there has to reinforce a culture of “successful elderly” (Wachelke e Lins, 2008). As defined in various contexts, the “new elder” is a person capable of expressing an active cognitive and affective needs help and less willing to accept a passive containment nursing care, low-level cognitive, emotional, cultural and social (IRCCS-INRCA, Report, 2010) stimulation. This consideration leads to review the work of carers and features, which until recently, were concerned with the care of the elderly.

In addition to the growth of the number of active elderly, many changes in society are in place: economic transformations, technological revolution concerning computers, mobile phones and credit cards, which make the elderly more and more confused. European Union recognizes this problem and makes an effort to meet needs of the elderly. As early as in 2007 the EU accepted the message “Comfortable life of the elderly within the information society”, in which an action plan was presented. Its intention was to accelerate the introduction of new technological solutions which would support better and more efficient professional life of the elderly and their comfortable living within a household and society. Realization of these assumptions was to take place by means of various types of courses and training during which senior citizens were to be educated within the scope of using mobile phones, computer, Internet, ICT to search and communicate within the network, using trade and public services, e-learning to supplement and update their knowledge and skills. To

achieve this goal, the European Community has launched a series of training policies to make elderly more active and aware of social change. Many projects have made possible a greater involvement of elderly to technologies used in daily life.

According to a sociological model, known as the “theory of diffusion of innovations” (Rogers, 1962), the process that makes society permeable to a technology is based on two key phases: *adoption* and *diffusion*. The adoption of a technology concerns the decision strategies that lead an individual to learn it. The process involves five phases: *awareness* of innovation; *interest* in more detailed information on the technology, the *evaluation* of the possible use and the opportunities that technology offers; the *trial*; the final *adoption* of that technology. Subsequently, after the *adoption*, which is a individual moment, other social processes (contagion, communication, etc.) lead to the *diffusion*, which is a social and not just individual moment. In this context, the elderly are to be guided in this process of socialization of technology, through the tools and behaviours that not only within the family, but also by carers can be given.

Even so, the demand for health services and health care has grown exponentially in the last two decades. This growth is characterized both quantitatively and qualitatively. This causes a direct effect on the increased demand for qualified personnel and, in parallel, the need to increase the professional skills of workers in the sector (Villante, 2012).

The Member States have tuned their national systems with EQF calling local, social partners and the ministries for employment at round tables. Many MS share both the phenomenon of the booming number of caregivers and its professional qualification definition and the training leading to it, commonly oriented to acquire skills in communication and relationship, social services and assistance, caring nutrition, security and company of the person. From this preliminary analysis a shared definition comes out: “The elderly caregiver is endowed with practical abilities; his activity provides disabled people with assistance for primary needs, promoting their well-being within the family home”.

The Edu.Care project aims to develop an innovative model of training just for elderly carers: the term used in Italian (“badante”, “care” in English) already reveals the popular derogatory vision of the role and the resulting disqualification associated with the function of ‘badare’, which is nearer to ‘look after’ than to ‘take care’. For this reason, the pilot training program has as its objective both to innovate training in a sector in which it is still backward and ill suited to the characteristics of the social changes, both to change the negative perception of caregivers to the elderly, forward awareness of the role of carers for carers themselves, revisit their role, support active ageing. The project, in fact, is a European trial that aims to develop “new assistants for the new elderly” through the creation of new professional profiles and providing an adequate service to

the elderly. These are the social subjects that are anthropologically changing.

Finding new training tools, eye-catching and innovative, but above all accessible to carers should be a common goal to meet the social needs have emerged in recent years.

3 Methodology in Edu.Care Project

The Edu.Care project involves 60 trainers, 70 carers, 65 elderly and is divided into several activities which allow them to implement the designed process that provides innovation in training in the specific chosen field.

The activities are useful for organizing the innovative training model, which required the involvement of all actors implicated in the project across the ‘chain’ of this social phenomenon:

- Trainers of caregivers, through the organizations and institutions to which they relate (e.g., ASL, employment centres, migrant associations, etc.)
- Carers (e.g., immigrant associations, public employment services, etc.)
- Elderly

According to these objectives and these functions of the training system, the key elements of the methodology were: need analysis and scientific review; methodology & evaluation feature; training, project work and tutoring; web 2.0 Platform Design; evaluation of the experiences carried out and format release; dissemination; exploitation planning.

Through the need analysis and scientific review, the partnership has analyzed existing studies and projects already developed concerning models of caregiving and training in caregiving. In addition, the training needs of trainers and elderly caregivers were identified.

This activity has allowed to formulate the criteria for the design of methodology and learning path. In fact, the Partnership has chosen the content and architecture of the training, useful to realize the trial “Training, tutoring and project work”; the trial is organized in “First trial on trainers (classroom training, collegial sessions)” and “Tutoring on the job and project work of the trainers”. The two different phases allowed to the transfer of specific knowledge and, at the same time, developing skills for the management of the carers target.

The training Program for trainers and carers includes classroom training, coaching, project work and training on platform web 2.0. and aims to teach to trainers and carers a new model of caregiving which support active ageing, in 4 countries: Italy, Spain, Poland and Romania.

Parallel to these actions, the development of Web 2.0 Platform has supported the process of trainers training and, in the future, this will be a tool for training

and updating of trainers. The Web 2.0 Platform is a place of community where trainers from different countries can exchange files and work as a community of practice.

So Edu.Care Web Platform is supporting the whole process of learning, performing the following functions:

1. Preservation and access to documents and files related to training;
2. Information exchange and discussion among the people involved in the project, through the use of advanced features enabled on the platform;
3. Learning process activation by creating a community of practice. Through the Web 2.0 platform users (trainers and carers) have continuous access to resources, content and contributions concerning their training. They have the ability to share information and experiences, offer services and consulting for carers over the period of the project (through a virtual help desk).

Inside the Edu.Care project, the partnership has also developed an assessment protocol, which aims to measure all the dimensions included in the model, such as usability, satisfaction index, and the index of learning. The learning process is designed on 4 different steps:

- Training: transfer of specific knowledge and skills for training and management of carers
- Tutoring: support to trainers and carers in the learning process
- Evaluation: Evaluate the learning process to make improvements
- Advice: trainers and carers support other carers in the management of elderly people; participants could add information to the training programme according to their own experience. At this stage of the project, the partnership is able to provide the first data from the trial, and these will be discussed in the following paragraph.

4 Initial indications from the trial

In this phase of the project, the partners and the organizations involved have completed the first phase of training and are facing the trials of the caregivers on the elderly: this phase will end with the closing of the project work and the drafting of the evaluation protocol.

During this period, the partners were asked to administer a SWOT analysis for the trainers involved in the training process, to understand what might be the *strengths*, *weaknesses*, *opportunities* and *threats* related to pilot training model put in place.

From this analysis, very important findings were observed for the purpose of planned actions improvement, even the perception and awareness that trainers

and carers have of training they have done.

First, the *strengths* were analyzed. The trainers and carers have identified the following items:

1. Solid grounding of the content delivered to trainers in the latest studies, research, expert opinions (referring among other things to the senior citizen activation projects and programmes);
2. Valid tools to diagnose elderly citizens' needs, which allow the individualization of work with a elderly citizen in accordance with the rhythm most convenient for both parties (the elderly and the carer);
3. An interesting attempt at creating (in accordance with the diagnosed needs) a personality model of elderly future assistant/carer/activity organizer/advisor (from the point of view of new needs and new expectations of elderly and their families);
4. Innovative nature of the prepared model of support for carers in their work with elderly;
5. Exchange of individual experiences which has a positive impact on the development of professional skills and competences of the training participants;
6. Innovative use of the Web 2.0 Platform, collecting different methods of communication in one place (e.g., chat, email, discussion groups, thematic forum, wiki);
7. The transfer of awareness that senior citizens will in the future constitute a significant social group with varied needs, to whom forms of work adequate for their needs and opportunities should be addressed, including this group in broader social structures and using their life potential and experience, including professional experience.

Second, the points of *weakness* were analyzed, and the following items were detected:

1. Problem with transferring methods and techniques taken from management into situations in which work is being carried out with senior citizens and assistance is provided;
2. Problem with self-discipline and internal motivation of people participating in the training, translating into unwillingness to independently use the platform for self-education;
3. No information channels in the local communities about organizations and institutions operating for the benefit of senior citizens.

Third, the participants expressed their views on the *opportunities* that have evaluated after training, using the following items:

1. Development of new innovative forms of training and, consequently, of

- work with senior citizens (a new model of care over senior citizens) resulting from demographic and social changes;
2. Inclusion of broader social structures (also local community entities, non-governmental organizations and assistance institutions) to work for improving the quality of elderly life (using among other things the life potential and experience of senior citizens), and for improving the professional quality of carers;
 3. The impact factor on future financial and economic situation of the countries involved will be important for the employment level and reducing the burden on the health services and the social assistance system.

Finally, the *threats* were detected:

1. The current economic situation that could hinder the implementation of this project, depriving the caregivers and the elderly of the benefits that could result from this training;
2. The use of coaching by persons who are not sufficient qualified to provide it increases the risk of making irreversible errors;
3. The non-recognition of training programs of this type in each country involved;
4. Differences in prior knowledge.

Those just described are the main results of a preliminary analysis of the trial, which demonstrated excellent reception of the pilot training program by the actors involved: in fact, in spite of the critical points having recorded, which are useful for the improvement of the process, many are strengths and opportunities identified, which lay the foundations for the great success of the entire project as a whole.

Conclusions

The challenges posed by a changing society require updating and rethinking of many operating sectors. Innovative criteria in both training methods, both in the management of relationships, both in the application of technologies must be developed and applied to everyday life.

The Edu.Care project is having an impact on the various entities that are directly and indirectly involved in the process of active aging, innovation in training methods and development and improving of emerging professions quality. Through the project, in fact, many results have been and will be achieved: a socialization of the issues discussed in this contribution; a greater awareness of the need to innovate and implement the methodologies of training; greater attention to the use of technologies in the active ageing of the people; an in-

crease of consideration on the emergence of new professions and new skills and knowledge needed.

In conclusion, innovation in learning practices is an important expected outcome of Edu.Care project: the partnership intends to reach this goal also spreading the results and the innovative way to learn.

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